

# BEHAVIORAL HEALTH AWARENESS TRAINING



## INSTRUCTOR'S MANUAL

**FIRST RESPONDER**  
*Center for Excellence*

**PREPARE. PREVENT. PROTECT.™**

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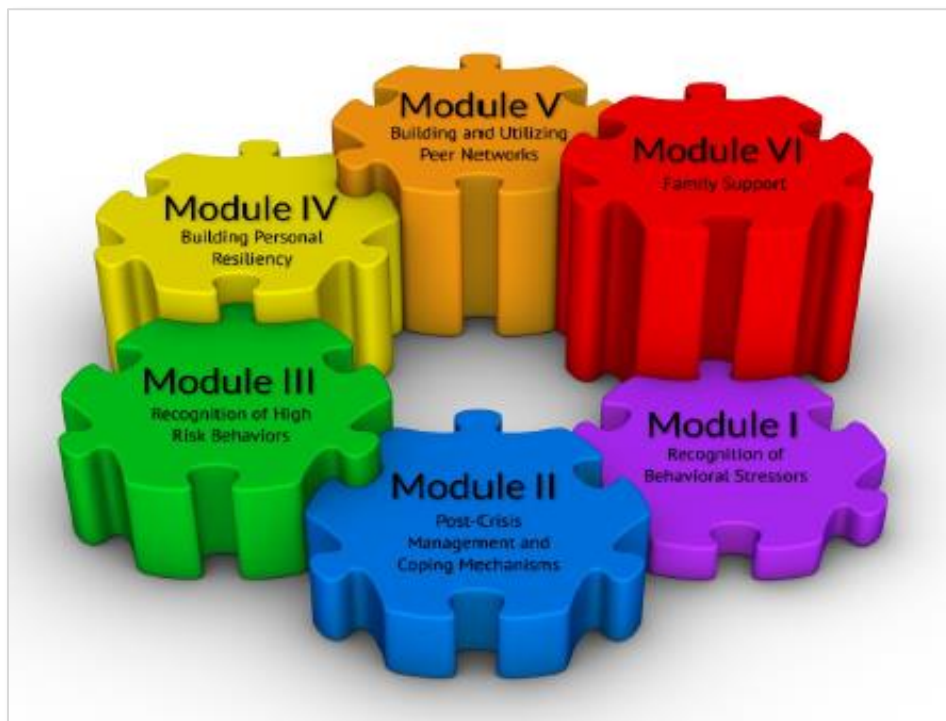
## WELCOME

The First Responder Center for Excellence (FRCE) is committed to promoting quality educational awareness and research to reduce physical, emotional, and psychological health and wellness issues for first responders. As part of the FRCE's mission, the following comprehensive Behavioral Health Awareness Training has been developed to address and support all aspects of first responder behavioral health.

This training has been organized into a series of six separate modules to allow for distributed training and ongoing discussions. While instructor-led presentation is the preferred method of delivery, the six modules can also be integrated into any distance learning platform to allow for asynchronous delivery.

The behavioral health topics have been divided into the following Modules:

- Module I: Recognition of Behavioral Health Stressors
- Module II: Post-Crisis Management and Coping Mechanisms
- Module III: Recognizing and Addressing High-Risk Behaviors
- Module IV: Building Personal Resiliency
- Module V: Building and Utilizing Peer Networks
- Module VI: Family Support



## About this Training

This training raises awareness of the behavioral health impacts of being a first responder. In the modules that follow, critical incidents are explored, occupational and personal stressors are identified, and opportunities for positive self-action are introduced. This training further strives to reduce the stigma of seeking help for behavioral and mental health issues and reconfirms that seeking support is a sign of strength – not of weakness.

The fire and emergency services have a long history of valued traditions and widely-accepted cultural norms. We must recognize that the content of the Behavioral Health Awareness Training may challenge some long held beliefs. The students you will be teaching may have strong opinions about this subject matter prior to stepping foot in the classroom. As a Behavioral Health Awareness instructor, you will serve as an important role model, responsible for raising awareness of the behavioral health issues impacting our first responders.

## Understanding Adult Learners

Adults approach and process learning in their own way. Andragogy, the method or process of teaching adult learners, emphasizes that:

- **Adults want to know why they need to learn something**  
Throughout this course, you will see Instructor's Notes that have been prepared for each slide. These notes are a tool to help you, as the instructor, both guide the class and provide a foundation of why this training is important. At the end of the presentation, there is a comprehensive list of references that were used during the development of this training.
- **Adults need to learn experientially**  
As the instructor, it is appropriate for you to provide factual case scenarios relevant to the topic.
- **Adults approach learning with a problem-solving mindset**  
Throughout this training, a problem or issue will be introduced. The student will be provided with the tools to help them both recognize and understand the problem. Resources will then be introduced to help the student reach a solution.
- **Adults learn best when the topic is of immediate value**  
First responders either have or will experience critical incidents throughout the course of their public safety careers. Critical incidents require a great deal of emotional processing. If left unresolved, occupational stress can accumulate. The cumulative effect of job-related stress can be detrimental to the first responder's job, health, and family.



## The Social Learning Theory

This training program is based, in part, on the **Social Learning Theory**, a well-established educational, social, and public health model. This theory recognizes that people influence, and are influenced by, the world around them and that people often learn new behaviors by observing others.

Behavior modification is an individual choice; however, this training relies on the power of social networks. The **Social Learning Theory** is based on a series of core principals, several of which are explained in further detail below. As an instructor, it is important to understand that your student, the first responder, is likely to learn by:

- **Observing the positive actions of people in circumstances similar to their own**

Prior to acting, a responder in emotional distress may consider what happened to a co-worker who faced similar circumstances. For instance, what was the response when a co-worker requested mental health support following a traumatic incident?

- **Considering the subsequent consequences experienced as a result of the observed actions**

The responder will watch to see what positive or negative consequences resulted from their co-worker's action before initiating action for themselves. If the co-worker received a positive response after seeking help, then the resulting benefits may include improved emotional wellbeing, strengthened peer bonding, and improved ability to perform job-related duties. However, if the co-worker's request was met with criticism, the negative consequences may include anxiety, depression, and impaired ability to succeed at home or work.

The response to their co-worker's request for support can have a rippling affect on the future decisions of crew members. Therefore, supervisors and department leadership must maintain a focus on reducing stigma and encourage mental health support whenever needed.

- **Rehearsing (even if only internally) what might happen in their own lives if they followed their peer's actions.**

Prior to initiating action, the first responder will hypothesize both the positive and negative outcomes that may result from the planned course of action. The responder may consider the effect their decision will have on their work, their family, and their quality of life.

- **Adopting the new behavior mechanisms.**

If the responder determines that the intended course of action will have beneficial results, they will be more likely to act. With proper training and support, the responder should be encouraged to recognize behavioral stressors, practice positive coping mechanisms, and seek additional assistance whenever needed.



- **Confirming belief in the new behavior.**

The goal of this training is to help the first-responder achieve confidence in seeking support for mental health challenges (the intended positive behavior modification). Once the positive behavior modification has been adopted, the first responder will set an example that other responders can, and should, follow.

Through knowledge sharing and peer support, this training has the power to help change the fire service culture and provide tools to assist, and protect, future generations of first responders.

## **Support Services Worksheet**

**This worksheet on the following page should be completed prior to the start of this training.**

Throughout the course of this training there will be references made to national mental and behavioral support resources and contact information for those organizations will be provided. There will also be general references made to department and peer support resources.

Please use the worksheet to gather information about what resources are offered by your department or within your geographic area. This information should be shared throughout the administration of this training. The students should be reminded that seeking health is a sign of strength, and they should be encouraged to use any and all resources available to them.





# Local Mental Health Support Services Guide

## **Employee Assistance Program**

Provider Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Other Department Specific  
Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Department Peer Support Team**

Point of Contact: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Other Department Specific  
Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Department Chaplain Services**

Point of Contact: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Other Department Specific  
Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Local Emergency Mental Health Resources**

Organization: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Information: \_\_\_\_\_



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# **MODULE I: RECOGNITION OF BEHAVIORAL HEALTH STRESSORS**



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# MODULE I: RECOGNITION OF BEHAVIORAL HEALTH STRESSORS

## INSTRUCTOR'S NOTES:

The fire and emergency services have a proud history of camaraderie amongst peers which has fostered a tight-knit brother/sisterhood.

Members work alongside each other on the frontlines, relying on each other for safety and survival. Being a first responder is often very rewarding and enjoyable. Members of the fire and emergency services report high levels of overall job satisfaction, largely due to their ability to help those in need.

Fire and EMS is also physically, mentally, and emotionally demanding. The stress of unpredictable and dangerous situations can take their toll.

For too long, there has been an avoidance to discuss an important issue many first responder will face during their career – behavioral health challenges. These can include burnout, anxiety, depression, Post-Traumatic Stress, and suicide.

**The stigma that seeking mental health support is a sign of weakness is finally changing.** This program is continuing to eliminate that stigma by using facts and statistics to explain how mental issues arise, how common they are, and how many resources are available to help overcome these issues.



**SENSITIVE TOPICS:**

Throughout this class, we will undoubtedly talk about some sensitive topics. Behavioral health stressors that you relate to may be discussed. You will not be asked to talk about personal or private experiences or asked to discuss anything you are not comfortable sharing.

We will dismantle the stigmas surrounding a variety of behavioral health topics and we will provide you with tools and resources you can leave with.

As you progress through the topics, we hope that you will conduct an ongoing personal self-assessment to determine what your needs may be and what resources may be most beneficial.

Using the tools and skills we discuss here will help you and your students maintain a strong, resilient foundation that can increase career longevity, improve overall wellbeing, and perhaps one day save a life.

**DISCUSSION POINT:**

Conducting an initial class survey will help you, as an instructor, get to know your audience. Getting to know your students can help you to engage the class in directed conversation throughout the delivery of this class.

- Why did you decide to become a first responder?
- How many members have 2 years or less of first responder experience?
- How many members have 3 – 5 years?
- How many have 6 – 10 years?
- How many have 11 – 15 years?
- How many have 16 – 20 years?
- And, how many have 20 years or more?



## OBJECTIVES



- Identify and understand the importance of occupational stressors
- Define and understand signs and symptoms associated with burnout, anxiety, depression, and Post-Traumatic Stress (PTS)
- Understand the difference between PTS and PTSD
- Understand that chronic exposure to high stress incidents increases the risk of developing anxiety, depression, PTS, PTSD, and suicide

### INSTRUCTORS NOTES:

This module will connect the dots between job-related stress and behavioral health. Upon completion of this module, the student will be able to:

- Identify and understand what occupational stressors are and why they are important
- Explain the physiologic effects stress has on the body
- Recognize when they have experienced a critical incident
- Define anxiety, depression, Post-Traumatic Stress (PTS), Post-Traumatic Stress Disorder (PTSD), and suicidal ideation
- Understand that chronic exposure to high stress incidents increases the risk of developing anxiety, depression, PTSD, and suicidal ideation



## EXPECTATIONS OF THE FIRST RESPONDER...



- First Responders are the “Heroes of the Community”
- First Responders protect the community at all times
- Sleep deprivation and physical exhaustion are just part of the job
- They are forever ready to answer “the call”

*First responders take care of others while often neglecting themselves.*

### INSTRUCTOR'S NOTES:

Overwhelmingly, first responders enter public safety based on a desire to help others. As such, expectations of the first responder may include that:

- **First Responders are the “Heroes of the Community”**
  - They are the brave men and women who will selflessly risk their lives to save others
- **First Responders protect the community at all times**
  - This requires them to work irregular hours and sacrifice time with their own families
- **Sleep deprivation and physical exhaustion are just part of the job**
  - Physical and mental exhaustion are considered regular and accepted parts of the job.
- **They are forever ready to answer “the call”**
  - First responders must always remain strong, both mentally and physically



Throughout the course of your careers as public safety professionals, many of you already have been or will be exposed to dangerous, violent, tragic, or even life-threatening incidents.

You will respond to tragic events that can permeate and overload the physical senses including sight, sound, touch, and smell.

You have likely received training on how to assist victims in the aftermath of traumatic incidents suffering from emotional injury and trauma. However, historically, there has been a distinct lack of training offered to adequately prepare first responders to process the emotional injuries and trauma they may incur while doing their job.

**POINTS OF DISCUSSION:**

- What are some examples of training first responders receive to prepare them for hazards they may encounter? (*e.g. Mayday Training, Hazardous Awareness Training, Bloodborne Pathogens, Hostile Incident Action Plans, etc.*)
- What behavioral health training have you received to prepare you for the challenges of the job (specifically addressing the emotional scenarios faced by first responders)?
- For those that received any such training, when did you receive it (e.g., recruit school, officer training, etc.)? Has there been any ongoing training?
- Firefighters, EMTs and police officers are far more likely to experience trauma, so why do you think there has been a lack of training to personally prepare them for such experiences? (*e.g. stigma, lack of understanding, lack of resources, etc.*)
- Does this training gap make sense?





**Research has shown that firefighters experience significant negative mental health impacts as a result of Repeated Exposure Trauma (RET).**

### **INSTRUCTOR'S NOTES:**

In January of 2018, the U.S. Fire Administration published a white paper entitled, "Firefighting and Mental Health: Experiences of Repeated Exposure to Trauma." This research focused specifically on the cumulative stress of responding to traumatic incidents and the negative emotional impact it had on firefighters' mental health.

This research, coupled with other cited studies found that:

- Firefighters and EMS Personnel have **higher rates of depression** than the general population.
- Firefighters **have higher rates of alcohol use and binge drinking** compared to the general population.
- Firefighters experience "**secondary trauma**" or "**compassion fatigue**" from repeated exposure to trauma.

### **Discussion Point:**

- Has anyone been asked the question referred to in this illustration?
- What is the best way to respond to such a question?

*Photo Credit: © Paul Combs, Fire Rescue Magazine 2017*



## OCCUPATIONAL EXPOSURES



When First Responders provide assistance on emergency incidents, what might they be exposed to?

- Unnatural and Traumatic Accidents
- Life and Death Situations
- Natural Disasters
- Illness and Suffering
- Crime and Violence
- Caring for Special Populations



Aftermath of a train collision with a car near Michigan State University, ©GTI, WILX News 10

***\*Activate First Animation\****

### **PRELIMINARY QUESTIONS:**

- Who can provide a few examples of occupational exposures that may be encountered when responding to incidents? (e.g., *bloodborne pathogens, smoke, soot, carcinogens, asbestos, hazardous materials*)
- How are you, as first responders, prepared to deal with these recognized occupational exposures? (e.g., *annual bloodborne pathogen training, annual Hazardous Materials Awareness training, ongoing cancer awareness and decontamination training*)

### **INSTRUCTOR'S NOTES:**

In public safety, an **occupational exposure** usually refers to hazardous materials, bloodborne pathogens, or even carcinogens – basically any substance that has potential to cause injury or harm.

***\*Activate Additional Animations\****

As first responders you are also likely to encounter another type of occupational exposure – the stress that comes from witnessing life and death incidents, the aftermath of natural disasters, the effects of crime, and the suffering of the ill. These are all experiences that the general public rarely, if ever, will face.

