

Mental Health Support for Firefighters after a Traumatic Event

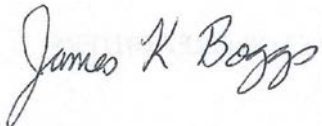
James Boggs

Greensboro Fire Department

Greensboro, North Carolina

Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have use the language, ideas, expressions or writings of others.

Signed:  \_\_\_\_\_

### Abstract

The problem was that the Greensboro Fire Department (GFD) had not identified ways to provide mental health support for firefighters who have experienced a traumatic event. The purpose of this applied research project is to identify ways to provide mental health support for firefighters who have experienced a traumatic event. This Applied Research Project utilized a descriptive method of research, utilizing a questionnaire distributed to GFD members, interviews with military combat veterans and extensive literature reviews. The results of this research revealed that there was a need to provide mental health support for firefighters and indicated effective ways to administrate the methods of delivery. The instances that firefighters need support include events that involve a mayday, injury/death to children, mass causality events, and emergency incidents that involve a fellow firefighter. As indicated by the literature review, questionnaire and personal interviews, the means to administer effective support for firefighters after experiencing a traumatic event must contain the elements of trust, confidentiality, and competent peer advisory. Recommendations included forming a Critical Incident Stress Management team, providing Behavioral Health awareness training in the Recruit Training Academy to combat misconceptions about the subject, providing training for company officers in recognizing the signs and symptoms of possible Post Traumatic Stress Disorder (PTSD), and provide immediate assistance after a traumatic event.

TABLE OF CONTENTS

Certification Statement	2
Abstract	3
Table of Contents	4
Introduction	5
Background and Significance	6
Literature Review	9
Procedures	21
Results	24
Discussion	32
Recommendations	35
Reference List	38
Appendixes	
Appendix A	42
Appendix B	43
Appendix C	48
Appendix D	49
Appendix E	50
Appendix F	51

## Introduction

The problem is that the Greensboro Fire Department has not identified ways to provide mental health support for firefighters who have experienced a traumatic event. The profession of firefighting regularly involves extremely dangerous incidents involving catastrophic events. While trained to perform effectively in these situations, the impact of a traumatic event may go far beyond physical damage. The emotional toll can result in a wide range of intense, confusing, and sometimes frightening emotions. (Smith & Segal, 2015, p. 2) The importance of not only recognizing the emotional impact these events may have, but also providing effective behavioral health support the firefighters involved, should be an integral part of our wellness program.

The purpose of this applied research project is to identify ways to provide mental health support for firefighters who have experienced a traumatic event. Acquiring knowledge of the most effective and impactful resources available to provide needed assistance and support to the members of the GFD after experiencing an event that is catastrophic or traumatic in nature is the goal of this research.

The questions utilized to conduct this research are:

1. What are the types of events that firefighters may need professional health support?
2. What does the military do to provide support to their personnel who suffer from mental health problems?
3. How do other fire departments provide mental health support for firefighters?

The method utilized to conduct this research paper was a descriptive approach. Comprehensive literature review of the subject, a questionnaire to the members of the GFD and interviews with military combat veterans were included in the research of this topic.

#### Background and significance

The Greensboro Fire Department experienced one of its most tragic events in recent history on January 31, 2014. The fire in the commercial occupancy included a mayday report given for the first arriving company officer by one of his crewmembers after being trapped by a sudden roof collapse. Fortunately, two rapid intervention crews were established early in the incident and they were able to free the downed firefighter eighteen minutes after the mayday was given. The company officer trapped by the roof collapse suffered second and third degree burns but survived the incident and is currently back on the job, albeit restricted duty to this point. Several firefighters suffered injuries ranging from concussions to broken bones. All the physical injuries were cared for with professionalism and extreme efficiency. The emotional health of the firefighters involved was only addressed briefly after the incident. The intent to provide emotional and behavioral help to those involved in the incident is sincere and positive, but a lack of awareness, understanding, training and basic skills and tools exist to effectively provide meaningful assistance. Their mental health was not assessed nor cared for in the same regard as their physical health. The trauma that the trapped company officer experienced is evident and apparent. The trauma that the firefighter experienced reporting the mayday is not as apparent, but is at least as significant, if not more. As a department, we exist to serve people. Obviously, we serve the citizens in our community, but we also serve each other. In the opinion of this researcher, we lack in the care provided to those individuals who have experienced a traumatic event and may be suffering from PTSD.

This study is significant to the GFD because, as we continue to grow, traumatic events are sure to occur and the need exists to provide our officers and firefighters the basic tools to equip them to assist fellow firefighters when the need arises. Our department currently serves estimated population of 276,000, encompassing approximately 147 square miles. We have over 550 uniformed personnel serving in 25 fire stations strategically located throughout the City. Annually, the department runs an average of 30,000 incidents. With continued annexations combined with our department's commitment to strive to keep our Class 1 ISO rating, increased staffing and emergency incidents are inevitable. Consequently, the number of traumatic incidents that may have a negative impact in the lives and job performance of the firefighters is likely to increase as well.

PTSD is very real, and a lot of firefighters suffer from it but have never been clinically diagnosed. It is our job as fellow firefighters, officers, and chiefs to look for the signs of PTSD and help sufferers get the help they need. (Meroney, 2013, para. 5) The significance is real to the GFD because we have at least one person that is leaving the department after suffering from post-traumatic stress from this specific event. This firefighter that transmitted the mayday for his fallen captain did so in a professional, timely, and well-trained manner. In fact, he initiated one of the best rescue efforts in our department's history. We are now trying to understand how we failed this firefighter in the aftermath of this incident.

Achieving success in this research, identifying ways to provide mental health support to firefighters after traumatic events, is extremely important in our department's future. The GFD, like any progressive fire department, "should foster a culture in which there can be open conversations about this particular danger, and that those who may need help know what resources are available and that they can access those resources promptly and confidentially"

("Fire Fighter Quarterly," 2015, p. 13). Identifying effective methods to assist our fire fighters after traumatic events may improve our department's personnel retention, overall morale, job satisfaction, and job performance.

This study relates to the United States Fire Academy (USFA) strategic goal to reduce risk at the local level through prevention and mitigation (United States Fire Academy website, n.d., p. 13). Identifying appropriate ways to provide assistance to firefighters after traumatic events will help prevent firefighters from becoming ineffective on emergency incidents, less likely to experience anxiety on the job and prevent them from leaving the profession altogether. Mental health awareness education for firefighters and officers will help mitigate the preconceived notions and stigma surrounding this issue, allowing for more open dialogue and acceptance. In turn, this will assist in reducing risk at the local level by having experienced, emotionally healthy firefighters serving the citizens.

This study is related to the National Fire Academy's Executive Development course through its challenge in the exercising of leadership, research and adaptive change in the culture of the department (*Executive development, 2013, p. 3.3*). With my position as a battalion chief serving five stations, eight companies, and thirty-eight firefighters, exercising leadership is a necessary and expected aspect of my job. Finding ways to change the culture of our department in the manner in which we view and address emotional and mental well being is a challenge and responsibility, given my position of authority, that must be addressed after recognizing the need to care more effectively for our own firefighters. Efforts are consistently made to improve fire ground tactics and strategies and physical fitness levels. With the knowledge that our firefighters will face multiple traumatic incidents throughout their careers, efforts must be made not to continue to overlook or devalue the importance of the overall mental health of our personnel.



### Literature Review

The literature review for this applied research project consisted of resources that included journals, books, websites, and magazine articles. The review was conducted primarily at the GFD Public Safety Training Facility Library, the National Fire Academy Learning Resource Center, and various internet websites. The primary focus was centered around what other fire departments around the country were doing in this area as well as how the military addressed the issue of supplying mental health support for their personnel. An overall view of mental health and post-traumatic stress disorder was explored from industry professionals to gain understanding of the complexities associated with personal mental health.

After firefighters experience a traumatic event on an emergency incident, some experience a condition known as post-traumatic stress disorder (PTSD). PTSD is an emotional illness that is classified as an anxiety disorder and usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience (Dryden-Edwards & Stoppler, 2014, p. 1). Identifying the types of incidents that are the most traumatic and most likely to lead a firefighter to suffer from PTSD, or any other mental health issue, was the first step in addressing ways to provide effective behavioral health assistance.

