

# BEHAVIORAL HEALTH AWARENESS TRAINING



**FIRST RESPONDER**  
*Center for Excellence*

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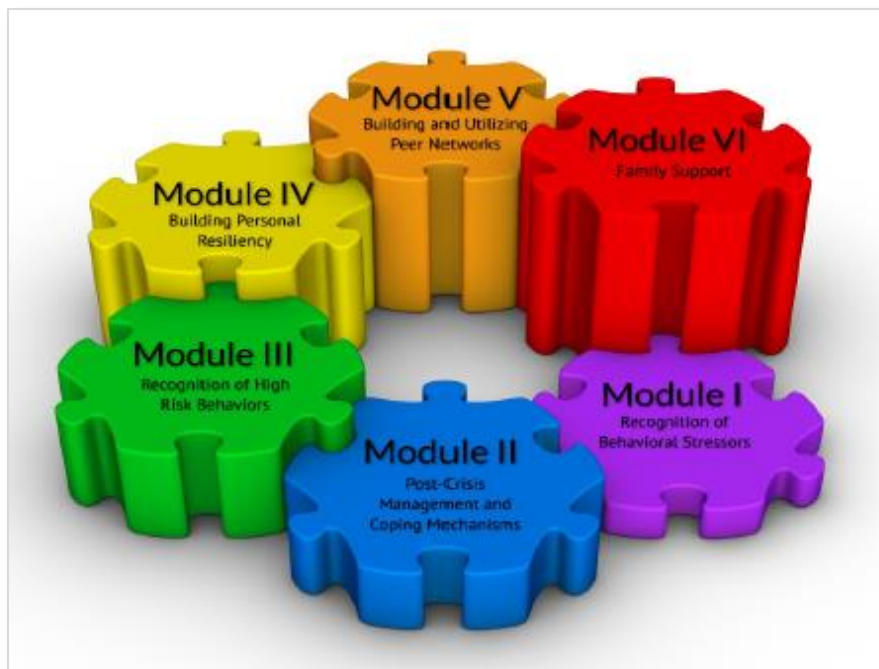
## WELCOME

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



**MODULE 1: RECOGNITION OF BEHAVIORAL HEALTH  
STRESSORS**

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## 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

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## 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.*

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

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## 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*

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## OCCUPATIONAL STRESS EXPOSURE

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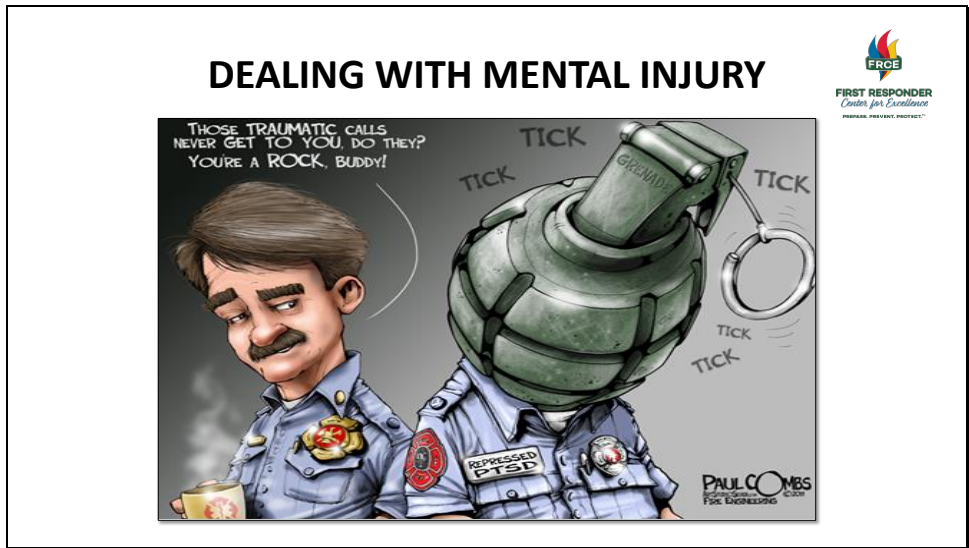
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**Without proper support and coping skills,  
occupational stressors can and do accumulate.**

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

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## 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

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## 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.*

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## 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.***

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## 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.***

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## 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.***

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## 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.

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## 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.**

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## 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.*

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## 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.***

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

*Without help  
everyone suffers.*

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## 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.*

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## 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)***

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## SUICIDE WARNING SIGNS



### PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



**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

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## 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.

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

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**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

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**CRITICAL INCIDENTS**



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

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## CRITICAL INCIDENT RECOGNITION



You may not realize you have experienced a critical incident



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## 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.



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**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.

  
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## COPING MECHANISMS



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**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.

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## NEGATIVE COPING MECHANISMS



**Negative coping mechanisms may include:**

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

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## 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

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### 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



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**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

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## 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

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## 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.