As first responders, you are repeatedly exposed to extraordinary situations including:

- **Unnatural and Traumatic Accidents** – whether it be motor vehicle accidents, falls, or self-inflicted injuries.
- **Incidents Involving Life and Death** – which may include witnessing/assisting civilians that survive, witnessing/assisting civilians that die, or sometimes arriving to a scene with no survivors at all.
- **Natural Disasters** – major adverse events resulting from natural processes of the Earth such as floods, hurricanes, tornadoes, volcanic eruptions, earthquakes, tsunamis, and other geologic processes.
- **Illness and Suffering** – these can be chronic and may result in a patient you encounter on a repeated basis, or they can be acute, or not previously diagnosed.
- **Crime and Violence** – which includes any unlawful act done by one individual to another, which can vary in scale, and either be personal in nature or the result of random acts of violence.
- **Caring for Special Populations** – these incidents include any emergency involving a patient that may the first responder may relate to (e.g., a child, or a patient the same age as the responder’s mother or husband)





## OCCUPATIONAL STRESS EXPOSURE

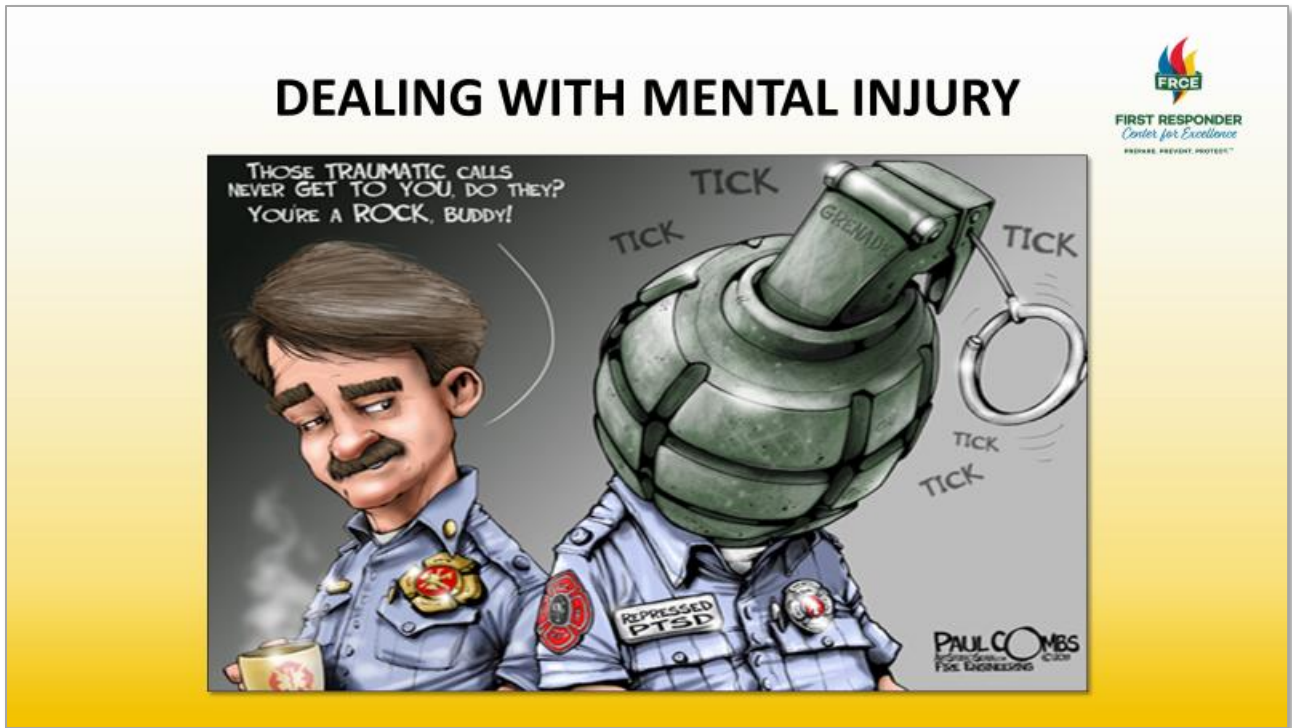
### **INSTRUCTOR'S NOTES:**

We are going to explore some of the mental health conditions that can result from occupational stress exposure (e.g., critical or traumatic incidents). These include:

- Vicarious trauma
- Burnout
- Anxiety
- Depression
- PTS
- PTSD
- Suicide

You may notice that the order of these topics increases in severity as we delve deeper. When mental health issues are not addressed and treated, they will often evolve into more serious issues.





**INSTRUCTOR'S NOTES:**

Two thirds of responders still go to work despite serious concerns about their mental well-being, which is not healthy or safe for the individual, the public, or the organization in general.

*Source: (National Association of Emergency Medical Technicians, 2016)*



**Without proper support and coping skills,  
occupational stressors can and do accumulate.**

**Left untreated, they can put your job, your  
family, and your life at risk.**

**INSTRUCTOR'S NOTES:**

There are positive ways to deal with behavioral health challenges that result from occupational experiences. First, we must understand what the mental health risks are...



## VICARIOUS TRAUMA



- Seeing people get hurt and witnessing their pain
- Hearing the victim's story
- Exposure to death and graphic injuries
- Injured, abused, or neglected children

### INSTRUCTOR'S NOTES:

**Vicarious trauma** is another occupational stressor first responders will inevitably experience in the emergency field. **It is the impact of first responders' repeated exposure to traumatic events.**


Being exposed to people getting hurt or sick can cause an empathic reaction from first responders. First responders will often continue to carry their feelings of concern with them, which can cause increased worry about their own safety, as well the safety of their loved ones.

**Vicarious trauma** is the emotional residue that first responders experience as a result of:

- Treating the injuries and suffering of patients
- Witnessing the pain, fear, and terror that trauma survivors have endured
- Recording the traumatic experiences of patients, including victims of crime, domestic abuse, child abuse, etc.
- Providing testimony regarding the incident during legal proceedings




# BURNOUT



**Burnout** – physical or mental collapse caused by overwork or prolonged exposure to stress.

**Signs & Symptoms:**

- Cynicism and detachment
- Physical and emotional exhaustion
- Feelings of ineffectiveness and lack of accomplishment



*If left untreated, burnout can result in poor job performance, impair family relations, and can develop into depression.*

Photo Credit: NMPFFA



## INSTRUCTOR'S NOTES:

**Burnout** is defined as a physical or mental collapse caused by overwork or stress.

Burnout is not trauma-related. Burnout develops over time due to chronic stress, such as increased workload or long work hours.

**Burnout** leads to:

- **Cynicism and detachment**
  - This can include lack of satisfaction at work, reduced sense of empathy, reduced desire to socialize or take part in previously enjoyed activities, and increased irritability
- **Symptoms of physical and emotional exhaustion**
  - Such as chronic fatigue, insomnia, forgetfulness, physical pain, and increased susceptibility to illness
- **Feelings of ineffectiveness and lack of accomplishment**
  - Including feelings of indifference, lack of motivation, poor performance at work, lack of productivity, or no longer seeing value in the work you do



# ANXIETY

**Anxiety** – excessive worry or concern, even when nothing is wrong or when the worry is disproportionate to actual risk.

**Signs & Symptoms:**

- Restlessness
- Fatigue
- Impaired concentration or feeling that the mind is “going blank”
- Irritability
- Increased muscle aches or soreness
- Trouble falling asleep or staying asleep

*Seek assistance for any anxiety that is persistent or overwhelming.*

**INSTRUCTOR’S NOTES:**

**Anxiety** is excessive worry or concern, even if nothing is actually wrong or when the worry is disproportionate to the actual risk.

Anxiety is an exaggerated anticipation of a future concern and is often associated with muscle tension and avoidance behavior.

Anxiety can be acute and self-resolving, or it can become consistent and disruptive to daily functioning.

**Generalized Anxiety Disorder (GAD):**

- GAD is **prolonged** excessive worry about a variety of events or activities, even when nothing is apparently wrong or when the worry is disproportionate to actual risk.
- Worry is pervasive and difficult to control
- May be associated with other physical symptoms such as sweating, heart palpitations, nausea, or diarrhea
- Persistent or overwhelming anxiety should be treated clinically

# DEPRESSION



**DEPRESSION** – a common, but serious mood disorder that causes persistent feelings of sadness and general loss of interest.

**SIGNS & SYMPTOMS** (*persistent for two weeks or more and can vary in severity*):

- Fatigue or lack of energy
- Lack of interest or pleasure in activities once enjoyed
- Feeling worthless or guilty
- Disconnection from loved ones
- Social withdrawal
- Change in appetite with associated change in weight
- Despair and hopelessness sometimes leading to thoughts of death or suicide



***Depression is treatable but requires professional intervention.***

## **INSTRUCTOR'S NOTES:**

**Depression** is a common but serious medical illness that negatively affects how you feel, the way you think, and how you act.

What Depression is **NOT**:

- Depression is not simply a “bout of the blues”
- Depression is NOT a weakness
- You cannot “snap out of” Depression
- Depression is not the same as grief
  - Grief generally comes in waves and is mixed with positive memories of the deceased (*this will be covered in more detail in Module II*)

## **DISCUSSION POINT:**

- Review the signs and symptoms of depression listed above



# DEPRESSION

Depression can become a chronic condition and can affect anyone - but it is treatable:

- Between 80-90% of patients eventually respond well to treatment
- 1 out of every 6 adults will experience depression at some point in their life
- First responders have a higher than normal risk for developing depression
- Clinical evaluation and a physical exam are necessary to rule out possible physiologic causes of depression (e.g., hypothyroid function)
- There are many treatment options for depression

***No two people are affected the same way by depression and treatment is based on the individual.***

## INSTRUCTOR'S NOTES:

**Depression** is a common but serious medical illness.

Depression can become a chronic condition and it can affect anyone - but it is treatable.

- Between 80-90% of patients eventually respond well to treatment
- 1 out of every 6 adults will experience depression at some point in their life
- First responders have a higher than normal risk for developing depression
- Clinical evaluation and a physical exam is necessary
  - A physical exam can rule out other possible biological causes of depression
  - There are many treatment options for depression, including but not limited to psychotherapy, group therapy, medications, and behavioral therapies
- No two people are affected the same way by depression and actual treatment is provided based on the individual

Source: (Parekh, 2017)

**Treatment for depression can take time – the sooner help is sought, the better!**



## POST-TRAUMATIC STRESS (PTS)



**Post Traumatic Stress (PTS) is different than Post Traumatic Stress Disorder (PTSD).**

- **Post-Traumatic Stress (PTS)** is a personal and individual experience. It is a **normal reaction** following an experience that threatens or causes a loss of life.
- The majority of firefighters and EMS personnel will likely experience a PTS reaction during their career.
- PTS symptoms are self-limiting, usually self-resolve within a short period of time, and usually do not impact the responder's daily functioning.

### INSTRUCTORS NOTES:

#### What is Post-Traumatic Stress?

- **Post-Traumatic Stress** is a highly personal and individual experience
- It is a **normal reaction** following any experience that threatens or causes a loss of life
- It is likely that the majority of firefighters and EMS personnel will experience a post-traumatic stress reaction at some point in their career
- Symptoms are self-limiting, usually resolve within a short period of time, and usually do not impact the responder's daily functioning abilities

**Post-Traumatic Stress (PTS) is different than Post-Traumatic Stress Disorder (PTSD), which we will explore further into this presentation.**

*Source:* (International Association of Fire Fighters, 2018)

## POST-TRAUMATIC STRESS (PTS)



**Personal Self-Assessment:**  
*Following a traumatic event, have you ever experienced one or more of the following symptoms?*

- Replaying the event** – which may include repetitive recollection of memories or thoughts surrounding the event, revisiting the event in dreams, or having flashbacks to the event
- Avoiding things that remind you of the event** – which may include avoiding people, places or things that remind you of the event
- Experiencing negative emotions or thoughts** – which may include misplaced self-blame for events that took place during the incident, persistent feelings of anger or guilt, difficulty recalling parts of the event, or feeling detached from others following the event
- Feeling on edge** – which may include feeling irritable, hypervigilant, experiencing poor concentration, increased sensitivity to daily stimulus, sleep disturbance, or experiencing an exaggerated startle response

***Post-Traumatic Stress is a natural reaction following any traumatic event that threatens, or causes, a loss of life.***

### **INSTRUCTOR'S NOTES:**

It is important to remember that **Post-Traumatic Stress (PTS)** is a normal reaction following a critical or traumatic incident.

Checking the box for **any** category results in a positive assessment for PTS.

### **DISCUSSION POINT:**

Allow students to time to reflect on their own personal experiences while considering the self-assessment checklist.

It is appropriate to remind students that they have designated space in their Student Manual for any notes they may wish to take as they reflect on the material presented.



## POST-TRAUMATIC STRESS DISORDER (PTSD)



### What is PTSD?

- PTSD is a biological injury that can develop after a person has experienced or witnessed one or more terrifying events.
- PTSD is **not a normal reaction** to a traumatic event, it **is treatable**, but it does **require clinical intervention**.
- PTSD is diagnosed when an individual experiences PTS symptoms across all four categories of post-traumatic stress, that persist for a month or more and cause significant daily impairment.

***First Responders have a higher than normal rate of developing PTSD because of the high rate of exposure to traumatic events.***

### INSTRUCTOR'S NOTES:

**Post-Traumatic Stress Disorder (PTSD)** is a **biological injury** that develops after a person has experienced or witnessed one or more terrifying events.

There are an estimated 24 million cases of PTSD in the United States alone, the majority of which have been attributed to military personnel. However, PTSD extends far beyond combat scenarios.

Over the past decade, PTSD has become increasingly associated with firefighters, emergency medical technicians, police officers, and other first responders whose jobs routinely put them in harm's way and expose them to graphic, unpredictable, and at times tragic situations.

First responders are particularly vulnerable to PTSD due to the first-hand exposure to extremely stressful and traumatic experiences that occurs in the line of duty.

- 30% of first responders develop behavioral health conditions (such as depression and PTSD) versus 20% within the general population
- 84% of first responders recently surveyed have reported experiencing one or more traumatic events on the job



## POST-TRAUMATIC STRESS DISORDER (PTSD)



*PTSD is diagnosed when an individual experiences PTS symptoms **across all four categories of PTS**, that persist for a month or more and cause significant daily impairment.*

- ✓ **Replaying the event** – which may include repetitive recollection of memories or thoughts surrounding the event, revisiting the event in dreams, or having flashbacks to the event
- ✓ **Avoiding things that remind you of the event** – which may include avoiding people, places or things that remind you of the event
- ✓ **Experiencing negative emotions or thoughts** – which may include misplaced self-blame for events that took place during the incident, persistent feelings of anger or guilt, difficulty recalling parts of the event, or feeling detached from others following the event
- ✓ **Feeling on edge** – which may include feeling irritable, hypervigilant, experiencing poor concentration, increased sensitivity to daily stimulus, sleep disturbance, or experiencing an exaggerated startle response

***PTSD is treatable but it requires clinical intervention.***

### INSTRUCTOR'S NOTES:

PTSD is diagnosed when an individual experiences PTS symptoms across all four categories of post-traumatic stress, that persist for a month or more and cause significant daily impairment:

- Replaying the event** – which may include repetitive recollection of memories or thoughts surrounding the event, revisiting the event in dreams, or having flashbacks to the event
- Avoiding things that remind you of the event** – which may include avoiding people, places or things that remind you of the event
- Experiencing negative emotions or thoughts** – which may include misplaced self-blame for events that took place during the incident, persistent feelings of anger or guilt, difficulty recalling parts of the event, or feeling detached from others following the event
- Feeling on edge** – which may include feeling irritable, hypervigilant, experiencing poor concentration, increased sensitivity to daily stimulus, sleep disturbances, or exaggerated startle response

*Sources: (University of Phoenix, 2017) (First Responders: Behavioral Health Concerns, Emergency Response, and Trauma, May 2018) (International Association of Fire Fighters, 2018)*





PTSD may develop within a month of a triggering event, but for some it may take much longer.

It is important to remember that two individuals that experience the same event may have very different reactions. The most common manifestations of PTSD include:

- **Re-experiencing**

- This includes overwhelming fears, unexpected flashbacks of trauma events that include the same rapid breathing and sweating originally experienced, nightmares, and other intrusive symptoms characterize this type of PTSD

- **Hyperarousal**

- Often feeling on edge, experiencing an intense anger response, insomnia, and/or being easily startled are all signs of hyperarousal

- **Avoidance**

- Feelings of guilt and depression (or having no feelings of attachment at all), difficulty remembering traumatic events, lack of interest in former hobbies, and avoiding places that trigger memories of trauma are all signs of avoidance





FIRST RESPONDER  
Center for Excellence  
PREPARE. PREVENT. PROTECT.™

Left untreated PTSD  
can impair your  
ability to function at  
home and at work.

***Without help  
everyone suffers.***

**INSTRUCTOR'S NOTES:**

If you recognize symptoms the symptoms of PTSD, it is important to take the necessary steps to resolve the problem or issues. Be especially aware of:

- Hypersensitivity
- Problems with intimacy and personal relationships; Isolation from others
- Excessive blaming
- Bottled up emotions; Reduced ability to feel sympathy and empathy; Insensitivity
- Exhaustion (mental, physical and emotional)
- Increase use of alcohol and drugs
- Compulsive behaviors
- Anger and irritability
- Diminished sense of enjoyment of career; Absenteeism
- Inability to make decisions

When you notice these changes, you need to step back and re-evaluate your recent experiences. Ask for help from your trusted co-workers, partner, significant other, friend, supervisor or mentor and seek a professional to process the traumas and other unresolved issues.

## SUICIDE



In 2017, **93 firefighters** died in the line of duty.

In 2017, at least **103 firefighters** died by suicide.

It is estimated that only 40% of firefighter suicides are reported.

**Firefighters are more likely to die by suicide than in the line of duty.**

### INSTRUCTOR'S NOTES:

In 2017, at least 103 firefighters and 140 police officers took their own lives, compared to the 93 firefighters and 129 police officers who died in the line of duty.

People resort to suicide as a way to end their pain. They may see suicide as the only way to solve their problems and eliminate their suffering. They may also believe that their loved ones would be better off without them.