The National Fallen Firefighters Foundation created the sixteen Firefighter Life Safety Initiatives, which included Initiative 13, Psychological Support. The determination of a potentially traumatic event (PTE) is the first step in their model to provide support for firefighters. A trauma for one responder may be a routine event for another. Reaction to trauma is subjective, driven by an individual's experience, sensibilities and personal situation (*NFFF*, 2004, p. 2). Joseph Cahill, Medico legal Investigator for the Massachusetts Office of the Chief Medical Examiner, stated that "some events, such as the 9/11 terrorists attacks, are so

overwhelming that they can be anticipated to cause PTSD, various ‘routine’ incidents may also cause PTSD, as can cumulative stress developed from months or even years of emotionally harrowing events”(Cahill, 2011, p. 5). With the knowledge due to the research conducted that determining a PTE is the starting point and knowing that different events affect firefighters in different manners, Dr. Matthew Tull, associate professor and director of anxiety disorders research in the Department of Psychiatry and Human Behavior at the University of Mississippi Medical Center, compiled a list of the types of traumatic events that firefighters experience that are most likely to lead to PTSD. Exposure to incidents when people were “dead on arrival”, where the cause of death was not due to natural causes, serious injuries due to accidents, providing medical attention to children and infants, and dealing with incidents involving injury or death to co-workers are the incidents that were tops among all the data collected (Tull, 2013, para. 2).

Another answer to the question of the types of events that cause a traumatic stress response in firefighters solidifies the findings of Dr. Tull. Members of the Department of Counseling at Texas A&M University-Commerce conducted a study of the mental health of trauma-exposed firefighters and the effectiveness of critical incident stress debriefing (CISD). They found that a critical incident in the emergency services is an exposition to personal loss or injury, traumatic stimuli, mission failure, or human error. Also, responding to several difficult situations in a short period of time and coming in contact with severely injured or deceased children may become overwhelming (Harris, Baloglu, & Stacks, 2011, p. 223).

Ed Brouwer, chief instructor for Canwest Fire in Osoyoos, B.C., and Greenwood Fire and Rescue, reports that research conducted among both Canadian and American urban firefighters, an epidemic mental health problem exists. The research indicated that between 33% and 41% of

firefighters experienced emotional distress and that 22% of American firefighters and 17% of Canadian firefighters were diagnosed with PTSD. The events found to be most traumatizing to firefighters:

1. Witnessing the death of an emergency responder or viewing their body at the scene.
2. A reasonable belief that injury or death is imminent.
3. Viewing the body of a severely injured, burned or deceased child.
4. Death of a child due to irresponsible adults.
5. Unable to help a known victim inside a burning building.
6. Being blamed for the death of a child.
7. The death of a peer that was working in their place.
8. Having a victim die in your arms.
9. Exposure to especially gruesome scenes.
10. Observing a violent act or murder.

(Brouwer, 2012, p. 2)

Having identified the types of events that may lead to a traumatic stress response in firefighters, the necessity exists to examine how the GFD can better serve its members by providing some assistance after these incidents. There are various current models and programs that address this issue around the country, many derived from the military. Being a paramilitary organization, following the models, or a similar version, designed by the military makes sense and closely relates to the fire service industry.

Researching and reviewing literature to determine what other departments are doing to provide behavioral health support for their firefighters who have experienced a traumatic event, the discovery was made that the foundations of protocols, treatment and guidelines in place were

rooted in military clinical practices for the management of post-traumatic stress. To begin the process of understanding the origins of other department guidelines, a basic study of the military protocols for assisting personnel that have experienced a traumatic event was an integral aspect of this applied research project.

The Air Force Times reported, “by 2011, more than 960,000 current and former service members had been diagnosed with at least one psychological disorder and about half were suffering more than one”. (Zoroya, 2014, para. 16). With such high numbers of personnel affected by psychological disorders as a consequence of routinely being exposed to traumatic events, the Department of Veterans Affairs/Department of Defense (DVA), created the Clinical Practice Guideline for the Management of Post-Traumatic Stress. The goals of the guideline are to implement routine screening in primary care, standardize initial and follow-up assessments, increase prevention, promote resiliency, increase detection of diagnosed PTSD, implement evidence based intervention, integrate primary care and mental health, and implement routine screening for trauma and PTSD (The management of post-traumatic stress working group, 2010, p. iii). This model, or guideline, has become the basis for the protocols implemented by the national fire service as a whole. From the original research done by the DVA in 2004, one of their core areas of focus was on primary prevention of PTSD. Education and training was centered on promoting and fostering resiliency. The objective was to “prepare individuals and groups for exposure to traumatic experiences in ways that minimize the likelihood of development of PTSD and other trauma-related problems” (The management of post-traumatic stress working group, 2004, p. 2). They determined that because exposure to traumatic stressors are a part of the expected work experience of some occupations, like the military and emergency services, it is logical to prepare individuals in these professions for their encounters with

traumatic events (The management of post-traumatic stress working group, 2010, p. 15).

Preparing personnel for the inevitability of traumatic events demands that realistic training occur.

Their research findings and theories were consistent with areas that directly relate to the fire service. The five theories implemented into the DVA guideline for the management of post-traumatic stress that provide a framework for general guidelines for fire departments nationwide are:

1. Provide realistic training. This is consistent with conditioning theories that can assist in reducing anxiety associated with traumatic stimuli.
2. Strengthen perceived ability to cope during the trauma and with the aftermath. Individuals can be educated and trained to cope with stressful work environments through skill development, confidence and problem-solving.
3. Create supportive interpersonal work environments. Team cohesion will promote trust and members will rely on the social support to management stress related to a traumatic event.
4. Develop and maintain adaptive beliefs. Having realistic beliefs that traumatic events will occur, the leadership and training provided are adequate and that personnel are able to handle the stressors introduced will aid in coping mechanisms.
5. Develop workplace-specific comprehensive traumatic stress programs. Steps must be taken to increase awareness, educate and de-stigmatize mental health problems in addition to providing confidential, professional support to those who are suffering from PTSD or other psychological disorders related to stress

from a traumatic event. (The management of post-traumatic stress working group, 2010, p. 16)

Having a base knowledge of the theories studied and the practices and guidelines implemented in the military provided greater understanding of the origins of protocols and policies adopted by various fire departments across the country.

Paul Bourgeois, fire chief of Apache Junction Fire District, Arizona (now Superstition Fire and Medical District), stated that by implementing new behavioral health support programs and initiatives in his department that his department was “transformed from one that was hurting to one that was healing” (Bourgeois, 2013, para. 5). Chief Bourgeois implemented three distinct factions of a behavioral health program for his department that could be instrumental in the development of a program that could benefit the firefighters of the GFD after they have experienced a traumatic event. One program is designed for before a traumatic event, one is directly after a traumatic event and one is post-treatment support.

He implemented and “Family Support Night”(FSN) in conjunction with a “Your Not Alone”(YNA) night. The YNA was designed for firefighters only to instruct them that they have confidential, unconditional support from their peers. The four-hour program consisted of personal stories from firefighters from their own department detailing specific struggles encountered while performing on the job. The FSN comprised of two and a half hours of small group discussions on topics designed to allow the firefighters families better understand the demands of the job and stress involved as well as educate them on counseling and programs available for the entire family. (Bourgeois, 2013, para. 6)

Expansion of their existing Peer Support Team and identification of trusted members of his department were integral in further developing a resource to assist firefighters immediately

after traumatic events. The existing Peer Support Team paired down a list of the most respected and trusted members of the department of over 400 people. The list that originally consisted of the 30 most trusted members was condensed to 15 and then finally narrowed to 10 members. These ten members were recruited to comprise the future team expansion. These 10 members were the most highly respected, trustworthy on the department. For firefighters to feel comfortable to open up and talk about stress associated with an emergency incident or other traumatic event, this is the most integral component. Without the right people, the integrity of the entire program would be compromised. (Bourgeois, 2013, para. 12)

The implementation of a post-treatment program was one of the final initiatives included in their departments behavioral health program. They partnered with a company called Recovering Monitoring Systems (RMS) that is designed to assist firefighters once released from a treatment program. RMS customized a program tailored to the needs of the department to assist firefighters adhere to their recovery plan. (Bourgeois, 2013, para. 15) In the view of this researcher, this Chief of Department, Paul Bourgeois, exemplifies the motto of the fire service to be there for your brothers and sisters always.

