



Helpletter

An Initiative of the National Volunteer Fire Council



WHEN YOU SEE NO WAY OUT, IT'S TIME TO REACH OUT

Introducing *Share the Load™*, a support program that provides behavioral health resources for firefighters, EMTs, and departments.

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ABOUT THE NVFC

The National Volunteer Fire Council (NVFC) is the leading nonprofit membership association representing the interests of the volunteer fire, EMS, and rescue services. The NVFC serves as the voice of the volunteer in the national arena and provides invaluable tools, resources, programs, training, and advocacy for first responders across the nation. Many of the NVFC's initiatives apply to all members of the fire and emergency services, whether volunteer or career.

Critical fire and emergency topics addressed by the NVFC include: behavioral health, physical health, safety, legislative advocacy, training, recruitment and retention, grants and funding, emergency preparedness, EMS/rescue, and reputation management. Programs administered by the NVFC include the Heart-Healthy Firefighter Program, the National Junior Firefighter Program, Fire Corps, and the Wildland Fire Assessment Program.

Membership in the NVFC comes with a wide array of benefits, including an AD&D policy (for Individual Members), eligibility to join the FASNY Federal Credit Union, discounts on products and services from NVFC partners, eligibility to apply for members-only scholarships and giveaways, complimentary copies of NVFC resources, newsletter subscription, and more. Learn about membership options and benefits at www.nvfc.org/membership.

Learn more about
the NVFC and access
resources at:

www.nvfc.org



Focus on Behavioral Health:

NVFC Provides Free Resources Through Share the Load™ Campaign

By **Kenn Fontenot, Chair,**
NVFC Health, Safety, and Training
Committee

"...we are at increased risk of experiencing behavioral health concerns at some point in our fire service careers."

Disclaimer

The information and resources presented in this document are for informational purposes only. They are not intended to offer a diagnosis or treatment of any behavioral health issue. Consult a healthcare professional if you feel you may be experiencing a behavioral health issue or for any questions you may have. This document does not provide a comprehensive listing of resources that are available.

Behavioral health. It's a subject not often talked about in the fire service, but it affects every department and emergency responder in some way or other.

As firefighters and EMTs, we respond to the worst crises – fires, traffic accidents, family abuse, shootings, and more. At the same time, we juggle the needs of the fire department, our families, outside interests, and for volunteers, full-time jobs. This is on top of everyday stressors and often poor sleep and fitness patterns. It is no wonder we are at increased risk of experiencing some sort of behavioral health concern at some point in our fire service careers.

In a culture that frequently brushes aside how we are feeling, behavioral health is a hard subject to tackle. Yet behavioral health issues are just as serious as physical health and safety issues, and can be just as deadly if left unaddressed. Behavioral health can cover a wide spectrum of health issues for firefighters and emergency responders. These can include stress, anxiety, sleep problems, depression, post traumatic stress disorder, and drug or alcohol addiction, to name a few.

The National Volunteer Fire Council (NVFC) is addressing first responder behavioral health through our new Share the Load™ campaign. Through this program, we are working to break the stigma around behavioral health issues, open up the dialogue in departments, and provide resources that departments and emergency personnel can use to prevent tragedy.

This newsletter is designed to provide your department with critical information about firefighter and EMT behavioral health issues, why it is critical to focus on behavioral health, what you can do as a department and individual to prevent tragic outcomes, and resources you can use to bring behavioral health to the forefront and confront these issues head-on. Share this publication with your entire department and keep it at the station as a reference to help you develop, expand, and maintain your department's behavioral health program. Find additional resources on the NVFC website at www.nvfc.org/help.

The key to addressing behavioral health is to take action. Those experiencing behavioral health issues are not alone. Help us Share the Load and show our brothers and sisters in the fire service that together we can overcome these challenges and build a stronger, healthier, more resilient fire service.



ABOUT THE AUTHOR

Kenn Fontenot is the NVFC's Louisiana Director and Chair of the Health, Safety, and Training Committee. He is also a Charter Member and First Fire Chief of the LeBlanc Volunteer Fire Department. Fontenot is a Principal Member on the NFPA 1001 standards committee and Alternate Member of NFPA 1021.

It's Not Me. I Just Had a Really Bad Day.

For firefighters and EMTs, the stress of the job doesn't end when the shift does

By Lori Mercer, Founder of FirefighterWife.com

Behavioral health. Mental illness. Depression. Anxiety. PTSD. Do those words make your skin crawl? They shouldn't. In any given year, a quarter of our adult population is diagnosable for at least one behavioral health disorder, according to the National Institute of Mental Health. These disorders strike for many reasons, whether genetic disposition or environment or life circumstances. Personally I struggled with severe anxiety in my twenties, and since that time I've come to realize how common it is and how easy it can be to get help.