People who feel suicidal often have been dealing with prolonged feelings of hopelessness and depression.

*Sources: (Heyman, Dill, & Douglas, April 2018) (Cerullo, 2018)*

## SUICIDE



- It is important to watch for and understand warning signs
- Supervisors must reassure employees that there is no stigma or punishment for seeking help


**National Suicide Prevention Lifeline 1-800-273-TALK (8255)**

### INSTRUCTOR'S NOTES:

Although suicide is difficult to predict, a large proportion of those who carry out the act will give clear warning signs of their suicidal intentions in the weeks or months prior to their death.


These are important cries for help, not harmless bids for attention. They should be taken seriously, and professional help should be sought immediately.

Warning signs to watch for include both behavioral and verbal clues (*see next slide*).



## SUICIDE WARNING SIGNS

**PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:**



Behavioral Health Stressor	Increased Risk for Suicide
ALCOHOLISM	4 Times More Likely To Become An Alcoholic
DEVELOP STD	4 Times More Likely To Develop A Sexually Transmitted Disease
INJECT DRUGS	4 Times More Likely To Inject Drugs
USE ANTIDEPRESSANT	3 Times More Likely To Use Antidepressant Medication
MISSING WORK	3 Times More Likely To Be Absent From Work
SMOKING	2.5 Times More Likely To Smoke Tobacco
JOB PROBLEMS	3 Times More Likely To Have Serious Job Problems
DEPRESSION	3 Times More Likely To Experience Depression
<b>Overall</b>	<b>15 Times More Likely To Commit Suicide</b>

**Warning signs include:**

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless
- Talking about feeling trapped
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated
- Sleeping too little or too much
- Withdrawing
- Showing rage
- Displaying extreme mood swings

**INSTRUCTOR'S NOTES:**

Warning signs that a responder may be at risk of suicide include:

- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself, such as searching for methods online or buying a gun

**In later modules we will talk about establishing peer networks and seeking informal assistance through those networks. However, if you or a coworker can relate to any of these warning signs, it is important to seek the help of a mental health professional. The National Suicide Prevention Lifeline (1-800-73-TALK) is available 24 hours a day, seven days a week.**

## CONCLUSION



- We now understand the various mental health effects occupational stress can cause (e.g. Anxiety, depression, PTS, and PTSD).
- In the next module we will explore how to lessen the impact of stress by adopting positive coping mechanisms.

### INSTRUCTOR'S NOTES:

We now understand the various mental health effects occupational stress can cause (e.g. Anxiety, depression, PTS, and PTSD).

In the next module we will explore how to lessen the impact of stress by adopting positive coping mechanisms.



**MODULE II: POST-CRISIS MANAGEMENT  
AND COPING MECHANISMS**

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## MODULE II: POST-CRISIS MANAGEMENT AND COPING MECHANISMS

### **INSTRUCTOR'S NOTES:**

We will now talk about the tools and skills first responders can use to protect themselves from the stress responses discussed in Module I.



## OBJECTIVES



- Define and recognize what constitutes a critical incident
- Explore the stages of grief
- Present post-crisis strategies to limit emotional impact based on best practices
- Provide recommendations for positive stress management techniques
- Identify both nationally and locally available support systems, providers, and routes to access help

### **INSTRUCTOR'S NOTES:**

Critical incidents are a regular part of first-responders' work environment. As such, they can happen so frequently that responders become "numb" to them and may not even recognize the frequency with which these incidents occur.

Research has shown that critical incident stress affects up to 87% of all emergency service workers at least once in their careers.



You and your co-workers cannot predict how seriously an event will impact you, and you cannot prevent the effects of post-incident emotions.

This module will review techniques for critical incident recognition. In addition, we will discuss:

- The stages of grief and outline various coping mechanisms to promote healing
- Post-crisis strategies to limit emotional impact
- Various stress-management techniques
- Nationally and locally available support systems to help first responders access help



Critical **CRITICAL INCIDENTS** Recognition



Critical incidents are any incident that overwhelms the effective coping skills of an individual. **Signs of critical incident stress include:**

- Continuously replaying an incident
- Nightmares
- Flashbacks
- Panic attacks
- Feeling unable to control your emotions

**INSTRUCTOR'S NOTES:**

*Click the link on the page to listen to an excerpt of the initial radio traffic following the 3/5/2015 shooting of PPD Ofc. Robert Wilson III, Badge #9990 (warning, may be disturbing). Clip is approximately 3 minutes long.*

A **critical incident** can be defined as any event that has a stressful impact sufficient enough to overwhelm the usually effective coping skills of an individual.

Critical incidents are abrupt, powerful events that fall outside the range of ordinary human experience.

Not all critical incidents are as obvious as a mayday call. If you are experiencing any signs and symptoms discussed in Module I such as nightmares, flashbacks, panic attacks, or feeling like you cannot control your emotions, you may have experienced a critical incident.

It is important to recognize these signs in your coworkers as well, as people affected by critical incidents may often not notice a shift in their behavior as quickly as family, friends, or coworkers will.

For a complete list of the signs and symptoms, please refer to **Module I**.

## CRITICAL INCIDENT RECOGNITION



You may not realize you have experienced a critical incident



### INSTRUCTOR'S NOTES:

Not all critical incidents are obvious like the police shooting call you just listened to.

How each responder deals with each call is highly personalized based on personal life experience. You may not even realize you have experienced a significant incident until you start noticing some of the symptoms we have discussed.

Examples of incidents that may elicit a personal emotional response may include:

- A call involving a child, especially if you are a parent
- A situation that reminds you of an experience from your past that was difficult or profound
- An injured animal that reminds you of a pet you love
- A situation where, despite your best efforts, someone or died was seriously injured

## CRITICAL INCIDENT RECOGNITION



- It is important to realize and pay attention to the signs and symptoms in your friends and coworkers
- Signs and symptoms may not appear immediately.



### INSTRUCTOR'S NOTES:

Every individual will have their own personal triggers and their own individual reaction to an incident. There is not a “right” or “wrong” way to feel following a critical incident or traumatic event.

It is important to remember that onset of signs and symptoms made not occur immediately.

If you know the signs and symptoms, recognize when they are occurring, and use the help that is available, you can prevent the situation from progressing or spiraling out of control.

**GRIEF**

**7 Stages of Grief**  
(Modified Kubler-Ross Model)

<b>Shock*</b>	• Initial paralysis at hearing the bad news.
<b>Denial</b>	• Trying to avoid the inevitable.
<b>Anger</b>	• Frustrated outpouring of bottled-up emotion.
<b>Bargaining</b>	• Seeking in vain for a way out.
<b>Depression</b>	• Final realization of the inevitable.
<b>Testing*</b>	• Seeking realistic solutions.
<b>Acceptance</b>	• Finally finding the way forward.

\* This model is extended slightly from the original Kubler-Ross model, which does not explicitly include the Shock and Testing stages. These stages however are often useful to understand and to facilitate change.

**INSTRUCTOR’S NOTES:**

Depending on the severity of a critical incident, you or your co-workers may experience grief. **Grief** is a completely normal and healthy way to mentally process an event that had a profound impact on you. Grief can be experienced in addition other emotional conditions following a traumatic event (e.g., anxiety, post-traumatic stress, etc.).

It is important to understand that you may not experience all or any of the stages of grief, and you may not experience them in this sequential order. The stages of grief are:

**Shock** – Initial paralysis at hearing the bad news

**Denial** – Trying to avoid the inevitable

**Anger** – Frustrated outpouring of bottled-up emotion

**Bargaining** – Seeking in vain for a way out



**Depression** – Final realization of the inevitable

**Testing** – Seeking realistic solutions

**Acceptance** – finally finding the way forward

Recognizing that you are experiencing a stage of grief can help you process the events and understand your feelings. This can facilitate emotional healing.

## COPING MECHANISMS



A **coping mechanism** is an adaptation to environmental stress that is based on conscious or unconscious choice and that enhances control over behavior or give psychological comfort.

**INSTRUCTOR'S NOTES:**

A **coping mechanism** is an adaptation to environmental stress that is based on conscious or unconscious choice and that enhances control over behavior or gives psychological comfort. Coping mechanisms can be positive or negative and can be short-term or long-term in duration.

One of the goals of this module is to help you identify negative coping mechanisms. Many individuals many not even be aware that they are relying on negative coping mechanisms to adapt to stress or critical incidents. Being able to recognize the negative behavior can help to replace them with more positive coping mechanisms. Positive coping mechanisms can help you effectively process an incident in a healthy way.

**DISCUSSION POINT:**

- What are the potentially positive coping mechanisms that appear on this slide?
  - Exercise, practicing self-care
  - Socializing with peers
  - Nourishing oneself
- What are the potentially negative coping mechanisms that appear on this slide?
  - Smoking
  - Alcohol use / Addiction
  - Overeating

## NEGATIVE COPING MECHANISMS



### Negative coping mechanisms may include:

- Substance abuse
- Excessive eating, drinking, smoking, and /or caffeine intake
- Reliving/frequent reteling of the incident
- Avoiding others
- Excessive risk-taking
- Anger or violent behavior
- Overworking

### INSTRUCTOR'S NOTES:

Negative coping mechanisms are harmful “quick fixes” that may make a situation worse in the long-run. Some examples of negative coping mechanisms include:

- Use of illicit substances
- Excessive intake of food, alcohol, smoking, or caffeine
- Frequently reliving the incident through repetition of details to those who do not need to hear all the information about the incident
- Avoiding contact with others or distancing yourself
- Excessive risk-taking behavior such as driving too fast for conditions or entering dangerous situations needlessly
- Anger and violent behavior
- Overworking
  - Working can be a good thing, however, using work in an attempt to avoid memories or emotions is not healthy and can be dangerous



## IMMEDIATE POST-CRISIS STRATEGIES



It is common to experience disturbing thoughts, images, and feelings for a few hours to several weeks after a traumatic incident. Taking immediate action may help you process the event in a quicker and healthier way.

- Make sure you are safe
- Take time for yourself
- Do a mental –health assessment
- Talk to people you love and trust
- Try not to isolate
- Seek professional help if needed

### INSTRUCTOR'S NOTES:

Following a traumatic incident, it is common to experience disturbing thoughts, images, and feelings for a few hours to several weeks after the incident.

**Post-crisis strategies** are actions you can take during the aftermath of a critical incident to reduce the emotional impact of the event. These are strategies that you can use in the hours and days after you have experienced trauma.

Taking these immediate actions may help you process the event more quickly and healthy manner.

- **Make sure you are safe**
  - Check your surroundings and make sure that the incident is, indeed, over. In the emergency response professions, we use the same check before responding in to help someone – “Is the scene safe?”
- **Perform a self-check in**
  - As soon as possible following a critical incident, take time to check in with yourself. What emotions are you experiencing? How well are you functioning?

- Be sure to remind yourself that having physiological and psychological responses after a critical incident is normal and not a sign of weakness. It is a sign that your brain is processing and recovering from the event.
- **Mental health assessment**
  - Doing a quick assessment is a good way to pause and make sure you aren't missing any signs or symptoms.
- **Try not to isolate yourself from others**
  - Being alone for long periods of time after a critical incident is not recommended.
  - You may not be able to recognize symptoms resulting from the incident.
  - It is best to check in with friends and family at least occasionally, so they can provide support and provide feedback about your outward behavior.
  - Spending time with others can also help reinforce that you are not the only one affected by the incident.
  - Helping other people in need of support can make you feel better about yourself.
- **Talk to people you love and trust**
  - As discussed in Module I, bottling up your experiences will not make them go away.
  - Try to get comfortable telling your close friends and family if you have been through a critical incident.

Research is showing that it is NOT helpful to relive the experience by repeatedly recounting the upsetting details, but it is helpful to reach out and talk about the incident in general.



## LONG-TERM POST-CRISIS STRATEGIES



### Long-Term Actions:

- Eat Right
- Get plenty of sleep
- Exercise
- Eliminate negative coping mechanisms
- Strengthen and grow your support network
- Make time for stress-reduction activities you enjoy
- Try new activities or find new hobbies



### INSTRUCTOR'S NOTES:

**Positive stress management** is a long-term tool to combat the daily levels of stress first responders experience. Employing positive coping mechanisms promotes healing from repeated exposure to critical incidents.

These techniques focus more on lifestyle than on immediate post-incident strategies but can prevent the cumulative negative effects of a high stress work environment.

In our jobs, it is inevitable that we will be exposed to critical incident stress and these stresses will affect us in the long-term and the short-term. By making these habits part of your regular routine, you will have tools already in your toolbox to cope with critical incident stress as it arises.



## AVAILABLE RESOURCES

**Help is available and can be tailored to meet your needs...**

- Professional Help / Employee Assistance Plan
- Group Therapy including CISM / CISD
- Individual Therapy
- Peer Support Networks
- Clergy and Spiritual Resources
- Telephone & Web-based Support Groups
- PTSD Coach Mobile App (iOS & Android)
- Emotional Support / Therapy Dogs

**INSTRUCTOR'S NOTES:**

Use the **Local Mental Health Support Services Guide** to refer to the resources that your organization offers.

Many organizations have a contracted employee assistance program. These consultations are confidential and do not negatively affect your job rating.

Remember, some of the symptoms of critical incident stress may lead to negative performance at work which can negatively affect your job rating. It is better for yourself and your company for you to proactively seek assistance rather than try to “tough it out” on your own.

If you are feeling too overwhelmed to find these sources, reach out to your supervisor and/or a trusted colleague or friend to help you connect with these resources.



## EMERGENCY ASSISTANCE

**Safe Call Now – 1.206.459.3020**

- Staffed by trained first responders 24 hours a day, 7 days a week by first responders
- Available for first responders & their family members
- Can assist with treatment options for mental health, substance abuse, and personal issues

**Fire/EMS Helpline (also know as *Share the Load*) – 1.888.731.3473**

- Run by the National Volunteer Fire Council

**Copline – 1.800.267.5463**

- A confidential helpline for US law enforcement members

**National Suicide Prevention Lifeline – 1.800.273.TALK**

- Staffed 24 hours a day, 7 days a week and available to anyone

**INSTRUCTOR’S NOTES:**

There are myriad of 24/7 telephone support services for crisis support.

Why don’t you take a moment now to put these phone numbers in your phone? Even if you don’t ever need them, it’s likely that one of your colleagues will in the future and you’ll have them readily available to give to them in their time of need.

This is also a good time to review the **Local Mental Health Support Services Guide** completed prior to class.

## CONCLUSION



- Unaddressed stress from critical incidents can have both immediate and long-term effects on your well-being.
- Be alert for the warning signs of critical incident stress in yourself and your peers.
- Make healthy coping mechanisms a part of your regular routine so that they are there for you when you need them.
- “Inoculate” yourself for future critical incident stress by building long-term resiliency.
- Experiencing critical incident stress is normal but trying to manage those feelings without the assistance of others is exceptionally difficult.

### INSTRUCTOR’S NOTES:

Although critical incidents may seem like a routine part of your job, the reality is that they can and have both immediate and long-term effects on you and your continued well-being if not addressed.

Be alert for the warning signs of critical incident stress in yourself and your peers.

Make healthy coping mechanisms a part of your regular routine so that they are there for you when you need them.

“Inoculate” yourself for future critical incident stress by building long-term resiliency (*discussed further in **Module IV***)

Know that having negative feelings about critical incident stress is normal but trying to manage those feelings without the assistance of others is exceptionally difficult.



**MODULE III: RECOGNIZING AND  
ADDRESSING HIGH-RISK BEHAVIORS**

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## MODULE III: RECOGNIZING AND ADDRESSING HIGH-RISK BEHAVIOR

### INSTRUCTOR'S NOTES:

Fighting fires and saving lives can take an enormous mental and physical toll on first responders. As a result, first responders are an occupational group that is at “high-risk” of induced stress effects such as nightmares, insomnia, or mental health disorders such as anxiety, depression or post-traumatic stress disorder.



## OBJECTIVES



- Recognize unhealthy coping mechanisms and high-risk behaviors
- Define addiction and substance abuse
- Understand that behavioral health challenges is normal and the first responder is not alone in their experiences
- Understand the importance of seeking professional help while also utilizing peer support networks
- Understand the role and resources provided by Critical Incident Stress Management (CISM)


### INSTRUCTOR'S NOTES:

The objectives of this will help the student to:

- Recognize unhealthy coping mechanisms and high-risk behaviors
- Define addiction and substance abuse
- Understand that behavioral health challenges is normal and the first responder is not alone in their experiences
- Understand the importance of seeking professional help while also utilizing peer support networks
- Understand the role and resources provided by Critical Incident Stress Management (CISM)

This module will call upon the **Local Mental Health Support Services Guide** provided at the front of this manual. This guide should be filled out by the instructor prior to class and provided to class participants as indicated in this module.