A highly effective and impactful measure to assist firefighters, and all emergency first responders, adopted by every fire department in the state of Washington is Safe Call Now. Established in 2009, the founder of Safe Call Now, Sean Riley, began the program so that no other officer, first responder or public safety employee would ever have to feel alone through a crisis or traumatic event. The Lt. Governor of Washington, Brad Owen, and Congressmen Dave Reichert and Gil Kerlikowski, led an effort to pass legislation in Washington State that protects first responders, nationwide, that confidentiality is guaranteed when they come forward to seek professional help. The program is a 24-hour confidential, crisis referral service for all

emergency services personnel and their family members. The service provides education, healthy resolutions and resources to mitigate any behavioral health problem experienced by any emergency first responder. (Safe Call Now website, n.d.)

In Rockford, Illinois, a specialized program was designed to assist firefighters with mental health issues. The program is called the Florian Program. This program is administered at the Rosecrance Facility, a leading provider of behavioral health services based in Rockford, Illinois. It is the first program in the country to offer treatment for job-related PTSD, or any other mental health issue, specifically designed for firefighters. The Florian Program, named after the patron saint of firefighters, was developed by Dan DeGryse, Battalion Chief/EMT with the Chicago Fire Department, and Dr. Raymond Garcia, psychiatrist and medical director at the Rosecrest Harrison Campus (Rosecrance Florian website, n.d., p. 1). In order for the professional mental health counselors in the Florian Program to fully understand a firefighters mentality, Rockford Fire Department Chief, Derek Bergsten, who also serves on an advisory panel for the program, established an awareness training session for the professional counselors with firefighters from the Rockford Fire Department. Nine of the Florian counselors took part in some basic firefighting training evolutions including a search and rescue drill, climbing 100' aerial ladder, extinguishing a car fire in full personal protective equipment turnout gear and completing a confidence course with numerous obstacles. The program directors and advisory panel realized that for effective counseling to take place, the professional mental health providers needed to have a better understanding of some of the physical challenges that accompany the mental challenges. Connecting the firefighters and counselors through experience was a key step in building the program. (DeGryse, 2014)



Patrick Kenny, chief of department in Western Springs, Illinois, and advisory board member explains the “cape syndrome”. “When you’re sworn in as a firefighter, whether you’re a volunteer or a career, and you take an oath, they hand you a cape. You don’t actually see it, but you get it. And your job is to go out and save the day, to do the things that other people can’t do. And unfortunately, you can’t always save the day” (DeGryse, 2014, para. 25). The Florian program addresses this issue with lessons in resiliency as well as teaching firefighters that accepting help is permissible, encouraged and not a sign of weakness or defeat (DeGryse, 2014, para. 24).

In 2010, the Phoenix Fire Department lost four members in a seven-month span to suicide. Obviously, the community was hurting and the 1,600 sworn members of the department were devastated. Out of this tragedy, a local task force was created to address behavioral health. Kerry Ramella, a trained counselor and Director of the City of Phoenix Community Response Team, lead a group of administrators, union representatives and firefighters in the formation of peer support team and suicide awareness training. The peer support team was comprised of 40 volunteer employees who are specially trained to provide confidential help (Estes, 2014, para. 3). The task force also led to the creation of the Firestrong wellness program ([firestrong.org](http://firestrong.org)). Phoenix Local 493 President Stephen Beuerlein stated, “The online resource provides information about PTSD and related behavioral health concerns, but it also tells our members where to find support and other help in and outside the department” (“Addressing Post-Traumatic Stress in the Fire Service,” 2015, p. 13-14). They have also created a resource list of support professionals, services and confidential crisis lines for all Phoenix Fire employees and family members. The resource list contains contacts names and numbers for various reasons along with specific instructions of who to contact for different emergencies or crisis. The

program directors have completely taken out any guesswork or confusion about what to do or whom to contact when needing assistance.

The Fire Department of New York (FDNY) created the Counseling Services Unit to provide mental health evaluations, direct treatment, and appropriate referrals for all employees (New York City Fire Department website, n.d., para. 1). Fire Captain Frank Leto serves as the Deputy Director of the FDNY Counseling Services Unit and is a thirty-one year veteran of the fire service. He recognizes the importance of the unit as most of the firefighters don't know where to turn to for help when they need it since they are accustomed to providing help to others (New York City Fire Department website, n.d., para. 5). Captain Leto understands that education and overcoming preconceived ideas are essential to ensure a successful mental health support program to effectively help firefighters. He states, "The key to reducing the stigma is awareness. It is important to make sure the behavioral health services are there and kept confidential. We start in recruit school, making sure our rank-and-file know about the services available. Not only does this help reduce the stigma, the constant reminder that services are there increases the likelihood that our members will reach out and accept help when they need it." ("Addressing Post-Traumatic Stress in the Fire Service," 2015, p. 13). Early education and awareness, confidentiality, and easily accessible resources are key factors in the success of the FDNY Counseling Services Unit to provide effective meaningful mental health to support to its members.

In addition to what specific departments are doing to address the issue of providing mental health support for firefighters who have experienced a traumatic event, the National Fallen Firefighters Foundation instituted the 16 Firefighter Life Safety Initiatives, which included initiative 13, Psychological Support. The Everyone Goes Home Program, founded by

the NFFF, provides training to encourage the implementation of the 16 Firefighter Life Safety Initiatives so that the number of preventable line-of-duty injuries and deaths is reduced (Everyone Goes Home website, n.d., para. 2).

Initiative #13, Psychological Support, outlines the plan that demands that firefighters and their families must have access to counseling and psychological support. The elements outlined in this initiative provide the needed, and very thorough, roadmap for my department to adopt protocols to address the issue of occupational stress after traumatic incidents or events. The initial element, referred to earlier in this paper, is to determine a potentially traumatic event (PTE). After a crewmember experiences exposure to a PTE, they should be approached to see if they would like assistance. At times, the offer of support is all that is needed by the individual. Knowing someone understands and cares is often enough for some. But, as discussed earlier, trauma for one crewmember may be routine for another and a normal event may become traumatic based on recent personal experiences.

The next element is the time out/hot wash. This is another concept adopted from the military, similar to their After Action Review. This post-incident analysis provides an outlet for review of the entire incident, both good and bad. This can lead to constructive responses that can result in improvement in future performances. This brief period of assessment may be enough for some emergency responders to deal with the event and move past the incident to function effectively.

The third element outlined in Initiative #13, is the Trauma Screening Questionnaire (TSQ) (Appendix A). This is a simple instrument designed to determine if further assistance is needed for a firefighter after a PTE. If more than six positive responses to the TSQ are recorded, a behavioral health specialist may be advised.

The fourth element is a complete assessment through referral to a competent professional or through a Behavioral Health Assistance Program. The final element is treatment by specialty clinician. If intensive treatment and care is needed, a counselor or doctor trained specifically in PTSD or anxiety issues should be provided. (National fallen firefighters foundation [NFFF], 2004, expression 13)

In addition to the five key elements of the protocol for dealing with stress related to work place traumatic events, Firefighter Life Safety Initiative #13, provides a guide for fire departments to move from just an Employee Assistance Program (EAP) to a Behavioral Health Assistance Program (BHAP) (Appendix B). This can serve to provide my fire department a guide in moving to a more effective resource that is designed to specifically assist the mental health needs of first responders and firefighters. (National fallen firefighters foundation [NFFF], 2004)

While researching how other departments assist firefighters with mental health support after experiencing a traumatic incident, this researcher discovered that many of them referred to a manual created by Jeffrey T. Mitchell, PhD., C.T.S., and University of Maryland Baltimore County. He authored the Critical Incident Management: Group Crisis Intervention manual that serves as a general set of guidelines to assist fire departments to conduct effective crisis interventions and debriefings (Mitchell, 2006, p. 4). Dr. Mitchell created a quick reference guide for critical incident stress management that serves as the model numerous departments refer to most often and provides some basic guidelines for the person suffering and for family, friends and co-workers to try in efforts to provide support. Serving as the President Emeritus of the International Critical Incident Stress Foundation, Dr. Mitchell presides over a large number of

qualified instructors who travel the country providing professional training to fire departments in their process to organize and begin to form their own Critical Incident Stress Management Team.