It's no secret that first responders see horrible things on a regular basis. We talk about everyone going home safely, but what are the first responders bringing home with them? Gory images that won't leave their brain. Anger over the inhumanities. Anxiety....how will I face that again?

While the first responder may be happy smiley Joe at the station, their families see another side. They see exhausted, sleep all day, grumpy and irritable, can't get off the couch Dad or Mom. They see reactions to normal situations that leave them perplexed. What in the world was he thinking when he spoke to that waitress like that?

Does this sound like you?

In just a short article we cannot unpack this entire topic, so I want to get straight to the punch line: Behavioral health issues are treatable and curable. There

is nothing "wrong" with your character. You've just got to confront the problem and seek the appropriate treatment. Depending on the behavioral health issue you are facing, there are many treatment options. But one thing is certain – just like a physical illness, there are treatment options that can get you back to feeling like your old self again. In all cases, communication with your family is an essential step to feeling better again.

This is also a great way for a spouse to look at it. When a spouse remembers this is fixable with the right tools, they can be the best support system and accountability partner for someone who needs to change bad patterns of thinking and reactions.

Here are some communication strategies to help you and your spouse stay close through this journey:

- If you do not feel like talking at a particular moment, have an agreement – perhaps a code word or phrase – that indicates: "Now I need some space to think. But it doesn't change that I love you and I promise we will come back to this

conversation." And then be sure you follow up on that commitment.

- As the spouse, do not press for information or feelings to be shared. Be patient and compassionate as your spouse learns to use their new tools and treatments.
- Treatment takes time and energy. Do not over-schedule yourselves or take on extra work or activities if at all possible so you can focus on learning new techniques for coping. Make space in your schedule so there is time to talk without pressure.
- If having a conversation seems difficult, journal or write letters to express your feelings to each other. Even if it is a letter you choose not to share, writing out your thoughts can really bring clarity.
- Do not forget that children notice the impact and need to be communicated to as well. If you are a parent, you already know that kids notice everything and will see that something is not right. Reassure them that you love and care for them. Find relaxing activities to do together.

If you need one compelling reason why you should do this, consider your spouse and family. Is this the "you" that you want your kids to see as they grow up? What happened to the "you" that was there when you first joined the fire service? When you were giddy and unaware of the toll it would take on your mind and body? Remember that person? He or she is still there. Bring back the best you and be sure that's what you are giving to your family each day. Not just surviving through another call and coming home and falling apart again.



ABOUT THE AUTHOR

Lori Mercer is the Founder and Chief Fire Wife of FirefighterWife.com, a community that is aimed at strengthening relationships for firefighters and their spouses. Lori, who is married to an Ohio firefighter, created the organization after surviving years where she hated the firehouse and the strains it put on her family.

Behavioral health issues are treatable and curable. There is nothing "wrong" with your character.

If you still think "This isn't for me," consider this. Perhaps you are doing fine with your job and the fire department day by day but your family sees changes in you. Do images from a difficult call interrupt your day and interfere with your ability to participate in everyday activities with your family? Do you avoid certain activities or events that you used to really enjoy? If so, taking the first step by talking with peer support, a counselor, or a therapist can be a great start.

You and your family can be whole again. The foundation can be rebuilt and you can learn tools and techniques that will leave you even stronger when faced with adversity. Rest easy. This is not just you. Maybe you've even seen it in a fellow firefighter. Want to save a life? Make sure they know they are not alone. Battle those mental fires and get help. Step one is recognizing there is a problem.



Fire/EMS Helpline:

Make the Call to Make Things Better

Firefighters and EMS personnel face many unique challenges that can have a significant impact on their behavioral health. To ensure these individuals and their families have access to the help they need, the National Volunteer Fire Council (NVFC) teamed up with American Addiction Centers (AAC) to create a free, confidential helpline available 24 hours a day, 7 days a week.

The Fire/EMS Helpline can serve as an individual resource, or departments can offer it as an Employee Assistance Program for their members. The key difference of the Fire/EMS Helpline is that it was created for first responders by members of

can be admitted to a treatment facility where there are licensed counselors trained in the fire service culture. If a treatment center is needed, the Fire/EMS Helpline will work with your insurance to make sure there is no cost to you.

What to Expect When You Call

1. The first step in getting help is to make the call. Simply call 1-888-731-FIRE (3473) any time day or night. Calls are free and confidential.
2. A skilled, trained Intake Counselor will answer your call. Make sure you identify yourself as a firefighter, EMT, or family member of the fire service.
3. The Intake Counselor will listen to your problems and concerns and identify local resources in your area, or when appropriate, locate national treatment options that work within your needs and insurance capabilities. Trained assistance professionals who are members of the fire service are available to talk, and the licensed counselors at AAC treatment facilities have undergone intensive training specifically on the culture and needs of the fire service.