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

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## 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)

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<b>HIGH-RISK BEHAVIORS</b>		 <b>FIRST RESPONDER</b> <i>Center for Excellence</i> <small>PREVENT. PROMOTE. PROTECT.™</small>
<b>Chronic</b>	<b>Acute</b>	
<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>	

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**SUBSTANCE ABUSE**

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## 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

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## 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)



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## 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



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### 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

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

**85% reported drinking**

**56% reported binge drinking**

**9% reported driving while intoxicated**

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## 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

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## 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.***

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**OTHER HIGH-RISK BEHAVIORS**

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## 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.***

### NOTES:

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## 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



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## 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

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# RESOURCES AND SUPPORT

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**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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## 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*

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## 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***

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## 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*

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## 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



### NOTES:

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## 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

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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*

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**MODULE IV: BUILDING PERSONAL RESILIENCE**

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**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

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**FRCE**  
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# CONDUCTING A PERSONAL STRESS INVENTORY

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### PERSONAL STRESS INVENTORY



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

- Dread going to work
- Headaches
- Stomach issues
- Insomnia
- Chronic muscle tension
- Working long hours
- Apathy
- Resentment
- Irritability
- Difficulty concentrating

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### PERSONAL STRESS INVENTORY (cont.)

<input type="checkbox"/> Making more mistakes than usual	<input type="checkbox"/> Giving up on professional goals
<input type="checkbox"/> Procrastination	<input type="checkbox"/> Increased job-related conflicts
<input type="checkbox"/> Decreased productivity	<input type="checkbox"/> Exaggerated emotions
<input type="checkbox"/> Boredom	<input type="checkbox"/> Use of unhealthy coping mechanisms
<input type="checkbox"/> Disillusionment	<input type="checkbox"/> Suffering personal relationships

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## 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

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**RESILIENCE**

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# OCCUPATIONAL EXPOSURE



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



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### 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***

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## 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.*



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## 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.



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# 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*

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**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

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**POST-TRAUMATIC GROWTH**

**NOTES:**

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### POST-TRAUMATIC GROWTH



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

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## POST-TRAUMATIC GROWTH



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

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

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**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

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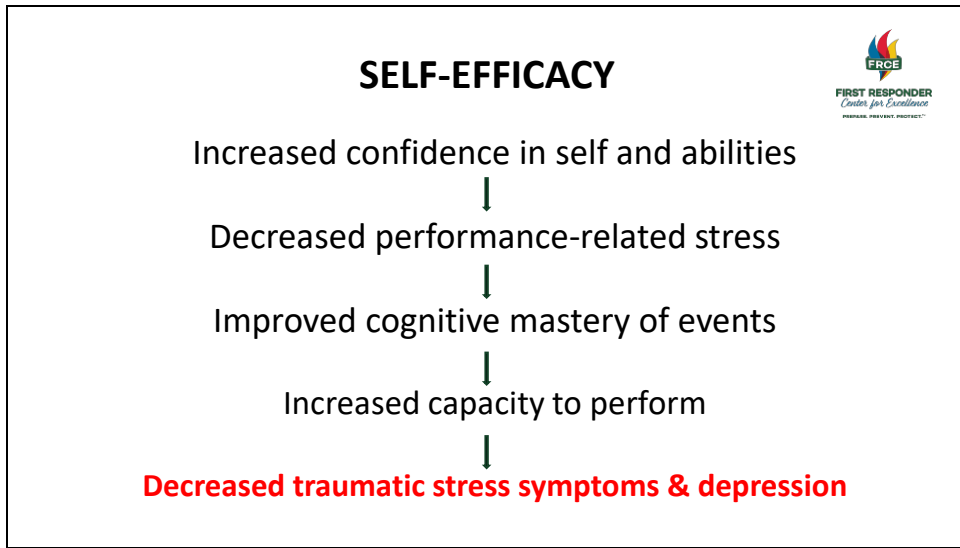
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## COLLECTIVE EFFICACY



**Collective Efficacy** is the belief that a group can organize and execute actions required to produce an expected or desired outcome



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## SENSE OF COMMUNITY



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



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## SENSE OF COMMUNITY



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



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**PERSONAL CHOICES  
TO IMPROVE RESILIENCE**

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## PERSONAL FINANCIAL RESPONSIBILITY



- Credit card & debt
- Acting in your own best interest
- Paying yourself first
- Emergency fund
- Don't worry about keeping up w/the Joneses
- Budgeting

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## 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.*

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## 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*

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**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

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## 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

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### 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

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### 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.***

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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

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

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## 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

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## RECOGNIZING A CO-WORKER IN DISTRESS



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

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## 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



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### 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



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## 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*

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## 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*

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## 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 \l 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

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## 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



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## 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