This literature review has identified the types of events where firefighters may need mental health support, discovered the ways the military treats its members who are suffering from mental health problems, and determined how other fire departments provide mental health support to firefighters after traumatic events. The research conducted illuminates the need for the Greensboro Fire Department to clearly identify the ways we are going to address and support our own firefighters who have experienced a traumatic event. Numerous mental health programs currently exist that could be utilized by the GFD that outline procedures to begin a comprehensive and effective program that could yield a better, safer work environment and healthier, more content work force.

#### Procedures

This Applied Research Project utilized a descriptive research approach to identify ways for the Greensboro Fire Department to provide mental health support to firefighters after experiencing a traumatic event. Information was gathered from fire departments across the United States, from the United States Military, from officers and firefighters within the GFD.

To answer the first research question, identifying the types of events that firefighters may need mental health support, a questionnaire was created and distributed to all line firefighters, engineers, and company officers (Appendix C). The questions were developed based on the findings discovered through the literature review of this topic. This questionnaire also served to provide this researcher with a general attitude towards receiving mental health support after a traumatic incident and the climate of our department culture towards this topic. This researcher wanted to gather the input of every personnel that could be directly affected by a traumatic event

and a general attitude towards the need for receiving assistance after the event. This would be provide this researcher with valuable input on to move forward with identifying ways to provide meaningful mental health support for our members after experiencing a traumatic event. The email was distributed on April 1, 2015, and a due date given of April 30, 2015, for all questionnaires to be returned. The questionnaire was sent to all 463 personnel serving in the emergency services division at the ranks of firefighter, engineer, and company officer. One of the limitations of the questionnaire was the author has no background in creating a scientific or valid instrument to conduct this research. The intention was to gain insight and information to identify the needs of the GFD. Another limitation was the method of distribution and collection of the questionnaire. The departmental wide email system utilized is the common form of information sharing within the department. To ensure anonymity, the recipient was instructed to print out attachment, complete, and return via manila envelope through our battalion chiefs. This is also a common method in the department of sending and receiving information. This method was selected due to the recent inundation of surveys distributed through automated survey delivery agencies and a desire from the author to avoid immediate deletion from recipients. Of the 463 questionnaires distributed, 176 were answered and returned, which resulted in a 38% rate of completion. The average years of service of the 176 GFD members that answered and returned the questionnaire was 6 years 10 months. This is slightly lower than the average years of service of all members.

To answer the second research question, identifying ways the military provides support to their personnel who are suffering from mental health problems, two personal interviews were conducted of veterans who currently serve in the GFD at the rank of Battalion Chief and Senior Firefighter (Appendix D). These two individuals were selected due to my personal knowledge

and familiarity with their service to our country in the different branches of our military. Each of these individuals interviewed were contacted by phone, provided the purpose of the interview, and dates were established to conduct the interview. One interview was conducted in person and one interview was conducted via telephone. This researcher took notes during the course of the interview and it was not recorded. The two people interviewed represented the Marines and the Air Force. Limitations for these interviews include that the author, who has no experience or training in constructing valid questions for professional interviews, created the questions asked during the interview. Also, the views given by each person were of their own personal experiences within their specific branch of the military and may not be representative of all who have served and returned home.

To answer the third research question, identifying ways other fire departments provide mental health support for firefighters, ten fire departments were contacted via email to obtain information about if their department had a behavioral health program and if so, the programs effectiveness and how it was utilized. The departments were selected based on name recognition, either from prior research on this topic, or from personal knowledge of personnel working for that particular fire department. The departments were contacted via email, obtained through the department's website or through prior personal knowledge, and requested to send a copy of their departmental policy on providing support to firefighters after a traumatic event and/or fill out a short 5 part questionnaire (Appendix E). The limitation to this questionnaire and method was that the departments contacted were known to have programs in place to assist firefighters and may not be representative of the fire service as a whole. The author desired to gain more insight and methodology used by successful departments to assist the efforts in helping our firefighters and members of the GFD. None of the questionnaires attached to the

email distributed were returned. 9 out of the 10 departments either sent me a copy of their departmental policy on PTSD, CISD, or Peer Mentoring Programs, or directed the author on where to locate their policy via their department's website. The questions were not scientific nor a statistical instrument, but it did provide valuable information on how to be successful with identifying ways to begin helping GFD firefighters after experiencing traumatic events. Although only 60% of departments responded to the questionnaire and 80% of the departments provided policy information, the information gathered was more than sufficient to supplement literature review data obtained in order to get a general idea of how other departments are addressing the needs of firefighters who have experienced a traumatic event.

### Results

Questionnaires, interviews, and reviews of other department's guidelines were utilized to obtain the results to the research questions included in this applied research project.

What are the types of events that firefighters may need professional mental health support?

A questionnaire was developed to identify the different types of events that members of the fire service may need mental health support after experiencing a traumatic event. The literature review provided valuable insight on what professionals and experts in this field have discovered are the events most likely to lead firefighters to seek and/or need assistance. The questionnaire distributed further supported the findings of the literature review and confirmed the results of the literature review. The questionnaire also provided insight to the culture of receiving support after the traumatic incidents identified that professional support would be most useful. While



question 4 answered the intended research, questions 2,3,5,6, and 7 provided valuable insight on the importance to identify ways to assist firefighters after they experience a traumatic event.

Question 4

What are the top 5 emergency incident types that you would want/need counseling after experiencing?

While this was formed purposely as an open-ended question, the answers received were extremely similar in response and predictable based upon the literature review conducted. 100% of the respondents listed, in some form, that injury/death to a fellow firefighter, injury/death to a child, and calling a mayday for yourself or for a crew member would warrant the need for professional counseling.

What are the top 5 emergency incident types that you would want/need counseling after experiencing?

Answer Groups	Total Responses
Injury/Death to fellow firefighter	176
Calling a Mayday for yourself or fellow firefighter	176
Injury/Death to child	176
Getting trapped in burning building	78
Victim dying in your presence	54
Missing a victim during a search	38
Gruesome incidents	6

Question 2

Do you feel that receiving mental health support after experiencing a traumatic event is important?

Yes – 145                      No – 31

Question 3

Have you ever felt like you needed counseling or support from a professional after a traumatic incident?

Yes – 121                      No - 55

Question 5

Do you think that a Peer Counseling Group could be effective for our department?

Yes – 91                      No – 85

Question 6

What is the single-most important factor, in your opinion, for a Peer Counseling Group to be effective?

The answers for this question were returned with three main themed groupings; trust, confidentiality, and competency. Trust and confidentiality were the overwhelming top 2 responses.

What is the single-most important factor, in your opinion, for a Peer Counseling Group to be effective?

Answer Groups	Total Responses
Trust	85
Confidential	72
Competent	16
No answer	3

Question 7

Would you attend a peer counseling session or a Critical Incident Stress Debriefing Session after experiencing a traumatic event if offered to you?

Yes – 103

No – 73

What does the military do to provide support to their personnel who suffer from mental health problems?

An interview was conducted with two personnel who had served in the military to gain further insight into the literature review on the topic and to gain first-hand knowledge of the effectiveness and need of their programs. Identification of specific incidents that may cause traumatic events wasn't a priority in the military programs since all personnel received debriefings after all missions and then received additional care upon request. A questionnaire consisting of 6 questions guided each interview to provide consistency (Appendix D).

Phone Interview – Chief Master Sgt Bob Toler, United States Air Force - Answers

- 1) What branch of the military did you serve? “Air Force”
- 2) How many years did you serve? “29 years combined active and reserves.”
- 3) Did you ever serve in combat during your service? “Yes. I served in the first Gulf War in 1989-1990.”
- 4) After specific battles in war or simulated battles in training, did you ever receive any immediate counseling or professional support? “No. None of that was ever even an option for us back then.”
- 5) Did your training prepare you for the traumatic events you might encounter? “Yes. The military is known for the hardest training you'll ever endure. I guess nothing ever prepares you for some things you might have to do, but they put you in a lot of different situations that try to prepare you for every possible scenario.”