## HIGH-RISK BEHAVIORS

Chronic	Acute
<ul style="list-style-type: none"><li>• Substance Abuse</li><li>• Compulsivity</li><li>• Anger</li><li>• Overworking</li><li>• Isolation</li></ul>	<ul style="list-style-type: none"><li>• Impulsive Decisions</li><li>• Displaced or Exaggerated Emotions</li><li>• Reckless Behavior</li><li>• Acts of Violence</li></ul>

**INSTRUCTOR’S NOTES:**

First responders may resort to negative coping mechanisms to deal with both occupational and personal stress. Negative coping mechanisms may provide a momentary “quick fix,” but such negative behaviors do not address underlying problems and can have long-lasting unintended consequences.

Recognizing unhealthy coping skills and high-risk behaviors is the first step in the prevention of addiction, health problems, unhealthy relationships, self-harm and suicide.

This slide highlights some examples of high-risk behaviors that first responders should be aware of and watch for, which includes:

- **Substance Abuse** – This will be covered in detail in the following slides
- **Compulsivity** – This may include behaviors such as compulsive shopping, gambling, promiscuity or overeating
- **Overworking** – Getting “lost in work” can add to accumulated stress and lead to burnout, anxiety, and depression
- **Isolation** - Avoiding people for long periods of time is a negative coping mechanism. People turn to isolation from others as a way of avoiding reminders of traumatic or painful experiences. Social support is critical when you are feeling sad, afraid or have negative thoughts.





# SUBSTANCE ABUSE



## SUBSTANCE ABUSE



**Substance Abuse** – using substances, legal or illicit, in excess in order to cope with experiences, memories, or events that emotionally overwhelm them

**Addiction** – is a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences

### INSTRUCTOR'S NOTES:

For our purposes, **Substance Abuse** is defined as using substances in excess, whether legal or illicit, in order to cope with experiences, memories, or events that emotionally overwhelm them.

People who misuse drugs or alcohol often do so as a way of coping with traumatic experiences, memories or events. Scenes witnessed by first responders can easily fit into this category. People who misuse substances as a coping mechanism, rely on the immediate sense of gratification the drugs and alcohol provide, instead of processing the intense emotional reaction resulting from trauma.

Substance abuse may produce violent or unpredictable behavior, even when a person is not usually violent. Often family members or other loved ones become the target of such behavior.

If substance abuse is not addressed, it often leads to addiction.

**Addiction** is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.

*Sources:* (American Psychiatric Association, 2013) (National Institute on Drug Abuse, July 2018)

## SUBSTANCE ABUSE



Substances that are commonly abused include:

- Alcohol
- Prescription Painkillers (e.g., Percocet and Vicodin)
- Benzodiazepines (e.g., Xanax and Valium)
- Stimulants (e.g., cocaine)
- Hypnotics (e.g. Sonata and Lunesta)



### INSTRUCTOR'S NOTES:

There are many substances that may be used for legitimate purposes. However, problems arise when these substances are used in excess or outside of their medicinal index.

Drug abuse can have immediate, as well as long-term, health effects including heart or lung disease, cancer, HIV/AIDS, hepatitis, and death.

Long-term drug use of any of these substances can also lead to addiction.

## WARNING SIGNS



- Physical or psychological cravings to use the substance regularly
- Persistent or unsuccessful attempts to decrease or stop substance use
- Needing to take more of a substance over time to achieve the same effect
- Doing things you normally wouldn't do to obtain a substance, such as stealing or lying
- Making substance use a priority over other responsibilities, including work and family

### **INSTRUCTOR'S NOTES:**

There are many warning signs that are indicators of addiction. Some of these signs include:

- Physical or psychological cravings to use the substance regularly
- Persistent or unsuccessful attempts to decrease or stop substance use
- Needing to take more of a substance over time to achieve the same effect
- Doing things you normally would not do in order to obtain a substance, such as stealing or lying
- Making substance use a priority over other responsibilities, including work and family



## WARNING SIGNS (cont.)



- Spending a significant amount of time taking substance, buying substances, or recovering from substance use
- Failing to fulfill major obligations at home, school, or work because of substance use
- Experiencing extreme mood swings and irritability
- Using substances in unsafe situations, including while driving or at work
- Hiding your substance use from others

### INSTRUCTOR'S NOTES:

Additional warning signs of addiction include:

- Spending a significant amount of time taking substance, buying substances, or recovering from substance use
- Failing to fulfill major obligations at home, school, or work because of substance use
- Experiencing extreme mood swings and irritability
- Using substances in unsafe situations, including while driving or at work
- Hiding your substance use from others

No matter the substance, addiction should never be taken lightly. If you or someone you love is exhibiting symptoms of substance use disorder, it is important to seek professional help as soon as possible.

Addiction can be overcome and there are external resources in place that can help.







## ALCOHOL ABUSE

### INSTRUCTOR'S NOTES:

We are now going to discuss the topic of alcohol abuse, a prevalent high-risk behavior within the first responder community that can have serious consequences, both personally and professionally.





### **INSTRUCTOR'S NOTES:**

Research studies show that firefighters drink more alcohol and exhibit increased high-risk behavior (such as binge drinking) when compared to the general public.

According to the Fire Service Joint Labor Management Wellness-Fitness Initiative, alcohol is the most commonly abused substance among fire fighters.

Alcohol is a depressant, which means it reduces the activity of the central nervous system. Even small amounts of alcohol can interfere with a fire fighter or paramedic's ability to perform the job. This is one of the many reasons that it's so important to be able to identify the warning signs of alcohol abuse, as well as the options for treatment.

### **DISCUSSION POINT:**

- Why do you think alcohol use is prevalent within the fire service?
- What have been your observations regarding alcohol use in the fire service?

*Source:* (The Fire Service Joint Labor Management Wellness-Fitness Initiative, 2018)



**A focused study of career firefighters found that within the previous month:**

- 85% reported drinking**
- 56% reported binge drinking**
- 9% reported driving while intoxicated**

**INSTRUCTOR'S NOTES:**

Surveys conducted by the Center for Fire Rescue and EMS Health Research (CFREHR) revealed that:

- 85% reported consuming alcohol within the last month (23% higher than the general public)
  - According to the 2013 National Survey on Drug Use and Health, 62% of males reported consuming alcohol in the past month — significantly lower than the fire service.
- 56% reported binge drinking within the last month
  - In 2010, the Centers for Disease Control and Prevention published data on binge drinking finding that 23% of males reported binge drinking in the previous month
    - That is roughly half the rate of binge drinking in the fire service
  - Binge drinking is defined as five or more servings of alcohol for men (or four or more servings for women)
    - The definition is based on blood alcohol content (BAC) — consuming that many drinks within a two-hour period typically raises BAC to 0.08 g/DL or higher



- 9% of career firefighters reported driving while intoxicated within the last month

Note: Women were excluded from survey results because the small sample size of female firefighter response did not provide enough information for statistical interpretation.

*Source:* (Haddock, et al., 2012)





## Alcohol Abuse

Chronic use of alcohol can have long-term unintended health consequences including:

- Gastrointestinal disease
- Increased risk of cancer
- Increased risk of mental health disorders
- Permanent brain damage
- Increased risk of dementia

### INSTRUCTOR'S NOTES:

Excessive consumption of alcohol can have long-term unintended health consequences including, but not limited to:

- **Gastrointestinal disease** – including liver cirrhosis and pancreatitis
- **Increased risk of cancer** – including mouth, nasopharynx, colon and rectum, liver, and breast cancer
- **Increased risk of mental health disorders** – including depression and general anxiety disorder
- **Permanent brain damage** – The brain is very sensitive to damage caused by chronic alcohol abuse, which may increase the risk of dementia and cause brain shrinkage in middle-aged and elderly people
- **Increased risk of dementia**

*Sources:* (Zahr, Kaufman, & Harper, 2011), (World Health Organization, 2014)



## WITHDRAWAL



- Regular, long-term use of drugs or alcohol can result in physical dependency
- If substance use is suddenly stopped, the body can go into withdrawal.
- Withdrawal can range from mild, uncomfortable symptoms, to a life-threatening condition.

***Medical professionals can ensure personal safety and lessen the severity of withdrawal symptoms.***

### **INSTRUCTOR'S NOTES:**

When a person has been consuming alcohol or drugs regularly for weeks, months, or even years, they may develop a physical dependence on the substance.

In cases of long-term addiction and dependence, an individual may begin to experience the signs of withdrawal when they stop using it.

Depending on the substance used and duration of use, the side effects of withdrawal can range from simple, uncomfortable symptoms to a life-threatening condition.

While some may not need to undergo medical care when conquering substance abuse, clinically managed detoxification may be vital for others. This is especially true in cases involving opioid, hypnotic, stimulant, or sedative addiction.



## OTHER HIGH-RISK BEHAVIORS

### INSTRUCTOR'S NOTES:

There are numerous negative coping mechanisms an individual may rely upon when dealing with unresolved occupational stress and mental health issues. In order to address potentially harmful behavior, the student must first be able to recognize it. In the following slides several common negative coping mechanisms will be addressed.

### DISCUSSION POINT:

- Now that we have discussed substance abuse and the dangers of alcohol use, can you name some other negative coping mechanisms? Possible answers and topics for additional consideration include:
  - **Smoking** – *can cause cancer, COPD, heart problems, high blood pressure, etc.*
  - **Over eating** – *eating can relieve stress, but you can gain too much weight if you over eat and it can cause a lot of health problems such as diabetes, heart attack, high cholesterol, etc.*
  - **Compulsive shopping/spending money** – *buying things can make you feel good for a brief period but “retail therapy” can cause financial strain and unintended debt*



- **Reckless driving** – *can result in accidents, injury of self or others, and legal trouble*
- **Other Risky activities** – *gambling, unprotected sexual activity, fighting, absenteeism, illegal drug use, binge drinking etc.*





## ISOLATION



- Isolation is not a positive coping mechanism
- A first responder dealing with the occupational stress may not realize that isolation is being used as a coping mechanism



***Isolation can lead personal and professional problems as well as contribute to medical and mental health issues.***

### INSTRUCTOR'S NOTES:

**Isolation** is a negative coping mechanism often used to avoid occupational stress, reminders of a traumatic event (including people who witnessed it), avoiding places that trigger negative memories, and avoiding others (including loved ones) in order to repress volatile emotions.

### DISCUSSION POINT:

- Why is isolating oneself considered a negative coping mechanism?
  - This behavior can prevent you from healing from the traumatic experience
  - It can prevent you from making progress in coping with the trauma and its consequences
  - It can damage personal relationships (including with loved ones)
  - It can have a detrimental impact on job performance
  - It can cause anxiety and lead to depression
  - It can lead to reliance on other negative coping mechanisms such as alcohol use

First Responders need to process the critical incident in order function in the present moment and to have a fulfilling future. It is both common and natural to need help in order to do this.

## ANGER



- Anger may be a natural reaction to a critical incident
- Anger must be properly processed
- Uncontrolled or displaced anger can be damaging to you and others



### INSTRUCTOR'S NOTES:

**Anger** is a strong feeling of displeasure. It is often a reaction to stress, failure, or injustice.

Anger can range from mild irritation to full-blown rage.

It is understandable to feel angry after experiencing a traumatic event or even being a witness to a tragic event or scene.

Anger is sometimes used as a defense mechanism for people who have difficulties expressing their feelings or emotions.

Anger must be controlled and processed in a positive manner.

If anger is not dealt with it can:

- Alienate you from other people
- Lead you to do things you will later regret
- Cause physical ailments
- Lead to other unhealthy coping mechanisms such as substance abuse

**DISCUSSION POINT:**

- In the fire and emergency services, do you think expressing anger and aggression more accepted than showing fear or sadness? If so, why is that?
- What are some positive ways to deal with anger?
  - Not giving into impulsive reactions by taking a Time Out
  - Having discussions with peers, friends, loved ones
  - Exercising
  - Meditation
  - Redirecting thoughts to focus on the positive
  - Avoid known triggers (*Certain negative thought patterns can precede an outburst of anger*)
  - Speaking to a professional mental health professional



## OVERWORKING



- Being a first responder is often very enjoyable and rewarding
- However, “getting lost in work” is not a positive way to deal with effects of stress accumulation
- Working too much can be a form of avoidance
- Overworking can lead to physical and mental health problems

### **INSTRUCTOR’S NOTES:**

Working can be a very good thing, in fact being a first responder is often very rewarding and enjoyable. Overall members of the fire and emergency services report high levels of job satisfaction.

However, if a first responder is suffering from occupational stress, it can be both damaging and dangerous for them to use “getting lost in work” as a coping mechanism.

Working too much can be a form of avoidance.

Spending time with family and friends can help with the healing process and promote overall wellbeing. Scheduling time for self-care and to do activities that bring enjoyment can help to reduce the accumulation of stress and lead to a happier and more fulfilling life.

**DISCUSSION POINT:**

- Why could working too much be detrimental for someone suffering from occupational stress?
  - They may not seek help for underlying mental health issues such as anxiety, depression or PTSD.
  - They may be spending less time with friend and family. This could harm their personal relationships and make underlying mental health issues worse, whereas being with and receiving support from their loved ones could help them recover and deal better with occupational stress.
  - Overworking can lead to lack of sleep, physical exhaustion, poor nutrition, and an increased susceptibility to illness. This can lead to long lasting physical health effects.





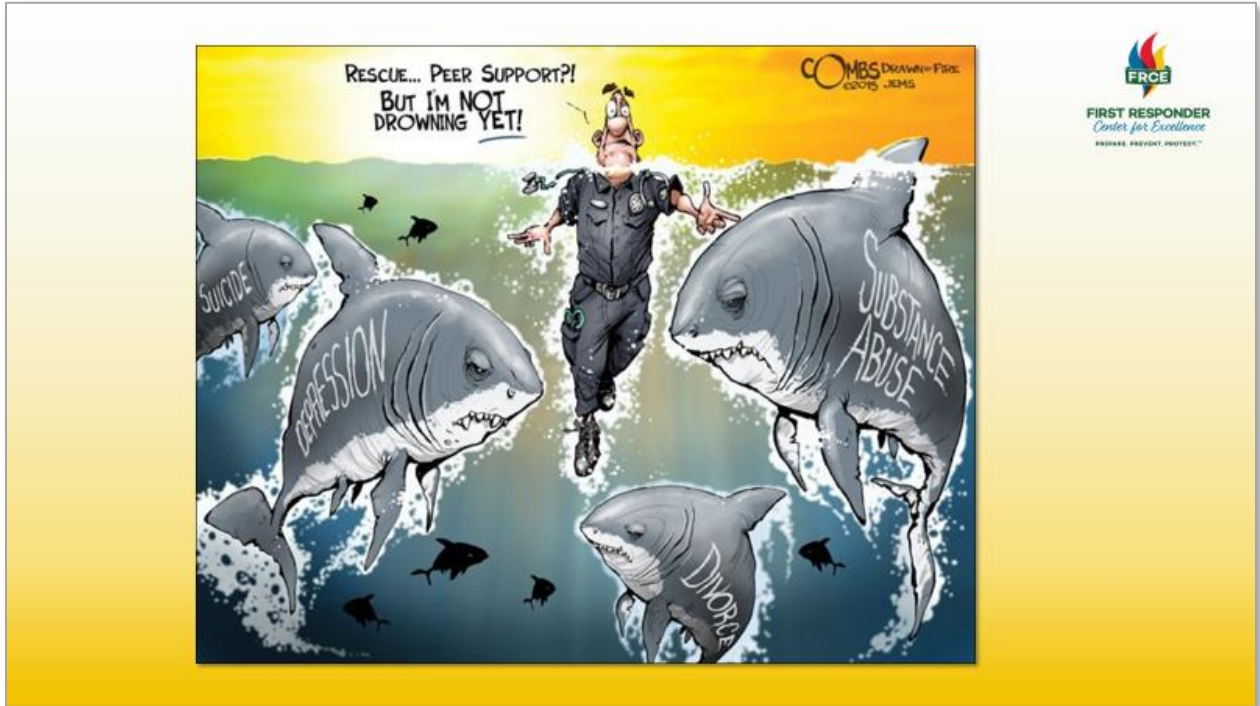
## RESOURCES AND SUPPORT

### INSTRUCTOR'S NOTES:

In this portion of the training, available resources and sources of support to address high risk behavior will be discussed.

Please have the **Local Mental Health Support Services Guide** (completed prior to class) readily available.





**INSTRUCTOR'S NOTES:**

Seeking support is not just a recommendation or a nice idea - it is a necessity.

At this point in the course it is appropriate to refer to and share the **Local Mental Health Support Services Guide** completed prior to the start of class.