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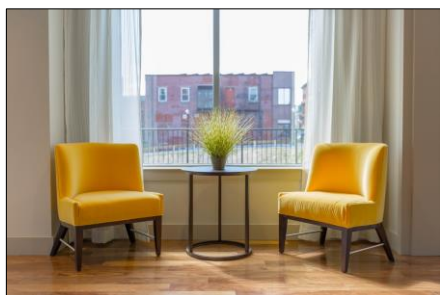
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## FROM PEER TO PROFESSIONAL



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

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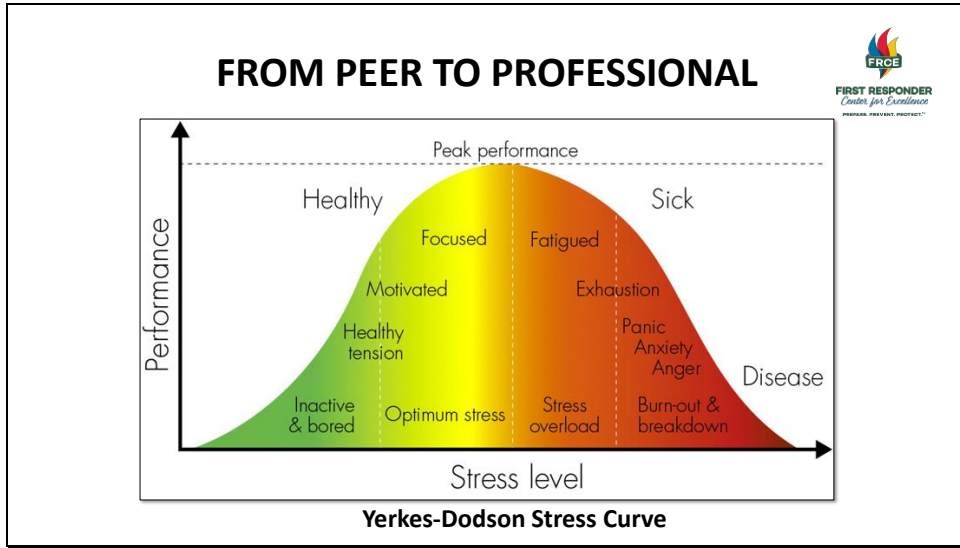
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## SELF-CARE



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



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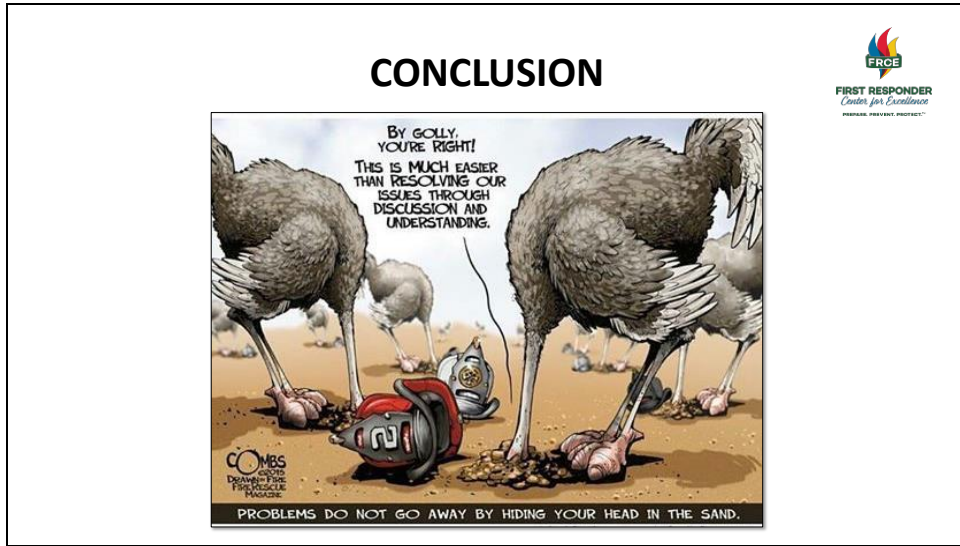
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## **MODULE VI: FAMILY SUPPORT**

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**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

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### 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.*

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## TRANSFER OF OCCUPATIONAL STRESS



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



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## 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.*

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# 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

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## OCCUPATIONAL STRESS ACCUMULATES



- Occupational stress does occur – especially when critical incidents occur
- Stress that starts on the job can affect the first responder.
- Stress that affects the first responder can affect family members.
- Affects of the unaddressed stress can accumulate for family members as well as the first responder.



**NOTES:**

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## 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

**NOTES:**

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## 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

### NOTES:

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## WHAT TO DO



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

- Communicate
- Plan
- Support
- Ask for help

**NOTES:**

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## 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.***

**NOTES:**

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# 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



**NOTES:**

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# PLAN



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

**NOTES:**

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## 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



### NOTES:

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## 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)

***Individual, couples, and family counseling can open the lines of communication and strengthen family bonds***

**NOTES:**

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### 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

**NOTES:**

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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.

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### 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.

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### 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.

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### 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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