- 6) After a tour of duty ended, was counseling for PTSD or any other mental health issues, offered to you? “No. But we always had debriefings.”
- 7) Do you feel that the military placed proper emphasis on your mental health during your career? “No. Most of what we did was suck it up and joke about it. There was never any offer of professional support. As a matter of fact, in my experience, support is needed more in the fire service than in the military. I saw far worse in my time with the GFD than I did in the Gulf War. The stuff I have seen in my 31 years in the GFD can stick with you and never leaves you. Having good crews has made all the difference”

#### Subject B – Personal Interview – Answers

- 1) What branch of the military did you serve? ‘Marines’
- 2) How many years did you serve? “Four”
- 3) Did you ever serve in combat during your service? “Yes. Afghanistan”
- 4) After specific battles, did you ever receive immediate counseling or professional support? “Yes. After some missions in Afghanistan, we would go through debriefings afterwards. Nothing like seeing a shrink, but always helped talking about what happened good and bad.”
- 5) Did your training prepare you for the traumatic events you might encounter? “Yes. We engaged in realistic training all the time. Honestly, some of the training was harder than some of the missions. They put you under a lot of stress”
- 6) After your tour of duty ended, was counseling for PTSD or any other mental health issue, offered to you? “Yes”

- 7) Do you feel that the military placed proper emphasis on your mental health during your career? “Yes. After I came home, I was diagnosed with PTSD and started counseling. My current counselor was trained specifically for military personnel and has helped a lot. I am on current medications for depression and meet bi-monthly with my counselor. Through a few years of therapy, being employed by the GFD giving me purpose, and some meds, I feel like my old self at times. The biggest factor in me getting better was my family. They provided the motivation.”

These two personal interviews may not have been a wide range of points-of-view, but they both supplemented the findings of the literature review of this research question. The insight gained from fellow GFD members who understand both the military world and the environment of the fire service is invaluable and useful moving forward. The general impression this researcher was received after the interviews and discussions with these two decorated veterans is that there is a definitive need counseling sessions after traumatic events.

How do other fire departments provide mental health support for firefighters after experiencing a traumatic event?

Twelve departments were contacted throughout the nation and requested information on any policy, standard, or guideline pertaining to how they provide mental health support for their department members (Appendix F). Nine of the twelve departments (75%) provided some form of information requested or instructions on how to retrieve their department’s guidelines from their website.

The wide variety of departments contacted had numerous similarities, if a mental health program existed for their employees. Reading through the descriptions of services offered, the

most progressive and comprehensive programs offered 24/7 confidential assistance. The concept of peer mentoring is referred to by various titles and names, but is prevalent and widely accepted as an integral part of a comprehensive mental health program.

The departments that responded that have a progressive mental health program align with initiative 13, Psychological Support, of the 16 firefighter life safety initiatives by the National Fallen Firefighter Foundation. Those departments are moving more towards a Behavioral Health Assistance Program (BHAP) in addition to, or substitute for a general Employee Assistance Program (EAP).

Spokane Valley Fire Department provided information that they have a Critical Incident Stress Management Team made up of mostly members of the fire department, with a few mental health professionals that volunteer to lead the group. That department also has an EAP for all employees of the city, but it is not behavioral health centered.

Tucson Fire Department listed a Peer Organizational Team, which replaced their Critical Incident Stress Management (CISM) team. The concept is to develop active listeners among fire department personnel and to learn to recognize the signs and symptoms of PTSD. This department has partnered with the University of Arizona to provide education and awareness of the dangers of not receiving assistance once the signs of PTSD are present. Education programs also exist to teach coping mechanisms for firefighters in their private lives.

A Counseling Services Unit (CSU) was formed in the Fire Department of New York (FDNY) to provide assistance to all firefighters and their families in need of mental health support. This unit provides immediate assistance upon request, prevention education, and post-incident critical incident stress debriefings (CISD). A phone number is provided to confidential professional assistance to all members and their families. A Peer Program also exists to allow

members to discuss problems with a fellow firefighter. These Peer Program members have received training on directing others in positive ways to address their issues.

A peer-based, CISM team was formed in the Houston Fire Department that not only provides services 24-hours per day, but also allows for intimate one-on-one sessions if that is requested by the individual seeking help. They have instituted a 24-hour hotline for referrals and have a department chaplain that has provided contact information to the entire department.

The Philadelphia Fire Department has one of the most progressive programs and named their effective team of counselors as Stress First Aid. The department trains their staff to recognize the signs and symptoms of PTSD. Trained staff is also available to provide immediate assistance on site after a crisis event.

In the Chicago Fire Department, the creation of the Gatekeepers Peer Support Network is an effective tool within the EAP. This program trains firefighters to understand how to lead a stress debriefing, recognize the signs of PTSD, and emphasizes the vital importance of confidentiality. Members of the Gatekeepers Peer Support Network also wear an identifiable patch on their uniform to make them known and more accessible to members in need after an incident.

The Firestrong wellness program was formed by the Phoenix Fire Department Local to provide an online resource for its members. The information on the website not only provides information about PTSD, but informs them on how to contact professional support not affiliated with the city or department. Their goal is to provide easily accessible help and information for a firefighter facing issues that they can't face alone.

Superstition, Arizona Fire and Medical District has reported the most progressive mental health program that this author has discovered. They have instituted a Family Support Night,

which educates family members on services offered and about the signs and symptoms of PTSD and other behavioral health issues. The powerful You're Not Alone program was implemented to demonstrate to firefighters that others have walked in their shoes and to educate them on healthy ways to deal and cope with the stress encountered after traumatic events. Just as other departments, they have a trained Peer Support Team selected among the top ten most trusted members of the entire department. This process to become a member of their Peer Support Team was very selective and the training intense.

One department (Hickory Fire Department, NC) responded that they did not have any formal guidelines, policy, or practices involving the issue of providing mental health support for firefighters.

### Discussion

The purpose of this research is to identify ways to provide mental health support for firefighters after a traumatic event. Three questions were researched to identify ways to provide meaningful support for the firefighters who have experienced traumatic events. The literature review material for this topic and the correlation with the research conducted produced valuable results in the identification of ways to provide the support firefighters need after experiencing a traumatic incident. Significant findings resulting from this research have been discovered. A need exists to provide confidential mental health support to firefighters by competent, trustworthy peers and professional counselors after traumatic events.

The concept and practice of looking after your fellow firefighter, or "brother", is an integral part of the fire service history and is of paramount importance on an emergency incident. With that concept in mind, it is our job as fellow firefighters, officers, and chiefs to look for the signs of PTSD and help sufferers get the help they need (Meroney, 2013, para. 5). The results of



the GFD questionnaire suggest that incidents involving injury or death to a coworker, calling a mayday, and injury or death to a child all warrant a counseling or debriefing session. The results of the questionnaire correlated to the literature review of Ed Brouwer (Brouwer, 2012). Tull (Tull, 2013) researched and also concluded the same findings as the questionnaire distributed in the GFD. The research also concluded that there is a perceived need for critical incident stress debriefings or a peer mentor support group in some form. 82% of respondents confirmed that they think that receiving mental health support after traumatic incidents is important. Only 51% of respondents stated that a Peer Counseling Group would be beneficial in our department. Combined with the research results of trust and confidentiality as the two most important factors for a Peer Counseling Group to be effective, it reveals a slight disbelief that the GFD can produce mentors that meet that criterion. This confirms Bourgeois assertion that without the right people, the integrity of the entire program would be compromised (Bourgeois, 2013, para.12). I agree with the implications of the results for my organization that it is paramount to identify and train the most qualified, trustworthy people to serve on a peer mentor program after experiencing a pre-determined traumatic event.

The fire service is a para-military organization, thus many of our practices and cultures are rooted in our American military. Researching what the military does to provide support to their personnel who are suffering from mental health problems proved as a baseline of principles and practices for the fire department to follow. The Clinical Practice Guideline for the Management of Post-Traumatic Stress created by the DVA provided the fire service with the initial model to follow in the prevention and treatment of PTSD and other behavioral health issues (The management of post-traumatic stress working group, 2004). Interviews conducted with current fire service members who are also combat military veterans revealed a culture shift

between the treatments received from different eras. The Gulf War combat veteran received no specific counseling nor was offered support after his combat deployment. The Afghanistan veteran was debriefed and identified as someone with the signs and symptoms of PTSD. He was offered and received professional mental health support. This is a valuable lesson for the GFD as it implies that as the need is recognized and identified, the culture shifts to adapt to the need. Just as our military has done, my organization needs to adapt, change the culture, and identify ways to provide behavioral health support. The military also implemented the concept of specific, realistic training to enhance ability to adapt and cope with expected traumatic events (The management of post-traumatic stress working group, 2010). This correlates with the research of the quality of realistic training the interviewed subjects received. Chief Master Sergeant Bob Toler stated that while no specific mention of PTSD or professional counseling was offered during his time post-Gulf War, he was fully trained to handle numerous types of traumatic events. Subject B revealed to this researcher that some of the training he endured was often more difficult than the missions he fulfilled. The implications on my organization include an emphasis placed on our training division and company officers to organize, instruct, and lead meaningful, realistic drills and scenarios as often as possible.