This **Local Mental Health Support Services Guide** will provide contact information that includes locally available peer and professional service resources.

*Photo credit: Paul Combs, Drawn by Fire*

## SEEKING SUPPORT

- Being a first responder will have effects on your mental health
- Unlike a physical injury, mental health issues may be difficult for first responders to recognize
- You are not alone in experiencing the mental health effects of being a first responder

***Seeking support is a sign of strength and empowerment***



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### **INSTRUCTOR'S NOTES:**

First responders may find it difficult to address mental health problems because:

- Unlike physical injuries, such as a broken bone, mental health problems do not present tangibly
- People sometimes feel shame or embarrassment about seeking help
- Because it is not tangible (it cannot be seen on an x-ray or physically measured in the lab) it can be easier to avoid
- Mental health issues are real, they are common, and there are resources and treatments available that can help

The stigma of seeking mental health support is lifting. The major organizations within the emergency services are acknowledging and trying to understand the mental health challenges first responders face.

Processing your trauma is the first step toward healing.

Talk therapy and the power of peer support group can be of great help to someone who is struggling with the effects of accumulated occupational stress. There is comfort in knowing that you are not alone. Hearing how someone you relate to was able overcome similar feelings can provide a source of hope. Hope builds resilience in the unique life of a first responder.



**DISCUSSION POINT:**

- Can you name some mental health resources or support services that are available?
  - Peer Support
  - Support Groups
  - Family Support
  - Spiritual Support Resources (e.g., clergy)
  - Critical Incident Stress Management resources
  - Mental Health Professionals



## SEEKING SUPPORT



- Processing trauma is the first step towards staying healthy
- Knowing that you are not alone with the challenges you face at home or at work, brings hope and builds resilience in the unique life of a first responder.



***Seeking support is a sign of strength and empowerment***

### **INSTRUCTOR'S NOTES:**


Processing your trauma is the first step of healing and peer support can be vital to processing trauma.

Support comes in many varieties including:


- Peer Support
- Family Support
- Critical Incident Stress Management
- Seeking Professional Help

### **DISCUSSION POINT:**

- What do you think are some of the benefits of being able to talk through a problem with a peer?
  - It provides the opportunity to work through what happened and to provide a sense of resolution
  - There is comfort in knowing that you are not alone in your struggles
  - You can learn from how others have worked through similar circumstances



## PROFESSIONAL HELP



- Mental health professionals provide a safe place to process your emotions and job-related stress
- Support is given in a judgement free manner
- The mental health professional is there to listen, empathize, accept and encourage you
- They have specialized training and can help you develop positive coping skills
- Many departments have Employee Assistance Programs, chaplains, or referral services

**Healing doesn't start until you are heard**

### INSTRUCTOR'S NOTES:

Everyone should have the opportunity to be heard by a professional – healing won't start until the first responder is heard.

- **Mental health professionals provide a safe place to process your emotions and job-related stress**
  - When you reach out to a mental health professional, you will receive an objective view of your situation. You develop a connection with a trusted professional who will help you safely explore and process your emotions.
- **Support is given in a judgement free manner**
  - Trained mental health professionals are prepared for whatever you might share. The mental health professional is there to listen, empathize, accept and encourage you
- **They have specialized training and can help you develop positive coping skills**
  - The mental health professional is not just a source of advice, they are a guide that provides a healing, restorative experience.
- **Many departments have Employee Assistance Programs or referral services**

The instructor should highlight the services available on the **Local Mental Health Support Services Guide**. *Picture Credit: Medium Mental Health*

## PEER SUPPORT



- Can be formal – many departments offer peer support programs
- Can be informal – discussions with trusted crew members
- You are not alone in how you may feel or the reactions you may have as a result of job related stress

*Communicating your feelings helps to process and overcome trauma*

### INSTRUCTOR'S NOTES:

What you may experience following a critical incident, or over the course of your career, will be personal and having reactions job-related stress is normal. There are others who are having or have had feelings similar to you. It is important to seek support from your peers and to encourage them to communicate openly. **Peer support** can help to process stress reactions, eliminate isolation, and prevent suicide. Support may come in the form of:

#### **Formal Peer Support**

- Many departments have engaged in providing specialized training to designated peer support members
- Some agencies also offer peer support groups. Such groups provide a safe and supportive space which allows first responders to connect, share, and support each other.

#### **Informal Peer Support**

- Peer support is provided regularly by the day to day interactions you have with your trusted co-workers.
- Support can be sought and provided during shift activities (such as meals or gatherings), or through individual one-on-one conversations.



**DISCUSSION POINT:**

- What do you think are some of the benefits of being able to talk through a problem with a peer?
  - It provides the opportunity to work through what happened and to provide a sense of resolution
  - There is comfort in knowing that you are not alone in your struggles
  - You can learn from how others have worked through similar circumstances
  - It can foster a sense of connection, understanding, and hope



## CRITICAL INCIDENT STRESS MANAGEMENT



- Lessens the impact of the critical incident
- Normalizes instinctive reactions to the incident
- Encourages the natural recovery process
- Restores the adaptive functioning skills of the person and/or group
- Determines the need for further supportive services or therapy



### INSTRUCTOR'S NOTES:

**Critical incident Stress Management (CISM)**, sometimes referred to **Psychological First Aide**, is a system of crisis intervention meant to prevent psychological damage associated with unusual and stressful events, also called critical incidents.

CISM is intended to support those who are prone to trauma exposure as well as those who have experienced an intensely traumatic event.

#### **CISM is a system of support that is meant to:**

- Lessen the impact of the critical incident
- Normalize instinctive reactions to the incident
- Encourage the natural recovery process
- Restore the adaptive functioning skills of the person and/or group
- Determine the need for further supportive services or therapy

#### **What CISM is not:**

- CISM is not psychotherapy
- CISM it is not the same as **Critical Incident Stress Debriefing (CISD)**.



- CISD was the practice of requiring emergency responders to gather immediately after an incident to discuss the traumatic event. Studies have since shown that this practice is not beneficial.

*Sources: (Stone, 2013) (Jahnke S. , 2015)*



## FAMILY SUPPORT



- Families may have difficulty understanding what happens on the job
- Most want to know how they can help
- Communication is key – simply sharing that you had a bad day can go a long way
- Allow them the opportunity to offer their support

### INSTRUCTOR'S NOTES:

Families or significant others of first responders may have difficulties understanding what is experienced on the job. If they are not in the same field, they may consider themselves as outsiders. (**Module VI** of this training dedicated to family member support and interactions.)

But most family members would like to know how you are and how they can help.

- **Families may have difficulty understanding what happens on the job**
  - The families or significant others of first responders may have difficulties understanding what is experienced on the job. If they are not in the same field, they may consider themselves as outsiders.
- **Most want to know how they can help**
  - Most of them would like to show support especially during your toughest times at work.
- **Communication is key**
  - You do not have to share all the details about work - simply sharing that you had a bad day can go a long way
- **Allow them an opportunity to offer their support**



Additional recommendations for positive family interaction include:

- Honor their support by being present with them when you are together.
- Make sure that you spend ample quality time with your family.
- Do not be distant or ignore your family due to the stresses of work. This can trigger them to feel blame, shame, or hostility.
- Asking them for their support, their unconditional love and presence can go a long way. Your family, especially your significant other, would like to be of help to you.





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## CONCLUSION



- Mental health is just as important as physical health
- Occupational stress and critical incidents affect the mental health of first responders
- It is important to recognize and address high risk behavior
- Developing positive coping mechanisms is vital

***Seeking mental health support is a brave act that helps first responders feel better and allows them to better serve others***

### **INSTRUCTOR'S NOTES:**

What first responders see in their field of work is something that not something that can be simply erased from their memories.

- Mental health is just as important as physical health
- Occupational stress and critical incidents affect the mental health of first responders
- It is important to recognize and address high-risk behavior
- Developing positive coping mechanisms is vital

**Seeking support is a brave act that helps to improve your overall wellbeing and allows you to better serve others.**

**MODULE IV: BUILDING PERSONAL  
RESILIENCE**

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## MODULE IV: BUILDING PERSONAL RESILIENCE

### **INSTRUCTOR'S NOTES:**

This module will explain how first responders can build personal resilience to help minimize the impact of personal and occupational stress.

### **DISCUSSION POINT:**

- What does personal resilience mean to you?
  - When faced with a tragedy, natural disaster, health concern, relationship, work, or school problem, resilience is how well a person can adapt to the events in their life.
  - A person with good resilience can bounce back more quickly and with less stress than someone whose resilience is less developed.



## OBJECTIVES



- Perform a personal stress inventory
- Define and understand resilience
- Understand what contributes to Post-Traumatic Growth
- Review skills to strengthening interpersonal relationships
- Review how other factors, such as positive personal choices can increase resilience

### INSTRUCTOR'S NOTES:

The objectives of this module are to:

- Perform a personal stress inventory
- Define and understand resilience
- Understand what contributes to Post-Traumatic Growth
  - How first responders derive strength from the job
- Review how other factors, such as positive personal choices can increase resilience





## CONDUCTING A PERSONAL STRESS INVENTORY

### **INSTRUCTOR'S NOTES:**

In order to help increase resilience, first responders must both recognize and limit external stressors.

In the following slides, we will conduct a personal stress inventory. This is an individual and confidential self-assessment. There is space in the student manual to record responses and take notes throughout the survey.

Upon completion of the survey, results will be discussed in a general, non-specific manner.

Students will not be asked to share or further discuss the results of their personal stress inventory.



## PERSONAL STRESS INVENTORY



Place a check mark next to each item you have recurrently experienced or related to over the last month:

- |   |   |
|---|---|
| <input type="checkbox"/> Dread going to work    | <input type="checkbox"/> Working long hours       |
| <input type="checkbox"/> Headaches              | <input type="checkbox"/> Apathy                   |
| <input type="checkbox"/> Stomach issues         | <input type="checkbox"/> Resentment               |
| <input type="checkbox"/> Insomnia               | <input type="checkbox"/> Irritability             |
| <input type="checkbox"/> Chronic muscle tension | <input type="checkbox"/> Difficulty concentrating |

### INSTRUCTOR'S NOTES:

Now we will take a moment to conduct a **Personal Stress Inventory**.

Please place a check mark next to each item you have recurrently experienced or related to over the last month:

- Dread going to work** – *do not want to report to work, dislike being at work, count the hours until work hours end*
- Headaches** – *intermittent or unrelenting headache, including migraines*
- Stomach issues** – *such as gastrointestinal upset*
- Insomnia** – *chronic inability to fall asleep or stay asleep*
- Chronic muscle tension**
- Working long hours** – *either voluntarily or involuntarily*
- Apathy**
- Resentment**
- Irritability**
- Difficulty concentrating**





## PERSONAL STRESS INVENTORY (cont.)



- Making more mistakes than usual
- Procrastination
- Decreased productivity
- Boredom
- Disillusionment
- Giving up on professional goals
- Increased job-related conflicts
- Exaggerated emotions
- Use of unhealthy coping mechanisms
- Suffering personal relationships

### INSTRUCTOR'S NOTES:

**Personal Stress Inventory** continued...

Please place a check mark next to each item you have recurrently experienced or related to over the last month:

- Making more mistakes than usual
- Procrastination
- Decreased productivity
- Boredom – *or lack of interest in previously engaging activities*
- Disillusionment
- Giving up on or not setting professional goals
- Experiencing job-related conflicts – *such as conflicts with colleagues or supervisors*
- Experiencing exaggerated emotions – *such as anger, anxiety, sadness, etc., especially when not proportionate to the circumstances*
- Use of unhealthy coping mechanisms – *such as alcohol or drug use, overeating, compulsive shopping, etc.*
- Suffering personal relationships – *such as those with family or friends*



## PERSONAL STRESS INVENTORY RESULTS



Tally your score by counting the number of checked boxes on the previous pages and find your individual result below:

**A Score of 5 or Less** – indicates a low or manageable stress level

**A Score of 5-9** – indicates an elevated stress level

**A Score of 10-11** – indicates that you may be overly stressed

**A Score of 12 or more** - indicates a dangerous stress level that may be result in burnout

### INSTRUCTOR'S NOTES:

Tally your score by counting the number of checked boxes on the previous pages and find your individual result below.

**A Score of Less than 5** – Indicates a low stress level

**A Score of 5-9** – indicates an elevated stress level

**A Score of 10-11** – indicates that you may be overly stressed

**A Score of 12 or more** – indicates a dangerous stress level that may be result in burnout

### DISCUSSION POINT:

- Do you find your score surprising?

The **Professional Quality of Life (ProQOL)** stress assessment has been included in the **Appendix** of this manual. Students should be encouraged to take time after class to privately complete this assessment.





# RESILIENCE

**INSTRUCTOR'S NOTES:**

Now that you have a better understanding of your current stress level, we are going to look at how you can improve your resilience to stress.



## OCCUPATIONAL EXPOSURE



First responders are exposed to traumatic events through the course of performing their duties.



### INSTRUCTOR'S NOTES:

In addition to external personal stressors, first responders are exposed to potentially traumatic events through the course of performing their duties.

According to the National Center for Biotechnology Information, first responders are considered to be at “high-risk” for health and mental health consequences due to occupational exposures involving critical incidents and traumatic events.

Examples of critical incidents/traumatic events may include incidents involving:

- Personal injury or near-death experiences
- Fatalities
- Children or animals
- Mass casualties
- Fires
- Motor vehicle accidents
- Violent crimes

These events can have a stressful impact that overwhelms an individual’s sense of control, connection, and meaning in his or her life.

## MENTAL HEALTH INJURY RISK FACTORS



- In-depth exposure
- Peritraumatic distress
- Peritraumatic disassociation
- Concurrent personal stressors
- Identifying with the victim
- Threat to personal safety

***Experiencing any of the above may put the first responder at risk for mental health injury***

### **INSTRUCTOR'S NOTES:**

As explained in the previous modules, first responders are at greater than average risk for mental health disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD) due to occupational exposure to critical incidents.

The risk of suffering from a mental health injury following a critical incident is increased by:

- **In-depth exposure during an incident**
  - This refers to an incident where the first responder was exposed to prolonged on scene time, extended work hours, or was witness to traumatic imagery/conditions
- **Peritraumatic distress**
  - Peritraumatic distress is the physical, emotional, and cognitive reactions that occur during a critical incident or immediately after
  - Feelings of peritraumatic distress are an indicator of potential mental injury due to the critical incident



- **Peritraumatic disassociation**
  - Peritraumatic disassociation is the presence of time distortion, reduced awareness, emotional numbness, amnesia or derealization that can occur during or after the critical incident
  - An example of peritraumatic disassociation would be when a long period of time spent working on an incident feels like only a matter of minutes, or when you may not remember how you got back to your fire station following the incident
- **Concurrent personal stressors**
  - If you are having marital difficulties, caring for an elderly family member, dealing with the death of a loved one – you are already carrying a great deal of stress
  - Such concurrent personal stressors increase your susceptibility to mental injury due to a job-related critical incident
- **Identifying with the victim**
  - Nothing can adequately prepare a responder for an incident involving someone the first responder knows, cares about, or even loves
  - Such incidents can have a tremendous long-term mental impact on the first responder
  - Even if victim is not known to the first responder, if the victim is of similar age or gender as a responder’s loved one, the incident may “hit home” and take an unexpected mental toll
- **Threat to personal safety threat**
  - Incidents involving a threat to a responder’s personal life safety, whether it be potential or actual harm, may have an enormous long-term impact on mental health

**Experiencing any, or all, of the above place the first responder at high risk for sustaining significant mental health injury.**



## RESILIENCE



**Resilience** is the capacity to recover quickly from difficulties or challenges.

*Resilience is how well a person adapts to tragedy, natural disaster, health concerns, or personal/professional problems.*



### INSTRUCTOR'S NOTES:

**Resilience** helps first responders prepare for the critical incidents, process the trauma, and reduce mental health injury from job related experiences.

The general definition of resilience is the capacity to recover quickly from difficulties.

Resilience can also be described as how well a person can adapt to tragedy, natural disaster, health concerns, relationship issues, or personal/professional problems.

*Source: (The Oxford English Dictionary , 2018)*

## RESILIENCE



A resilient person is less likely to be derailed by traumatic and critical incidents.

Building resiliency helps individuals deal with, and recover from, traumatic events more quickly.



### INSTRUCTOR'S NOTES:

A resilient person is less likely to be derailed by traumatic and critical incidents.

Building resiliency helps individuals deal with traumatic events, difficulties, or problems more quickly and limits the long-term impact of such events.

### DISCUSSION POINT:

- What do you think are some qualities that helps a person to be resilient?