Call 1.888.731.FIRE (3473) to get the help you need.

the fire service. This program is specifically designed to meet the unique needs of firefighters, EMTs, rescue personnel, and their families.

Why Call

First responders and their families can call the Fire/EMS Helpline any time day or night to seek help for a variety of behavioral health issues. These may include alcohol or drug addiction, depression, suicide prevention, stress or anxiety, critical incidents, PTSD, stress caused by financial management issues or legal problems, relationship issues, work-related concerns, or psychological issues.

When you call, you will receive compassionate, non-judgmental support you can trust. Depending on your individual needs, you can speak with a trained fire service member who understands what you are going through, you can be referred to local resources to help with your specific problem, or you

About the Founders

The Fire/EMS Helpline was developed by fire service veterans Mike Blackburn, CEAP, LADC-1, SAP, and Mike Healy, CEAP, LAP-C, SAP. Based on their own professional and personal experiences, both recognized the need for firefighters to be able to reach out to other firefighters when they need help. The Fire/EMS Helpline allows firefighters, EMTs, and their families to talk to trained professionals that understand what they are going through and who can relate to the special needs of the fire and emergency services.

Online Resources

In addition to the Fire/EMS Helpline, the NVFC also offers an online resource center for individuals and departments looking for further information on first responder behavioral health issues and assistance. Access these resources at www.nvfc.org/help.

Breaking the Stigma and Developing Support Systems



Adapted from Suicide in the Fire and Emergency Services: Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention

Firefighters are faced with emotional needs that are very unique, and many are struggling from work-related stress. When symptoms occur, a firefighter needs a support system in place that is readily accessible from someone who is qualified and truly understands his or her circumstances.

Behavioral health is a very broad term used to describe actions of human beings during situations as related to the mind and body. In the context of fire service behavioral health, the term is used to understand or define the actions of firefighters and emergency personnel as related to depression, post-traumatic stress, anxiety, addictions, suicidal ideations, and other human behaviors.

When it comes to behavioral health in the fire service, it is important for the entire

fire service community to work as a team. This may mean a change in the culture of the fire service, similar to the change that happened when physical health became a priority. When it comes to behavioral health, the fire service needs to begin to understand, train, and help firefighters who are not only affected by what they do and see, but from the stress of outside environmental issues such as the economy, relationships, job loss, health, and impending retirements. This will enable firefighters to be mentally prepared for the duties they perform.

Firefighters face the same issues as other members of society – relationship stressors, financial issues, and health concerns – but these challenges can be exasperated by the situations they frequently encounter when responding to emergency calls. These experiences can have significant and lasting effects. Some particularly prominent issues in the fire service include PTSD, depression, substance abuse, anxiety, and stress.

Many firefighters experience manifestations of stress including, but not

limited to, serious sleep disturbances, nightmares, loss of appetite, reduction of libido, anxiety, and in many cases anger and hostility directed toward inappropriate targets. Because of the fire service’s “closed society” –with its inherent symbols, norms, and structures that encourage a commitment to a life of danger–firefighters have many tools to cope with stress. Unfortunately, when stress becomes too much to handle, it is rarely disclosed because of fear that expression of “feelings” will be looked upon by their peers as weakness or inadequate ability to “cope.”

Too often first responders keep things bottled up. It is entrenched within the fire service culture not to show personal weakness. Firefighters will call a Mayday when they are in trouble in a building but are often silent when they are suffering internally. There is a perception that asking for help will make one appear weak. This is a perception that needs to be changed.

If a firefighter can ask for help on the fireground, he or she should

feel comfortable asking for help at the firehouse.

In response to calls for help from our nation’s firefighters and their families, Counseling Services for Firefighters, LLC developed the Triangle of Hope™ behavioral health support system. Each point of the triangle represents a support system for a firefighter in need.

Point I – Clinicians: Educate professionals on the unique lifestyle and emotions of firefighters and their families.

Point II – Senior Fire Officers: Train officers to recognize the warning signs of a firefighter in behavioral distress and how to assist them.

Point III – Peer Group: Educate designated non-officers to watch for signs of turmoil and offer an in-house support system for fellow firefighters.

It is time to break down behavioral health barriers and build a relationship between the clinicians and firefighters. Depression, suicide, anxiety, anger, PTSD, and other mental health issues all have signs and symptoms that closely relate to each other. A licensed professional is needed to sort through these issues, make an accurate diagnosis, and develop an appropriate treatment plan.

The following is a recommended action plan for assisting a department and its firefighters if they decide to seek counsel.



It is not intended to replace any standard operating policies that are already in place.