With the origins of our attitudes and culture defined in the military discovered, identifying how other fire departments provide mental health support for firefighters after experiencing a traumatic event was researched. The literature review and research were directly correlated with the premise that the GFD needs to identify effective ways to provide mental health support for firefighters after experiencing a traumatic event. The guidelines and practices reviewed from other departments around the country imply that there are various ways to accomplish the same goal. The National Fallen Firefighters Foundation's 16 Firefighter Life

Safety Initiatives provides a guide for organizations to successfully move toward a BHAP from and EAP, which proves to be a roadmap for a department to begin the process of having a comprehensive wellness program (NFFF, 2004). Across the departments that responded, the concepts outlined from Apache Junction Fire and Medical District proved reliable.

Confidentiality, trust, and competency were the key factors in executing a successful and effective peer-counseling group (Bourgeois, 2013). Developing a process to identify the most qualified, trustworthy personnel to comprise a peer-mentor team is a potential issue.

### Recommendations

The GFD has a tradition and culture of taking care of one another when someone is in need, emphasizing meaningful training, efficiency and professionalism on emergency incidents, and physical fitness. This organization lacks in its acknowledgement of firefighters mental health and a system to identify ways to provide meaningful support, counseling, and assistance.

These are the following recommendations from the completed research.

1. Identify a core team of personnel to comprise an initial Peer Mentor Group. This is a key initial step to forming the best group that can effect positive change in the department.
2. Compile a list of traumatic incidents that should receive a CISD session. Pre-determined incidents that will receive a CISD session will empower the Peer Mentor Group to be prepared and most effective.
3. Train the identified and selected members of the Peer Mentor Group in conducting debriefings. Effective training will provide the leaders with the confidence to conduct sessions with a high percentage of positive outcomes in assisting firefighters.

4. Provide Peer Mentor Group with educational tools to conduct classes on the signs and symptoms of PTSD and other behavioral health issues. Equipping the leaders with all the necessary literature, teaching aids, and evaluative tools will increase the effectiveness of each session.
5. Conduct awareness level classes in the Recruit Training Academy to begin to remove the stigma of mental health support in the department. Positive change in the culture of the department must begin with the newest recruits.
6. Train the company and line chief officers in recognizing the signs of PTSD in their personnel and educate them on things to do and things to avoid if someone is suspected of a behavioral health issue. Equipping the officers with this knowledge will assist their efforts to lead and serve their crews.
7. Educate all personnel with awareness level training on recognition of behavioral health issues in coworkers. Providing this training further reduces any negative stereotypes surrounding mental health issues and equips each firefighter with basic tools to help their fellow firefighter.
8. Seek help from military personnel who have suffered from PTSD to share their experiences with fire personnel. Impactful, personal stories can lead to department wide acceptance of receiving help when needed.
9. Work with the program directors of the EAP program to retain counselors that specialize with emergency first responders or with PTSD subjects. This step will go beyond a Peer Mentor Group and provide professional assistance to firefighters.

10. Form CISM teams that are available for immediate assistance after identified traumatic incidents. This demonstrates the commitment of the department to the total well being of each member.
11. Work with EAP to have a confidential, toll free hot-line number for personnel to access mental health professionals 24/7. Proving successful around the country, this is a necessary step to providing total care for members needing help at any time.

## References

- Addressing Post-Traumatic Stress in the Fire Service [Quarterly magazine]. (2015). *Fire Fighter Quarterly*, 98(1), 13-14.
- Addressing post-traumatic stress in the fire service [article]. (2015). *Fire Fighter Quarterly*, 98(1), 12-14.
- Bourgeois, P. (2013). Behavioral Health Programs in the Fire Service. Retrieved from <http://www.firefighternation.com/article/firefighter-safety-and-health-programs-fire-service>
- Brouwer, E. (2012). Surviving Post-Traumatic Stress. Retrieved from <http://firefightingincanada.com/health-and-safety/trainers-corner-12109>
- Cahill, J. (2011). PTSD: Its causes, effects, and possible strategies. Retrieved from [http://www.domesticpreparedness.com/First\\_Responder/EMS/PTSD%](http://www.domesticpreparedness.com/First_Responder/EMS/PTSD%)
- DeGryse, D. (2014). Rosecrance floriam program helps fire service with addiction and mental health issues. Retrieved from <http://www.fireengineering.com/articles/2014/12/rosecrance-florian-helps-fire-service-with-addiction-and-mental-health-issues.html>
- Dryden-Edwards, R., & Stoppler, M. C. (2014). Posttraumatic stress disorder. Retrieved from [http://www.medicinenet.com/posttraumatic\\_stress\\_disorder/article.htm](http://www.medicinenet.com/posttraumatic_stress_disorder/article.htm)
- Estes, C. (2014). Phoenix fire suicides lead to mental health task force. Retrieved from <http://www.kpho.com/story/27409800/phoenix-fire-suicides-lead-to-mental-health-task-force>
- Everyone Goes Home website. (n.d.). <http://www.everyonegoeshome.com/>
- Executive fire officer program curriculum*. (2013). Retrieved from [http://www.usfa.fema.gov/training/nfa/programs/efop\\_curriculum.html](http://www.usfa.fema.gov/training/nfa/programs/efop_curriculum.html)

Harris, M. B., Baloglu, M., & Stacks, J. R. (2011, January 07). Mental health of trauma-exposed firefighters and critical incident stress debriefing [Article in journal]. *Journal of loss and trauma: International perspectives on stress and coping*, 7(3), 223-238.

<http://dx.doi.org/10.1080/10811440290057639>

Meroney, B. (2013). Dealing with PTSD in the fire service. Retrieved from

<http://www.firefighternation.com/article/management-and-leadership/dealing-ptsd-fire-service>

Meroney, B. (2013). Dealing with PTSD in the fire service. Retrieved from

<http://www.firefighternation.com/article/management-and-leadership/dealing-ptsd-fire-service>

Mitchell, J. T. (2006). *Critical Incident Stress Management: Group Crisis Intervention*.

International Critical Incident Stress Foundation, Inc.: International Critical Incident Stress Foundation, Inc.

National Fallen Firefighters Foundation. (2004). *Firefighter Life Safety Initiatives*. Retrieved from

Everyone Goes Home website: <http://everyonegoeshome.com/16-initiatives/13-psychological-support/>

National Fallen Firefighters Foundation. (2004). *From EAP to BHAP*. Retrieved from Everyone

Goes Home website: [http://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/EAPtoBHAP\\_Guide.pdf](http://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/EAPtoBHAP_Guide.pdf)

New York City Fire Department website. (n.d.).

<http://www.nyc.gov/html/fdny/html/events/2014/090914b.shtml>

New York City Fire Department website. (n.d.). <http://www.nyc.gov/html/units/csu/index.shtml>

*Recommended protocol for exposure to occupational stress* [White paper]. (2004). Retrieved from Everyone goes home: <http://www.everyonegoeshome.com/16-initiatives/13-psychological-support/>

Rosecrance Florian website. (n.d.). <http://www.rosecrance.org/substance-abuse/florian-firefighter-treatment-center/>

Safe Call Now website. (n.d.). <https://www.safecallnow.org/home.html>

Smith, M., & Segal, J. (2015). How to recover from disasters and other traumatic events. Retrieved from <http://helpguide.org/articles/ptsd-trauma/traumatic-stress.htm>

The management of post-traumatic stress working group. (2004). *VA/DoD clinical practice guideline for management of post-traumatic stress* (Version 1.0). Washington, DC: Government Printing Office.