## RESILIENCE



- Prepares you prior to the emergency/critical incident
- Is a skill not a trait
- Requires individual effort and pre-planning

*Just as exercise increases physical strength, steps can be taken to strengthen yourself mentally as well*

### INSTRUCTOR'S NOTES:

A large part of being a first responder is preparing for the emergency before it happens. Countless hours are spent learning about potential risks, strengthening the body to meet physical demands, and practicing skills to improve potential response.

An area of preparation that is all too often forgotten is the mental preparation it takes to be a resilient first responder. It is just as important to be in shape mentally, as it is physically, before the tones go off.

Resilience is not an inherited character trait – it is a skill that must be practiced and honed.

- Developing resilience requires personal effort and deliberate action

## WHAT INCREASES RESILIENCY?



- Focusing on the positive
- Identifying personal strengths & maintaining a positive self-image
- Reducing external stressors
- Maintaining supportive relationships
- Setting achievable goals
- Adopting healthy coping mechanisms
- Improving communication & problem-solving skills

### INSTRUCTOR'S NOTES:

Just as a house must be built on a strong foundation, positive mental health starts with a resilient base.

First responders can increase resiliency by:

- **Reducing external stressors**
  - Some external stressors are beyond personal control - such as caring for an elderly parent or experiencing the death of a loved one
  - However, we can work to reduce the external stressors that may be within our control - such as stress related to finances or personal relationships
- **Maintaining supportive relationships**
  - Having established support systems will help you recognize and address mental health challenges before they become full-grown problems
- **Setting achievable goals**
  - Setting achievable goals can provide a realistic and attainable sense of accomplishment



- **Working to increase self-esteem and confidence**
  - Following the recommendations above will help to increase self-esteem and self-confidence
- **Adopting healthy coping mechanisms**
  - Utilizing healthy coping mechanisms, and avoiding the negative coping mechanisms described in the previous modules, helps the first responder to process trauma and stress, thus reducing the potential negative long-term mental health effects
- **Improving communication and problem-solving skills**
  - First responders can improve both their personal and professional relationships by improving communication and problem-solving skills

Having an established support system will help you recognize mental health challenges before they become full-grown problems.





## POST-TRAUMATIC GROWTH

### INSTRUCTOR'S NOTES:

In previous modules we explored the causes of post-traumatic stress (PTS) and identified the negative consequences unresolved PTS can have.

Not all aspects of emergency service work pose a detriment to the mental health of the first responder. Even when the job may involve trauma or human suffering, there are many positive benefits first responders derive from their jobs which should be both recognized and appreciated.

We will now shift our focus to the positive impact of **Post-Traumatic Growth**. Focusing on the positive mental health aspects of their job-related duties can help first responders increase their overall resilience.



## POST-TRAUMATIC GROWTH



Emergency work can spur positive psychological growth, even when trauma is involved.

### INSTRUCTOR'S NOTES:

The psychological consequences of working in emergency work are not always negative – there can be positive benefits.

First responders have reported positive post-trauma changes or post-traumatic growth as the result of their occupational experiences.

## POST-TRAUMATIC GROWTH



Factors that promote **Post-Traumatic Growth** include a strong sense of:

- Compassion satisfaction
- Self-efficacy
- Collective efficacy
- Community belonging

### INSTRUCTOR'S NOTES:

Factors that can positively influence and promote **Post-Traumatic Growth** include:

- **Compassion satisfaction**
  - The pleasure a person derives from being able to do their work well
- **Self-efficacy**
  - Self-efficacy is the self-confidence that one can accomplish a task (*covered in more detail within this section*)
- **Collective efficacy**
  - Collective efficacy is the belief in one's group to accomplish a task or reach a goal (*covered in more detail within this section*)
- **Community belonging**
  - Community belonging is important within the public service community as well as within the community as a whole

## COMPASSION SATISFACTION



- The positive feelings generated by helping others
- Finding meaning in one's efforts & challenges
- Fulfilling one's potential
- Contributing to the work setting & the greater good of society
- Experiencing pleasure from a job well done

### INSTRUCTOR'S NOTES:

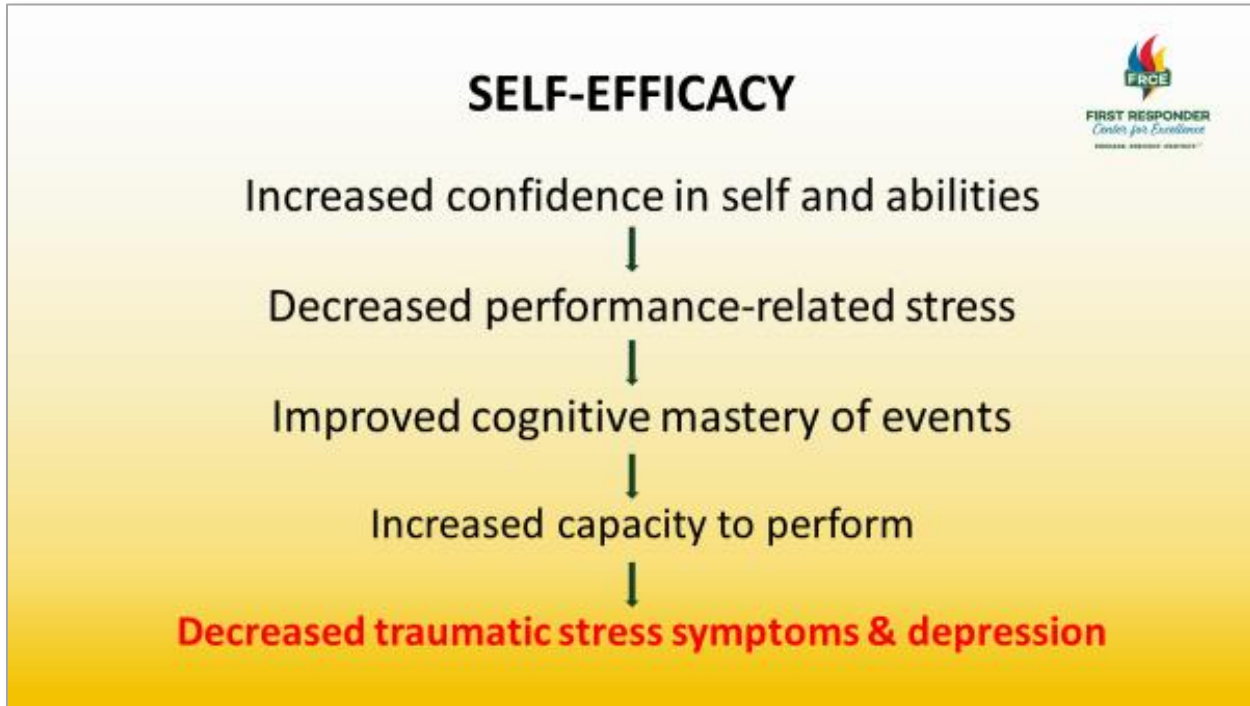
Post-Traumatic Growth is promoted by **Compassion Satisfaction**.

Responders within the fire and emergency services report higher than average rates of compassion satisfaction.

First responders derive **compassion satisfaction** through:

- The positive feelings generated by helping others
- Finding meaning in one's efforts & challenges
- Fulfilling one's potential
- Contributing to the work setting & the greater good of society
- Experiencing pleasure from a job well done





**INSTRUCTOR'S NOTES:**

**Self-efficacy** refers to how much a person believes in his or her ability to succeed in a specific situation or how well he or she can accomplish a task.

A first responder's sense of self-efficacy has a major role in how he or she takes on goals, tasks, and challenges.

When a first responder has a strong sense of self-efficacy then their overall confidence in their abilities improves. This leads to:

- **Decreased stress levels while performing job-related duties**
  - This is due to increased confidence in their own skills and capabilities
- **Improved cognitive mastery of events**
  - They have an easier ability to process the event, and any trauma related to it
- **Increased capacity to perform**
  - They can handle increased exposure to similar scenarios

All of the factors listed above contribute to reduce traumatic stress-related symptoms and mental health disorders, such as anxiety and depression.



## COLLECTIVE EFFICACY



**Collective Efficacy** is the belief that the group is capable of organizing and executing the actions required to produce an expected or desired outcome



### INSTRUCTOR'S NOTES:

Collective efficacy refers to the belief that a group can organize and execute actions required to produce an expected or desired outcome.

First responders' sense of collective efficacy is based on:

- Their belief that their crew can accomplish a major task
- The knowledge that they can collaborate well
- Their ability to achieve one common goal

*Source: (Bandura, Self-Efficacy: Toward a Unifying Theory of Behavioral Change, 1977)*

## SENSE OF COMMUNITY



First responders often form their own internal community, while also playing an important role in the community they serve and protect.



### INSTRUCTOR'S NOTES:

The first responders' foster a sense of community both within and outside of emergency services.

#### **Within the general public...**

- First responders are respected and trusted by the community and they play a vital role in the protection of the community as a whole.
- Providing such a vital public service helps to improve job satisfaction and reduce occupational stress.

## SENSE OF COMMUNITY



- The emergency services community is built on trust and reliance on one another.
- Together, responders work to protect each other and get the job done.



### INSTRUCTOR'S NOTES:

Within the public safety community, first responders...

- Build relationships built on trust and respect
- Rely on each other for safety and protection
- Work together to get the job done

Compassion satisfaction, self-efficacy, collective efficacy and sense of community all contribute to the positive benefits that first responders derive through their work in public safety.



## PERSONAL CHOICES TO IMPROVE RESILIENCE

### INSTRUCTOR'S NOTES:

By reducing external stressors, the first responder will have greater capacity to process and occupational stressors.

External stressors can be minimized by making positive personal choices.



## FINANCIAL RESPONSIBILITY



- Eliminate credit card debt
- Differentiate between 'Wants' and 'Needs'
- Pay yourself first
- Establish an emergency fund
- Keep a budget

***Decreasing financial stress is an important step towards improving personal resilience.***

### **INSTRUCTOR'S NOTES:**

Financial stress is a common external stressor that a majority of the population has, or will, face at some point in time.

The following steps can be taken to improve personal financial security and reduce the stress caused by fiscal strain:

- **Eliminate credit card debt**
  - Carrying a credit card balance increases financial strain
  - Credit card use should be reserved for emergencies
  - If credit cards must be used, the balance should be paid in full each month
  - This will decrease the burden of financial stress due to accrual of interest charges
- **Differentiate between 'Wants' and 'Needs'**
  - Make sure you are acting in your own best interest – ask yourself if the next expensive purchase is actually a want (luxury) or a need (a true necessity)
  - Really examine if your purchase is necessary and if it is justified
  - You do not have to spend everything you earn

- **Pay yourself first**
  - It is important to establish a 'savings' mindset
  - Before you make unnecessary purchases, you should 'pay' yourself first
  - This can take the form of transferring funds into a separate, harder to access savings fund
  - Remember, you do not need to, nor should you, spend everything that you earn
- **Establish an emergency fund**
  - This is in addition to a general savings account
  - These funds should only be accessed in a true emergency (e.g., job loss, severe illness or injury, need for shelter, etc.)
  - Most experts agree that you need to be able to support yourself financially for at least six months without an income
- **Keep a budget**
  - Ultimately, financial responsibility means living within your means, regardless of the level of those means.
  - Take a close look at your financial situation, evaluate your earning and spending habits, and make the necessary adjustments to put yourself on responsible financial footing
  - It is important to have a good handle on the amount of money you are taking in and sending out each month

*Source: (Smith, 2018)*



## STRENGTHEN PERSONAL RELATIONSHIPS



- Make genuine connections
- Ask for help
- Accept and offer support
- Practice empathy



***Strong interpersonal relationships provide a solid foundation on which to build personal resilience***

### INSTRUCTOR'S NOTES:

You can strengthen interpersonal relationships by:

- **Making genuine connections**
  - Genuine interpersonal connections can be made by participating in social gatherings, joining civic groups, faith-based organizations, or other groups that provide support and help in reclaiming hope
- **Ask for help**
  - Reach out to others for guidance or support whenever needed
- **Accept and offer support**
  - Accept help when it is offered
  - Offer support during others' times of need
  - Listen without judgment, be understanding and respect others' opinions
- **Practice empathy**
  - **Empathy** is the skill of sensing other people's emotions, understanding their perspectives, and taking interest in their concerns

## STRENGTHEN PERSONAL RELATIONSHIPS



### 5 Keys to Effective Communication:

1. Provide appropriate notice
2. Use “I” statements
3. Employ the “Positive Sandwich” Technique
4. Provide Validation
5. Practice Mirroring

#### INSTRUCTOR’S NOTES:

The secret to maintaining strong, healthy relationships is communication. It is important to be able to communicate openly and truthfully, and to avoid blaming or shaming. Here are 5 keys to effective communication:

##### 1. **Provide appropriate notice**

- Be mindful of the time and space when you start a conversation
- Let the other person know that you need to talk to them and give consideration as to when the best time may be

##### 2. **Use “I” statements**

- Do not shame or blame the other person
- Use “I” statements and express how you feel
- For example, “I feel anxious when you do not call,” “I do not want to do that because ....” “I am upset with what happened”
- Avoid “You” statements which can be interpreted as blaming the other person or can be seen as an attempt to control their actions





### 3. Employ the “Positive Sandwich” Technique

- Start the conversation with a positive statement, then state the problem and end the conversation on a positive note.
- For example: “I believe in the work that we do and I appreciate for having this opportunity. There are difficulties reaching the goal because we do not have the resources needed to accomplish the tasks. Here is a possible solution to this problem or I would love to help, please let me know what I could do.”

### 4. Validation

- If a person confides in you or approaches you with a difficult conversation, make sure to validate their feelings by saying “I understand,” “that makes sense,” “I’m sorry this happened,” or “I’m sorry I made you feel that way.”

### 5. Mirroring

- After your partner tells you something, repeat what they said to let them know that you were listening and that you understand.
- For example: “Let me see if I got that...”
- This shows your partner that you are making an effort to understand them, and you are there to support them



## POSITIVE LIFESTYLE CHOICES



Positive lifestyle choices can improve both your quality of life and your resilience to stress.

- Take time off regularly
- Do things that bring you joy
- Set boundaries
- Practice self-care
- Don't let your job define you

### INSTRUCTOR'S NOTES:

Prioritizing yourself is not selfish. By taking care of yourself, you will be better able to care for others. Remember, you are responsible for your own happiness.

Here are some positive lifestyle choices you can make to improve both your quality of life and your resilience to stress:

- **Take time off regularly**
  - Use your vacation and sick time - they are there to help restore your body, mind, and spirit
  - You should come back from vacation rested and refreshed, which will allow you to perform at your best
- **Find things that bring you joy and actually do them**
  - Do things that you love during your time off
  - Pursue a hobby or learn something new
  - Enjoying a meaningful activity can offset some of the negative stress encountered at work



- **Set boundaries**
  - Say “no” to negative people or unreasonable requests
  - Say “no” to extra assignments, unrealistic deadlines, working on weekends, filling in for coworkers
- **Practice self-care**
  - Get enough rest, exercise, eat well, get out in nature, socialize, have some fun
  - You need to have something to do, something look forward to, and someone to love to enjoy life
- **Don’t let your job define you**
  - The job you do is undoubtedly important, but remember it is only one piece of who you are



## POSITIVE LIFESTYLE CHOICES (cont.)



- Listen to your body
- Get support
- Surround yourself with positive people
- Don't aim for perfection
- Practice an attitude of gratitude

### INSTRUCTOR'S NOTES:

- **Listen to your body**
  - If you pay attention, your body will let you know if you are under stress
  - Things like aches and pains, insomnia, food cravings, anxiety, or depression are signs of problems
- **Get support**
  - Seek support regularly from a supportive friend, colleague or supervisor
  - Establishing this relationship early ensures it will be there when you may need it most
- **Surround yourself with positive people**
  - Moods tend to be contagious so be mindful of who you spend your personal time with
  - Limit time with negative acquaintances and coworkers as much as possible
- **Don't aim for perfection**
  - Cut yourself some slack



- Forgive yourself for mistakes and don't create unnecessary work for yourself through perfectionism
- You are a work in progress – just practice being better each day
- **Practice and attitude of gratitude**
  - Try to remain positive and maintain a focus on what you are thankful

*Source: (Martin, 2018)*



## MANAGING STRONG IMPULSES



- Know your triggers
- Pause before reacting
- Practice Mindful Breathing
- Keep things in perspective
- Choose to be positive

***Managing strong impulses and emotions takes practice - it is best to master this skill prior to a critical incident.***

### **INSTRUCTOR'S NOTES:**


Managing strong impulses and emotions takes practice. The more you do it though, the better you will be at it. It is important to:

- **Know your triggers**
  - What causes your impulsive thoughts and strong emotions
  - Avoid triggers if possible
- **Pause before reacting**
  - Remind yourself to STOP as soon as you notice your mind and/or your body is reacting to a trigger
- **Practice Mindful Breathing**
  - Mindful breathing is simply taking a breath in over 4 seconds and letting the breathing out over 4 seconds
  - The simple act of counting deep breaths can help you control your emotions and impulses and will help calm your nerves
  - Focusing on your breathing will help insulate you from thoughts and feelings of distress




- The brain needs this time so that it can start to clear and think more rationally
- **Keep things in perspective**
  - Challenge your thoughts
  - Don't let your immediate emotions lead your reaction to a situation
  - Step back and allow yourself to see the bigger picture
- **Choose to be positive**
  - Instead of reacting impulsively to an emotional situation or upsetting situation, deliberately look for a more helpful and positive response
  - Would walking away be a better?