The management of post-traumatic stress working group. (2010). *VA/DoD clinical practice guideline for management of post-traumatic stress* (Version 2.0). Washington, DC: Government Printing Office.

Tull, M. (2013). Rates of ptsd in firefighters. Retrieved from <http://ptsd.about.com/od/prevalence/a/Firefighters.htm>

United States Fire Academy website. (n.d.). <http://apps.usfa.fema.gov/nfacourses/catalog/details/16>

United States Fire Academy website. (n.d.). [http://www.usfa.fema.gov/downloads/pdf/strategic\\_plan.pdf](http://www.usfa.fema.gov/downloads/pdf/strategic_plan.pdf)

What is ptsd? (2014). Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/what-is-ptsd.asp>



Zoroya, G. (2014, April 3). Military playing catch-up on ptsd [Supplemental material magazine].

*AirForceTimes*. Retrieved from

<http://archive.airforcetimes.com/article/20140403/BENEFITS06/304030066/Military-playing-catch-up-PTSD>

Appendix A

## Trauma Screening Questionnaire (TSQ)

If you have recently been exposed to a potentially traumatic event (a PTE), here is a tool that may help you to identify whether or not you should seek additional help in recovering from its effects. Have you recently experienced any of the following:

	YES at least twice in the past week	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning)		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Feeling jumpy or being startled by something unexpected		



It is recommended that the TSQ be offered 3-4 weeks post-trauma, to allow time for normal recovery processes to take place. If at that point an individual has 6 or more YES answers, a referral to a behavioural health practitioner is indicated.

© R. Brewin, et al. 2002. Used by permission.



Appendix B

## From EAP to BHAP

### *A Guide for Fire Departments*



**Firefighter Life Safety Initiative #13:**  
*Firefighters and their families must have access to counseling and psychological support.*



**Introduction:**

Firefighters and EMS personnel have chosen careers that can sometimes magnify the stresses, strains, and issues in living that we all face. Those careers can also add additional layers of stress and demand due to the nature of the work involved and the conditions, schedules, and circumstances under which the work is done. The need for work/life assistance programs is therefore a critical part of both occupational health and wellness programming and an essential feature in any employee benefit package.

NFPA 1500, the National Fire Protection Association *Standard on Fire Department Occupational Safety and Health Program*, has long required that fire departments provide a member assistance program to ensure availability of professional counseling resources for members and their families. The National Fallen Firefighters Foundation's *Everyone Goes Home*® project, as one of its 16 Firefighter Life Safety Initiatives (FLSI 13), placed renewed emphasis on the importance of these programs and convened a consensus panel to examine current research and best practices in occupational behavioral health. That process brought leading experts in employee assistance research and practice together with representatives of major fire service constituency organizations to determine the best practices, approaches, and standards of care currently available and to develop ways to ensure that firefighters and their families could have ready access to cost effective and clinically efficacious assistance.

Among the products of that three year effort were revisions to NFPA1500 with respect to behavioral health assistance programs (now referred to as BHAPs) and occupational exposure to atypically stressful events (formerly referred to as "critical incident stress programs"). Based on input from researchers, practitioners, fire departments, and fire service organizations, the new standards are designed to help fire departments specify clearly the services their members need through these programs and the levels and standards of care they expect, and to provide a framework for evaluating proposals and programs to determine the best fit for their agencies. The FLSI 13 effort also developed a number of resource programs to assist providers of behavioral health care in acquiring the latest in evidence supported best practice skills through easily accessible, low cost vehicles developed by leading research and training programs in behavioral sciences and behavioral health. Working in concert, this allows departments and their providers to ensure that firefighters and their families receive the best care and assistance at the lowest possible cost.

This area of the *LifeSafetyInitiatives* web site provides fire departments with an update on the current standards and a template for building and evaluating an effective *Request for Proposals* to recruit vendors for your BHAP. The site also provides prospective vendors with resources they can utilize to build a cost effective proposal by utilizing resources available from *Everyone Goes Home*® partners and other easily accessible programs to satisfy the requirements of the standard.



## Key Elements of NFPA 1500:

**NOTE:** Both the department and potential vendors should obtain, thoroughly review, and consult the formal standard as issues by NFPA in designing and operating their program.

The purpose of the standard is to provide guidance to fire departments regarding the minimum standards for occupational health and safety programs. The standard covers a number of elements of an effective safety and health program. Fire departments are strongly encouraged to adopt and follow the entire standard to promote health and safety of their members across all domains of performance. The focus here is on Chapter 11, which provides guidance on the minimum standards for the department's Behavioral Health Assistance Program (BHAP).

The annex to the standards, which supplies additional information to help clarify and provide context, notes that the change from member assistance program to behavioral health assistance program is to clarify that standard is focused specifically on behavioral health services. Employee assistance programs offer a wide range of work/life programming, many of which may be of interest and value to the fire department and its members. These range from workplace training programs regarding an array of issues and concerns to supervisory training, mediation of disputes, and other educational and consultative functions. Some programs now include what are sometimes called "concierge services" such as assistance with locating childcare services and such. The standard, however, focuses specifically on professional counseling services to be provided to members and their families.

This chapter also provides guidance respecting minimum standards for the department's wellness program. These program elements should work in concert and are often managed by the same organizational component and/or vendor but their focus, aims, and activities are treated distinctly in the standard. The jurisdiction holding authority must therefore decide its preferred course for developing and executing these respective elements.

**Section 11.1.1** requires that the fire department provide access to a behavioral health program for its members and their immediate families. As the Annex explains, this does not mean that the department itself must provide these services or even that they be financed directly by the department. It may be that the services are provided through a cooperating agency such as a community behavioral health center or a counseling agency, and the services may be financed by other resources (e.g., levies supporting behavioral health services). The fire department's responsibility is to ensure that the required services are indeed readily available to members and their families. Where the department does not provide or contract for these services, a binding Memorandum of Understanding should be considered to ensure that the requirements of the standard are achieved.

**Section 11.1.1.1** delineates those basic services that should be available at the first step of access. These are the things the BHAP should be able to provide immediately on intake. The specific elements mentioned are:

- a) **Assessment:** The BHAP should be able to provide a professional contact to make a competent assessment of the person's problem and service needs, prepare a preliminary intervention plan, and execute needed referrals.
- b) **Basic counseling:** The BHAP should be able to provide ready access to basic professional counseling to implement an effective response for nonclinical issues (e.g., basic family and parenting issues, typical problems in living, and the like).
- c) **Stress crisis intervention:** The BHAP should be prepared to deal quickly and effectively with stressors and issues that are posing immediate difficulties for the firefighter or family member.



The standard proceeds to outline that these basic services should be ready and able to address **at least** these specific areas:

- a) Alcohol and substance abuse;
- b) Stress and anxiety;
- c) Depression;
- d) Personal problems that affect fire department work performance.

**Section 11.1.2** requires that the BHAP refer persons whose clinical needs require more advanced or extensive intervention to appropriate clinical and specialty care, and that the providers to whom they are referred be equipped to deliver evidence based treatment consistent with current best practices and standards. There are three important aspects of this provision:

1. Conditions that require more than the basic counseling described in Section 11.1.1.1 above should be referred to a specialist or advanced clinical provider if BHAP staff are not themselves appropriately prepared and certified to provide the appropriate level of care. It may also apply where a limitation on visits covered under the BHAP agreement precludes adequate treatment under that agreement. The BHAP should be prepared to help the client with insurance and benefit issues needed to facilitate the care required.
2. "Equipped to deliver evidence based care" entails more than a provider's declaration that he or she holds that expertise. Proper certification of appropriate training should be expected. It should be noted, however, that due diligence is needed to ensure that any certifications offered actually document meaningful training in accepted procedures.
3. "Evidence based treatment consistent with current best practices and standards" also requires more than a provider's assertion that a technique is evidence based and represents best practice. The Annex notes that standards should represent recognized nonproprietary bodies and that current standards of care should be based in recommendations of independent guidelines based on thorough review of evidence by established resource bodies.

**Section 11.1.3** requires that the fire department adopt and follow clear, written policies regarding alcohol and substance abuse, and other behavioral conditions that impair performance and/or fitness for duty. Subsection 11.1.3.1 requires that any determination of fitness for duty must be done in accordance with Section 10.7 of NFPA 1500. That section provides that:

- a) the fire department have a declared process to evaluate the ability to perform essential job functions;
- b) evaluation be conducted by a qualified person and confirmed by the fire department physician;
- c) a member determined unfit for duty be provided treatment and assistance to help them return to duty; and
- d) the individual be returned to duty only when a qualified person has determined that essential job functions can again be performed.

It is advisable that the fire department physician (see NFPA 1582) be the final clearance point as well. The person treating the member is vested in the interests of the patient while the occupational medicine provider is vested in ensuring that the safety and liability of the department are also protected. The interaction between the two provides an important balance in these difficult situations.



**Section 11.1.4** requires that the fire department adopt and follow clear, written policies regarding records, confidentiality, data collection, and the protection and release of privileged information. The policies must be consistent with applicable laws, regulations and standards. They must also specify what use, if any, can be made of such information for research, quality assurance, and program evaluation. Protections afforded by the Health Insurance Portability and Accountability Act (HIPAA) should be specifically addressed. **Section 11.1.5** additionally provides that that records maintained by the BHAP shall not become a part of the member's personnel file.

**Section 11.1.5** states that the program should be systematically reviewed on a regular basis. Design and execution of the performance evaluation aspect is an important element that is too often minimized or overlooked. The department is advised to establish its objectives for its BHAP program in ways that provide specific, measurable, attainable, relevant, and time-bound benchmarks that will facilitate its ability to determine whether its BHAP is meeting its expectations. These should reflect not just input (e.g., how many referred, contacts made), process (e.g., how quickly seen, number of visits per episode), and output (e.g. number of referrals made; number of cases closed), but also outcomes (e.g., measured improvement in conditions). Collecting and reporting those data should be a part of the expectations set for the program, vendor, or partner; evaluation of the data reported should be a critical aspect of the fire department's periodic review.

### Building a Scope of Work Statement:

The typical Request for Proposals (RFP) includes two components. In most jurisdictions, the basic process and procedural aspects are dictated in more or less standard set of documents that reflect its procurement policies and regulations. This is likely the same as or very similar to what you would use to provide specifications and solicit bids on trucks, equipment, construction projects, and the like. The portion of most critical importance to any particular solicitation is generally the *Scope of Work (SoW)*.

The SoW is your statement of exactly what you want a potential vendor to provide. It tells them what you seek, what standards and metrics you will use to determine how well their proposal fits your needs, and how they will be compared to other potential vendors when you evaluate responses and select a final vendor. Even if you are building your program internally or based upon a Memorandum of Understanding with another agency, it provides your roadmap of what the program needs to provide and how you will determine whether it is being provided in the way you have specified.

While the requirements of NFPA 1500 establish minimum standards and should be included by reference to make expressly clear that these requirements are your foundation, the standard explicitly provides that a jurisdiction maintains the absolute right to impose requirements beyond or above the minimums required. The template suggested here is designed to cover only the basics and should be freely modified to capture the needs and expectations of the fire department putting forward the RFP.

There are aspects of written policy that must be developed by the fire department with respect to (a) fitness for duty and (b) records and data. The fire department may elect to develop these policies prior to going forward with the RFP; in this case, the policies should be incorporated by reference and included with the materials provided to potential vendors so that they can appropriately evaluate these requirements and include their strategies for addressing them. If the fire department has not yet developed those policies, it may wish to include consultation in their development as an element in the SoW. Both alternatives are reflected in the suggested template. Similarly, the fire department may elect to specify in advance its objectives for the BHAP and its strategy for periodic evaluation or it may specify development of an evaluation rubric as an element in the SoW; again, both options are reflected in the suggested template.



## Template SoW:

### Statement of Work (Organization's Legal Corporate Title) *Behavioral Health Assistance Program*

(Organization name) seeks to develop and implement a Behavioral Health Assistance Program consistent with the requirements of National Fire Protection Association standard NFPA 1500: *Standard on Fire Department Occupational Safety and Health Program*. NFPA 1500 is incorporated by reference as an element of this Scope of Work statement, with specific attention to Chapter 11, *Behavioral health and wellness program*. The successful vendor will be expected to provide a program consistent with all requirements of Section 11.1 of the standard and with all other requirements and expectations set forth in this Scope of Work statement. Proposals that fail to explicitly satisfy all such requirements may be deemed unresponsive and excluded from further review.

1. The selected program must be available to all members of the organization and their immediate families. The vendor will provide for a specific number of visits to be allowed without additional cost beyond its capitated fee and will provide for referral and treatment continuity for cases that require additional visits or the involvement of additional providers.
2. The program will provide the capacity for 24/7 telephone contact and commit to seeing clients requiring in-person care within (specify desired period, e.g., one working day) following first telephone contact.
3. The vendor will provide one or more off-site facilities for seeing fire department clients; these locations should provide reasonable confidentiality for those appearing for appointments. The specific locations and the provisions for reasonable confidentiality will be detailed in the response to this RFP.
4. The vendor will maintain the capacity to provide assessment, basic counseling, and crisis intervention beginning with the first contact appointment. These services must be available, at a minimum, to address alcohol and substance abuse, stress and anxiety, depression, and personal problems impacting work performance. The mechanisms for providing this capacity must be detailed in the response to this RFP and should include the vendors capability to provide evidence based care when indicated.
5. The vendor will establish and maintain capacity to refer cases requiring advanced or continuing care to clinicians equipped to deliver evidence based care according to established best practice guidelines. The standards used to determine appropriate referral, including the standards of care and certifications established for determining preparation to address major categories of conditions, must be detailed in the response to this RFP.
6. The vendor will adhere to (organization name) policies regarding fitness for duty and records maintenance, which are included by reference in this Scope of Work. The vendor will specify its detailed plan for fulfilling requirements under these policies as an element of its proposal.

OR

The vendor will propose a specific policy, compliant with Section 10.7 of NFRP 1500, for evaluation of fitness for duty due to behavioral or substance issues. Roles of all parties will be clearly stated, including relationship to the department's occupational health physician and other aspects of the occupational safety and health program. The final policy as adopted, including any modifications, deletions, or additions made by the department, will govern this aspect of the BHAP.

## Appendix C

## Greensboro Fire Department Questionnaire

1. How many years have you served in the GFD?
2. Do you feel that providing mental health support after experiencing a traumatic event is important?
3. Have you ever felt like you needed counseling or support from a professional after a traumatic incident?
4. What are the top five emergency incident types that you would want counseling after experiencing?
5. Do you think that a peer-counseling group could be effective for our department?
6. What is the single most important factor, in your opinion, for a peer-counseling group to be effective in the GFD?
7. Would you attend a peer counseling session or a critical incident stress debriefing session after you experience a traumatic event with your crew?



## Appendix D

## Military Interview Guideline Questions

- 1) What branch of the military did you serve?
- 2) How many years did you serve?
- 3) Did you ever serve in combat during your service?
- 4) After specific battles in war, did you ever receive any immediate counseling or professional support?
- 5) Did your training prepare you for the traumatic events you might encounter?
- 6) After your tour of duty ended, was counseling for PTSD or any other mental health issue, offered to you?
- 7) Do you feel that the military placed proper emphasis on your mental health during your career?

## Appendix E

To Whom It May Concern:

I am a current student enrolled in the Executive Fire Officer program at the National Fire Academy and in the process of gathering information for an applied research project. I am in need of your department's assistance to complete my research and to improve my departments overall wellness program in support of all our members. I am inquiring if your department has a policy or guideline for providing mental health support for firefighters after they experience a traumatic event. If you have any policy, guideline, directive, Peer Counseling Group, Critical Incident Stress Management Team, or Behavioral Health Assistance Program, would you be willing to share any information involving any or all of these topics?

If possible, could you send me an electronic copy of any guideline your department has regarding the subject of support provided to your members suffering from any mental health issue or Post Traumatic Stress Disorder. Your time is greatly appreciated in assisting with this endeavor.

Appendix F

Departments contacted for research list

Boston Fire Department

Chicago Fire Department

Fire Department of New York

Hickory Fire Department, NC

High Point Fire Department, NC

Houston Fire Department

Philadelphia Fire Department

Phoenix Fire Department

Seattle Fire Department

Spokane Valley Fire Department, Washington

Superstition Fire and Medical District, Arizona

Tucson Fire Department, Arizona