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## CONCLUSION



- Resilience helps prepare you to respond to an emergency and helps protect you from mental health injury due to occupational stressors
- Resilience is a skill which requires effort and practice to maintain
- Reducing external stressors helps increase resilience to occupational stress
- Positive personal lifestyle choices can reduce external stressors and help to increase resilience

**INSTRUCTOR'S NOTES:**

As first responders, you dedicate your life in taking care of others, taking the time to take care of yourself is necessary for you to be able to continue helping those in need.

Knowing how to increase your personal resiliency and make yourself a priority will improve your quality of life at both home and at work.



**MODULE V: BUILDING AND UTILIZING  
PEER NETWORKS**

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# MODULE V: BUILDING & UTILIZING PEER NETWORKS

## INSTRUCTOR'S NOTES:

First responders are accustomed to working in teams. This module will focus on translating the already familiar team-based approach into building psychological peer support networks.



## OBJECTIVES



- Recognizing when a co-worker is in distress
- Responding to a co-worker in distress
- Review of communication techniques for peer support
- Crossing the line from peer to professional

### **INSTRUCTOR'S NOTES:**

In this module, we will focus on:

- Recognizing when a co-worker is in distress
- Responding to a co-worker in distress
- Review of communication techniques for peer support
- Crossing the line from peer to professional



## RECOGNIZING A CO-WORKER IN DISTRESS



You can be the  
“rapid intervention  
team” for a crew  
member in distress.

### **INSTRUCTOR’S NOTES:**

Whether during an exercise or on an emergency incident, firefighters are trained to professionally assist and support each other. In doing so, firefighters entrust their lives and personal safety to their crew members.

As discussed in previous modules, the strong sense of community within the fire service is what helps to increase firefighter resilience to the stress and trauma they encounter throughout the course of their duties.

Just as they protect each other on incidents, fire service members have an important opportunity to protect and provide emotional care to each other. Firefighters can act as an emotional “rapid intervention team” when another crew member is in distress. It is important to recognize the signs of mental health distress, and especially an unspoken “mayday” a crew member may be silently expressing.

## RECOGNIZING A CO-WORKER IN DISTRESS



Stress and trauma can impact any responder at any time.

Untreated symptoms can intensify and evolve into:

- Depression
- PTSD
- Suicidal ideation



### INSTRUCTOR'S NOTES:

Even the most well-trained and seasoned responder can be impacted by the incidents they experience. This stress and trauma can impact any responder at any time.

If left untreated, these symptoms can intensify and evolve into:

- Depression
- PTSD
- Or suicidal ideation

*Photo Credit: Shutterstock*

## RECOGNIZING A CO-WORKER IN DISTRESS



### Telltale Signs of Distress

- Poor sleep, chronic exhaustion
- Unexplained irritability or moodiness
- Alcohol/substance use
- Personal relationship issues
- Change in eating habits
- Vague physical ailments



### INSTRUCTOR'S NOTES:

When you notice changes occurring in your fellow first responder, you should be pro-active and address your concerns as early as possible. Remember, this can save someone's career, relationship, or life.

### **Here are the telltale signs of psychological distress:**

- When your co-worker is having difficulty sleeping or seems to be chronically exhausted
- When your co-worker is unfittingly irritable or moody
- When your co-worker's alcohol consumption has increased, or you learn of prescription or illegal drug abuse
- When your co-worker is having family relationship problems
- When your co-worker eats less, does not eat, or over eats due to stress
- When your co-worker complains about chronic physical pains or illness without suffering physical injury

## RECOGNIZING A CO-WORKER IN DISTRESS



### WARNING!!!

It may be difficult to convince a first responder that they need psychological help.

*There are ways to provide immediate support*

### INSTRUCTOR'S NOTES:

Helping someone to address their mental health crisis can be difficult. It can be especially difficult for first responders, who are trained to help others, to accept that THEY need help.

If someone is injured physically, providing first aid measures may come as a natural reaction for first responders. In fact, a majority of emergency service workers have spent some amount of time training on how to provide first aid to those physically injured.

However, if it is psychological first aid that is needed, many people often do not know what to do or how to offer it.



## RECOGNIZING A CO-WORKER IN DISTRESS



If your crew member were injured or in danger would you act to help save them?

*You may be their most important lifeline*

### INSTRUCTOR'S NOTES:

A crew member can play an important role in helping to support a first responder suffering from the effects of occupational stress.

When you notice the changes in a first responder, do not ignore it. It is important to be proactive.



## A Personal Perspective...

“Firefighters are a family. The bonds we have with our brothers and sisters are essential to the work we do. As part of that, firefighters may fear that getting someone help will “jam them up” or cause administrative repercussions. As a result, firefighters often try to deal with problems in house.

And please don’t misunderstand; there can be value in that approach, if you are legitimately assisting your brother or sister. Unfortunately, that type of assistance is too often just an attempt to put the problem to bed and cover up for our brothers and sisters. Ultimately, these efforts to “assist” are little more than repeated episodes of enabling, which never resolve the underlying problem—and probably make it worse. In this context, enabling is a ‘process where a person unwittingly aids a person’s negative behavior.’

The detrimental results of covering for our brothers and sisters make clear that seeking outside assistance is often the best answer, but in our closed environment, outsiders are rarely trusted. We will examine how to overcome this distrust later, but for now, it is sufficient to recognize that this issue represents a significant challenge to getting our people professional help.”

- **Brandon Dreiman, JD, EMT-P, 17-year veteran of the Indianapolis Fire Department where he also serves as the coordinator for the IFD Peer Support Program. < CITATION Bra18 \I 1033 (Dreiman, 2018)>**

## RESPONDING TO A CO-WORKER IN DISTRESS



### Dealing with Denial...

- Your co-worker may be in denial of their own stress level
- They may be worried about the stigma of admitting their need for assistance
- They may be avoiding having to process issues related to unresolved trauma and accumulated stress

### INSTRUCTOR'S NOTES:

Before you can offer help, you should be aware of, and appreciate, why your co-worker may be in denial of their stress level and its subsequent effect.

- The first responder may not be consciously aware of their own stress level, or how it may be manifesting in their work and personal life.
- Certain stigmas still persist that seeking help is a sign of weakness, and this can hinder the healing process of the first responder.
- Denial is often used by a first responder, even the well-trained and veteran responder, to delay processing unresolved issues at work and at home. If not addressed this can have devastating results and can lead to other negative coping mechanisms such as substance abuse or suicide.



## RESPONDING TO A CO-WORKER IN DISTRESS



### A Foundation to Build on...

- Establish trust
- Find a good time to talk
- Create a safe space
- Come from a place of caring and concern



### INSTRUCTOR'S NOTES:

Earn the trust and acceptance of the first responder by taking the steps that show you are there to support them:

- Find a quiet and private time to address your distressed co-worker is important.
- Connect with your coworker; start a conversation about how mentally hard the work you do can be (not just physically)
- Let your co-worker know that you are concerned about them
- Reassure them that they are not alone and that their feelings are normal reactions to the extraordinary stresses of work

Although the conversation about seeking help is not easy, letting the first responder know that you are concerned about them can help establish a foundation of support.

**Help is available and there is no shame in accepting it, especially if this will result in improved relationships at home, at work, and with themselves.**

## RESPONDING TO A CO-WORKER IN DISTRESS



### Show Your Support...

- Listen
- Be patient
- Be a positive influence
- Encourage time off
- Encourage healthy routines
- Reach out to family members



Photo credit: Paul Combs

### INSTRUCTOR'S NOTES:

Here are some steps a colleague can take to help a first responder in distress:

- **Listen**
  - Be there for them and let them talk
  - Be an active listener and let go of judgment
- **Be patient**
  - Asking for help and accepting it may take time, and it is a process that needs to be cultivated or nurtured
  - Be willing to spend time with this individual, spend one-on-one time with the first responder and keep reminding them that they have your full support
- **Be A Positive Influence**
  - Encourage the first responder to engage in healthy activities such as regular physical activities, a walk or run together, or any healthy physical activity, that can help them expend pent-up physical energy from unmanaged emotions
- **Encourage time away from work**
  - Encourage the first responder to have regular family time

- This will help them cultivate meaningful relationships with their partners, children, or other loved ones
- It is important to have an outlet outside of the job
- **Encourage healthy routines**
  - Encourage the first responder to have a routine at home
  - Although their work schedule or work load is not regular and unpredictable, establishing a routine in their lives outside of work can give them a greater sense of control of their life
- **Reach out to Family Members**
  - Depending on the situation, it may be appropriate to reach out to the first responder's family members
  - Ask them how you can be of help to them and their loved one

*Photo credit: Paul Combs, Drawn by Fire*



## FROM PEER TO PROFESSIONAL



In addition to peer support, professional help should be sought:

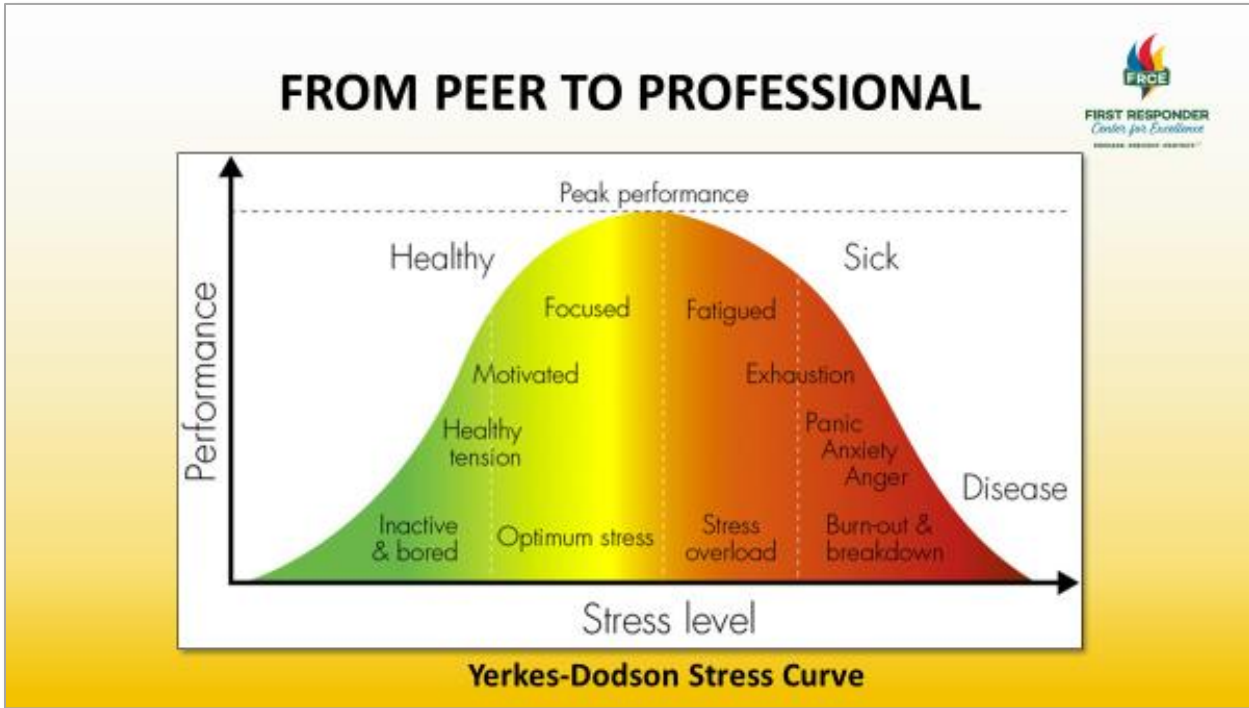
- **ANY TIME** the first responder expresses suicidal thoughts
- There has been no improvement in their emotional state after several weeks

### **INSTRUCTOR'S NOTES:**

If the first responder's mental and emotional state is not improving after a few weeks or if at ANY TIME the first responder is having suicidal thoughts, then the first responder is in need of professional help. Safety from harm is very important.

Ask assistance from the first responder's family members and your superiors in getting help for the first responder.

**Make sure that you find a counselor who works with public safety professionals, is trained in trauma, and understands the struggles of first responders.**



**INSTRUCTOR'S NOTES:**

The Yerkes-Dodson Stress Curve demonstrates the evolution of stress and the impact it can have on physical performance (or quality of life). This can be used as a tool to determine when it might be appropriate to seek professional help.

**DISCUSSION POINT:**

- Where are you on the stress curve?
- What about each of your crew members?

Source: (Diamond, Campbell, Park, Halomen, & Zoladz, 2006)



## SELF-CARE



- Remember to take care of yourself
- Becoming overwhelmed will not help anyone

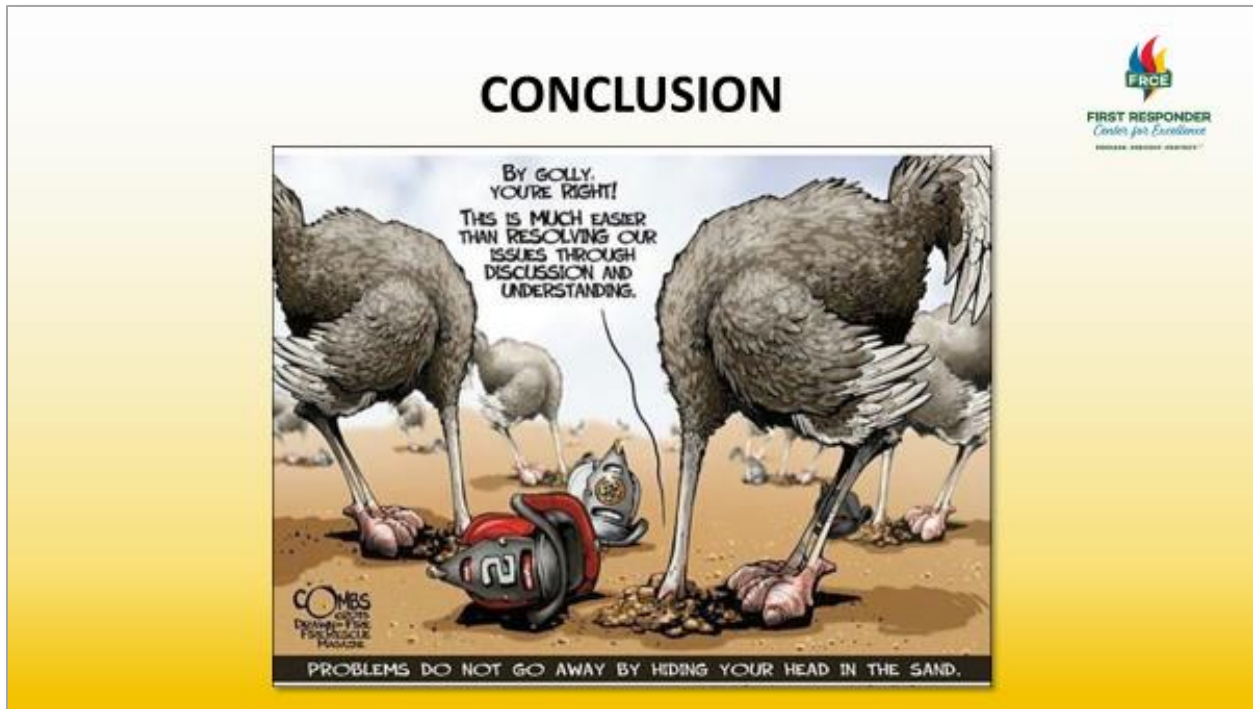


### INSTRUCTOR'S NOTES:

Make sure that, as you help your co-worker through this hard time, you take care of yourself emotionally, mentally, and physically as well.

If you become overly stressed about others, then your ability to help them will be diminished.

Make sure you take time for yourself and remain aware of how you are processing your own stress.



**INSTRUCTOR'S NOTES:**

**Peer support** is one of the first lines of support a first responder may have.

Unresolved mental health issues will not go away. In fact, they usually get worse when not addressed.

You can be aware and help your crew member before they reach a crisis level.

If your co-worker is already at a crisis level, it is even more vital to take action. What you do can save your crew members job, their relationship with their family, and maybe even their life.

If you see something, do something.

# **MODULE VI: FAMILY SUPPORT**

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**INSTRUCTOR'S NOTES:**

In Module VI, the focus will shift to strengthening the relationship between the first responder and their family. By maintaining strong family relationships, both the first responder, and their families, will be more resilient to the stress related to emergency services work.

First responders are encouraged to explore this module with their loved ones to encourage increased communication and understanding.

## OBJECTIVES



- Understand that family members are often relied on to be the “first responder for the first responder”
- Gain insight regarding the unseen stressors experienced on the job
- Understand how occupational stress can affect the mental health of members
- Provide recommendations for fostering family connections

### INSTRUCTOR’S NOTES:

In Module VI, participants will:

- Understand that family members are often relied on to be the “first responder for the first responder”
- Gain insight regarding the unseen stressors experienced on the job
- Understand how occupational stress can affect the mental health of members
- Provide recommendations for fostering family connections



## THE FAMILY MEMBER EXPERIENCE



- Family members are often silent victims of the job
- Family members experience their own job-related concerns
- Family members experience vicarious trauma



*Family members also feel the weight of the job.*

### INSTRUCTOR'S NOTES:

- Family members are often the silent victims of the job.
- Family members have expressed that they feel concern whenever their loved ones are on duty
  - They harbor fear that their loved one could be injured or killed while on the job due to their unpredictable and, at times, dangerous work as a first responder
- Family members experience vicarious trauma
  - Hearing the details of critical incidents and traumatic events can take a high emotional toll - this is especially true for those who may not work within the realm of public safety
- It is known that the first responder can suffer mental effects from both primary and secondary trauma
  - Family members can have mental health effects, similar to those that the first responder experiences, as a result of secondary or vicarious trauma (*please see Module I for more details on vicarious trauma*)

**Family members carry the burden alongside the first responders.**



## TRANSFER OF OCCUPATIONAL STRESS



- Unpredictable calls
- Conflicts with co-workers
- Schedule changes
- Physical stress of the job
- Upsetting or stressful calls
- Major incidents



### INSTRUCTOR'S NOTES:

Family members are also subject to stress related to:

- Unpredictable calls
  - Especially when their loved one is pulled away from family time for emergency response
- Difficult Schedules
  - Along with unpredictable calls comes long and challenging work hours
  - Schedule changes may be short-term or long-term (e.g. being promoted to a new position with different expectation of hours worked)
- Conflicts with co-workers
  - Conflicts at the fire station can, travel home with the first responder
- Physical stress of the job
  - Especially when injuries occur
- Upsetting or stressful calls
- Major incidents
  - Family members may have to watch a major incident unfold in the news or on social media for prolonged periods without knowing if their loved one is safe



## FAMILY MEMBERS - THE SILENT VICTIMS



Family members:

- Watch from a helpless distance
- May lack adequate support mechanisms
- Are at risk for developing secondary Post-Traumatic Stress (PTS)



*Families of first responders often receive little preparation for the emotional toll the job may entail.*

### INSTRUCTOR'S NOTES:

Family members:

- Must watch from a helpless distance
  - Unlike first responders who have opportunities to train for the emergencies they may have to respond to, family members often receive little preparation for what the job will entail
- May lack adequate support mechanisms
  - First responders can establish a peer network with colleagues, it can be difficult for family members who do not have peers they can relate to
- Family members are at risk for developing symptoms of secondary Post-Traumatic Stress (PTS)
  - Just as the first responder is at risk for mental health injury, so are their families – especially if the effects of occupational stress are not addressed



**DISCUSSION POINT:**

- Who does your family member turn to when suffering the effects of your occupational stress?
- Does your family member know about the resources that may be available to them through your department (e.g., Employee Assistance Program or Peer Support Networks)?



## FAMILY CONFLICTS



Work within the emergency services can contribute to family stress by:

- Causing lost time with family
- Impacting relationships with children
- Create tension between you and your significant other
- Causing worry, anxiety and depression in loved ones

### INSTRUCTOR'S NOTES:

Work within the emergency services can contribute to family stress by:

- **Causing lost time with family**
  - The unpredictable nature of emergency work can cause conflicts with child care arrangements, may interfere with family activities, and can cause lost time with family
- **Impacting relationships with children**
  - Being the child of a first responder can result in a mix of both positive and negative emotions
  - Children may have a difficult time expressing the fear, concern, disappointment, frustration, pride, and admiration that they may feel for their first responder parent
  - Children are self-centric and may have a difficult time prioritizing needs of “the greater good” versus their own perceived needs
  - It can be hard for a child to understand why a parent cannot be present for an event that is important to them, whether it be a school play or a birthday

- This can cause tension and distance between the first-responder parent and their children
- It is important to have age appropriate conversations with children, to validate their feelings, and to reinforce that their feelings and needs are important
- **Create tension between you and your significant other**
  - Even when a loved one understands why job-related duties may cause time lost with family, they may still have feelings of disappointment, frustration, anger or sadness
  - Just as job-related stress accumulates for the first responder, job-related stress can also accumulate for their loved ones
- **Cause worry, anxiety and depression in children and significant others**
  - Without effective communication and the necessary support, occupational stress can affect the entire family
  - When issues are left unaddressed, they can escalate into deeper problems and even lead to crisis situations

**DISCUSSION POINT:**

- If willing to share, how have you dealt with missing time away from the family?



## OCCUPATIONAL STRESS ACCUMULATES



- Stress that starts on the job can affect the first responder.
- Stress that affects the first responder can affect family members.
- Effects of the unaddressed stress can accumulate for family members as well as the first responder.



### INSTRUCTOR'S NOTES:

- Stress that starts on the job can affect the first responder.
- Stress that affects the first responder can affect family members.
- Effects of the unaddressed stress can accumulate for family members as well as the first responder.

## WARNING SIGNS – A TWO WAY STREET



- First responders and family members can be a lifeline for each other
- They should be ready to respond to signs of occupational stress.
- It is important to identify and address warning signs without delay

### **INSTRUCTOR'S NOTES:**

These warning signs are a two-way street – family members should be aware of any of these warning signs exhibited by their first responder family member.

The first responder should also recognize and address any warning signs that their loved one may be suffering from.

## WARNING SIGNS – A TWO WAY STREET



Warning signs of mental health effects include:

- A loss of interest in things that once gave pleasure
- Feeling anxious, on edge, jumpy, and startling easily
- Sleep issues
- Changes in eating habits
- Problems with alcohol, drugs or food
- High risk behavior begins to emerge

### **INSTRUCTOR'S NOTES:**

Warning signs of mental health effects from occupational stress include:

- A loss of interest in things that once gave pleasure
- Feeling anxious, on edge or jumpy, and startling easily
- Sleep issues
- Changes in eating habits
- Problems with alcohol, drugs or food
- High risk behavior begins to emerge

### **DISCUSSION POINT:**

- Do these warning signs look or sound familiar?
  - It should be noted that family members may exhibit the same warning signs as first responders when dealing with the effects of job-related stress

## WHAT TO DO



In order for emergency service families to maintain healthy relationships, it is important to:

- Communicate
- Plan
- Support
- Ask for help

### INSTRUCTOR'S NOTES:

A healthy relationship with family can be very helpful in keeping the first responder AND their family members healthy – physically, mentally and emotionally

In order for emergency service families to maintain healthy relationships it is important to:

- Communicate
- Support
- Plan
- Be able and willing to ask for help





## COMMUNICATING WITH PARTNERS



In addition to using the tools of effective communication, when engaging with loved ones it is important:

- To take time to connect before things go “bad”
- Show respect for your partner
- Allow them to express THEIR feelings about the job
- Listen to and validate their feelings, concerns, and frustrations
- Avoiding making promises that will be difficult to keep

***Avoiding problems will not make them disappear.***

### INSTRUCTOR'S NOTES:

Effective communication was discussed in previous modules. Now we build on the foundation of effective communication to increase the resilience of your relationships with loved ones.

When communicating with loved ones, it is important to:

- **Take time to connect before things go “bad”**
  - Strengthening your connection before something goes wrong will make your relationship more resilient
- **Show respect for your loved one**
  - This can include a small gesture such as reaching out if you will be late or letting them know you had a bad day, even if you don't want to talk
- **Allow them to express THEIR feelings about the job**
  - The job is unpredictable and can leave your family “shouldering the load” when you are called away
  - They may have feelings of frustration, disappointment or even anger as a result
- **Validate their feelings, concerns, and frustrations**



- It is important to understand that the feelings your loved ones experience are real, they are valid, and they should be acknowledged
- **Avoid making promises that will be difficult to keep**
  - To minimize negative feelings, it is important to maintain reasonable expectations and not make promises you may not be able to keep

**Maintain open lines of communication within the family. Avoiding problems will not make them disappear.**



## COMMUNICATING WITH CHILDREN



Children have very different abilities to understand and communicate based on age. With children you should:

- Avoid making promises that will be difficult to keep
- Acknowledge their feelings
- Be patient
- Keep them informed
- Not expose them to unnecessary trauma
- Provide them with additional support when needed



### INSTRUCTOR'S NOTES:

Children have very different abilities to understand and communicate based on age. With children you should:

- **Avoid making promises that will be difficult to keep**
  - It is better to overdeliver than underperform
- **Acknowledge their feelings**
  - Some children may be very expressive about their feelings while others may remain very quiet but still feel the same way
- **Be patient**
  - It may be very hard for a child to understand “the greater good” especially if they are suffering a personal impact – it is important to be patient, understanding, and reassuring
- **Keep them informed**
  - It may be hard to disappoint your child with news that they do not want to hear, however it can take a much greater emotional toll on your child if you do not communicate with them
  - If you are going to miss an event, or if you will be late, let them know

- Be honest about your capabilities and help them to manage their expectations ahead of time
- **Not expose them to unnecessary trauma**
  - Children should be shielded from unnecessary exposure to trauma and adult stressors
- **Provide them with additional support when needed**
  - Children can benefit from sources of support outside of the family
  - Providing opportunities for children to develop relationship with the children of other first responders helps them to establish their own peer network
  - Seeking the support of a mental health professional, especially someone experienced with treating first responders, can be of tremendous benefit for the entire family



## PLAN



- Establish a family calendar
- Have a back-up plan
- Establish routines
- Have something to look forward to
- Make time for your loved ones

### INSTRUCTOR'S NOTES:

- **Establish a family calendar**
  - Highlight your emergency service on-call or work days to help to provide advanced notice and to help family members manage expectations
  - Highlight family events on the calendar and prioritize which events you will commit to
  - Do not make commitments you may not be able to keep
  - Share the calendar with children if it is age appropriate to do so
- **Have a back-up plan**
  - Having a back up plan will reduce stress on both the first responder and the family, whenever an emergency arises
  - Be sure to discuss routines and family policies with care givers in order to provide a sense of consistency for family members
- **Establish routines**
  - Emergency services work can be very unpredictable

- Establishing routines at home, whenever possible, helps family members to feel more in control of their lives
- **Have something to look forward to**
  - Whether it be a week-long vacation, a little league game, or a scheduled day at the zoo – it is important for family members to have something to look forward to together
  - Events do not have to be complex or expensive to provide positive impact
  - Engaging in physical activities with the family, such as a hike or charity walk, further helps to mitigate stressors and increase family resilience
- **Make time for your loved ones**
  - It is important to have positive, uninterrupted time with your loved ones

**Making time for your loved ones will help to strengthen your connections and make your family relationships more resilient to external stressors.**



## SUPPORT



- Have conversations in advance to determine what level of job-related detail your partner is comfortable with
- Maintain open lines of communication and provide notification when under stress
- Encourage engagement in physical activity or hobbies outside of work
- Just be there for each other



### INSTRUCTOR'S NOTES:

Family members play vital roles in supporting each when dealing with external stressors. It is important family members:

- **Have conversations in advance to determine what level of job-related detail your partner is comfortable with**
  - You should not share graphic details of incidents with your spouse if they are not comfortable with hearing it
  - It is important to understand boundaries and establish a support network (with co-workers, friends, clergy, peer support, etc.) to be there when you need it
    - Each individual within your network plays an individual role in providing support
- **Maintain open lines of communication and provide notification when under stress**
  - If you do not want to have a detailed conversation about what you may be experiencing, you should share with your loved on that you are having a “bad day” or have had a “bad call”
  - Family members should be able to provide the same notification when they are experiencing similar emotions



- Family members should never pressure each other to discuss something they are not comfortable talking about
- **Encourage engagement in physical activity or hobbies outside of work**
  - Encourage regular physical activity. Talking a walk together or going for a run can help them expend the pent-up physical energy that is associated with unmanaged emotions.
- **Just be there for each other**
  - Sitting in comfortable silence with a loved one can go a long way in reminding them they are not alone and helping to make them feel calm and safe.





## ASK FOR PROFESSIONAL HELP



### When is important to seek the help of a professional?

- Anytime suicidal thoughts are being verbalized
- Anytime your loved one exhibits dangerous or high-risk behavior
- If your loved one has little to no improvement to their overall well being for a prolonged period (several weeks or more)

### **INSTRUCTOR'S NOTES:**

When a family member notices their loved one is suffering from mental health effects due to stress, they should act to address the issue immediately.

Giving their loved one prolonged “time alone” or “extra space” will exacerbate the problem.

Family members need to be proactive and help their loved one receive the support they need.

### **The help and support of a mental health professional should be sought:**

- **Anytime suicidal thoughts are being verbalized**
  - Verbalization of suicidal thoughts is a very serious warning sign
  - Suicide is a method individual’s use to escape the suffering cause by severe mental and physical pain
  - Mental health professionals can help your loved one manage and the resolve the pain they are suffering from
- **Anytime your loved one exhibits dangerous or high-risk behavior**
  - High-risk behaviors can include increased alcohol or substance use, angry or violent outbursts, or reckless behavior

- If your loved one has little to no improvement to their overall wellbeing for a prolonged period (several weeks or more)

Seeking professional help is not a sign of weakness in yourself or in your relationship. It is a proactive way to check in with each other and see how each of you are doing in the relationship.

**Choose a mental health professional that has experience with treating first responders and victims of trauma.**



## CONCLUSION



- First responders face unique stressors as a part of their job-related duties
- Families of first responders have their own stress response as a result of their loved one's job
- Families can increase their resiliency by working together to address and manage that occupational stress



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# APPENDIX



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## PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

### COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I [help].
- \_\_\_\_\_ 3. I get satisfaction from being able to [help] people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I [help].
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a [helper].
- \_\_\_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- \_\_\_\_\_ 9. I think that I might have been affected by the traumatic stress of those I [help].
- \_\_\_\_\_ 10. I feel trapped by my job as a [helper].
- \_\_\_\_\_ 11. Because of my [helping], I have felt "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a [helper].
- \_\_\_\_\_ 13. I feel depressed because of the traumatic experiences of the people I [help].
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. I feel worn out because of my work as a [helper].
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- \_\_\_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- \_\_\_\_\_ 24. I am proud of what I can do to [help].
- \_\_\_\_\_ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a [helper].
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a very caring person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.

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## WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section** total the questions listed on the left and then find your score in the table on the right of the section.

### Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. \_\_\_\_\_  
6. \_\_\_\_\_  
12. \_\_\_\_\_  
16. \_\_\_\_\_  
18. \_\_\_\_\_  
20. \_\_\_\_\_  
22. \_\_\_\_\_  
24. \_\_\_\_\_  
27. \_\_\_\_\_  
30. \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

### Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- \*1. \_\_\_\_\_ = \_\_\_\_\_  
\*4. \_\_\_\_\_ = \_\_\_\_\_  
8. \_\_\_\_\_  
10. \_\_\_\_\_  
\*15. \_\_\_\_\_ = \_\_\_\_\_  
\*17. \_\_\_\_\_ = \_\_\_\_\_  
19. \_\_\_\_\_  
21. \_\_\_\_\_  
26. \_\_\_\_\_  
\*29. \_\_\_\_\_ = \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

### Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. \_\_\_\_\_  
5. \_\_\_\_\_  
7. \_\_\_\_\_  
9. \_\_\_\_\_  
11. \_\_\_\_\_  
13. \_\_\_\_\_  
14. \_\_\_\_\_  
23. \_\_\_\_\_  
25. \_\_\_\_\_  
28. \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High





## YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

---

### Compassion Satisfaction \_\_\_\_\_

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

---

### Burnout \_\_\_\_\_

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

---

### Secondary Traumatic Stress \_\_\_\_\_

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.



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