- Assure the firefighter that anything said will be kept confidential, with only a few exceptions.
- Explain those exceptions, physical abuse (to themselves or others) and thoughts of suicide, and that there is an obligation to inform the proper authorities.
- Understand the vital importance of the ability to listen. Allow a firefighter to talk—opening up emotionally is often a big step forward. Communication is a key factor: Let the firefighter talk, and listen to what they are saying. Stay in the moment with the firefighter. Avoid jumping in with responses or solutions. Through open discussion a firefighter may be able to develop their own solutions for dealing with the issues in their lives.
- Most importantly, be sure to show compassion.



Steps to Raising Awareness

The fire service can take steps to raise awareness of behavioral health issues. Suicides can be prevented when individuals are able to recognize warning signs and understand how to seek help.

1. Implement behavioral health training.

Every fire department must conduct behavioral health training so that personnel can recognize warning signs and symptoms of distress and know what action to take.

2. Put a plan in place to deal with impending retirements.

Retirement can be very difficult on someone who has dedicated their life to the fire service. The department, family members, and friends can help firefighters through this transition by being there to support retiring firefighters.

3. Conduct extensive research when selecting an Employee Assistance Program (EAP).

Fire chiefs need to know if their counselors have experience specifically dealing with firefighters. It is important that they understand the nature and culture of the fire service and the unique challenges faced by firefighters.

4. Encourage all fire academies to include at least two to four hours of behavioral health training for cadets.

Warning Signs to Know

Adapted from *Suicide in the Fire and Emergency Services: Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention*

It is very important that all members of the department know how to recognize signs and symptoms of behavioral health issues that they or their fellow members may be experiencing. Here are some signs and symptoms for common fire service behavioral health issues.



Post Traumatic Stress Disorder

The following PTSD symptoms should cause concern:

- Restlessness
- Sleeplessness
- Hyper activity
- Inability to relax
- Jumpiness
- Difficulty concentrating
- Mental replays or dreams in which a person hears, feels, sees, smells, and/or tastes aspects of a traumatic event
- Shutting off one's emotions
- Avoiding triggers (places, people, and conversations)

Someone suffering from PTSD may be alert and on the lookout for danger. This is known as increased emotional arousal. It can cause a firefighter to:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for their safety and always feel on guard
- Be very startled when surprised

It can also cause negative thoughts, moods, or feelings. These can include:

- Feelings of shame, despair, or hopelessness
- Difficulty controlling one's emotions
- Problems with family or friends
- Impulsive or self-destructive behavior
- Changed beliefs or changed personality traits

Depression

Firefighters experiencing the following symptoms of depression should raise concern:

- Isolation around the firehouse or at training events
- Changes in sleeping patterns (insomnia or hypersomnia) or eating habits (significant weight loss or gain, or decrease or increase in appetite)
- Unusual sadness after calls or perhaps frustration at the outcome
- Unusual or out of character anger (some firefighters may have anger issues not directly related to depression)
- Fatigue or loss of energy when compared to a firefighter's past history during training, on calls, or even activities around the station
- Depressed mood (e.g. feeling sad or empty)
- Lack of interest in previously enjoyable activities
- Agitation, restlessness, irritability
- Feelings of worthlessness, hopelessness, and/or guilt
- Inability to think or concentrate or indecisiveness on or off the fireground
- Recurrent thoughts of death, recurrent suicidal ideation, suicide attempt, or plan for completing suicide

Suicide

There are many warning signs that may indicate a person is suicidal. These include:

- Appearing depressed or sad most of the time (untreated depression is the number one cause for suicide)
- Talking or writing about death or suicide
- Withdrawing from family and friends
- Feeling hopeless
- Feeling helpless
- Feeling strong anger or rage
- Feeling trapped, like there is no way out of a situation
- Experiencing dramatic mood changes
- Abusing drugs or alcohol
- Exhibiting a change in personality
- Acting impulsively
- Experiencing a change in sleeping habits
- Experiencing a change in eating habits
- Losing interest in most activities
- Performing poorly at work or in school
- Giving away prized possessions
- Writing a will (in conjunction with other warning signs)
- Feeling excessive guilt or shame
- Acting recklessly

Substance Abuse

See page 11 of the report *Suicide in the Fire and Emergency Services: Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention for the Substance Abuse Symptoms Checklist to help determine if there may be a problem. The report is available at www.nvfc.org/help.*

Some of the signs may include:

- Frequent intoxication
- Intentional heavy use of alcohol or drugs
- Elevated tolerance for alcohol or drugs
- Symptomatic drinking
- Psychological dependence on alcohol or drugs
- Missed work due to alcohol or drug use
- Lost or impaired relationships caused by alcohol or drug use
- Concern expressed by family member or friend
- Problems with law or authority
- Financial problems
- Belligerence
- Isolation

Anxiety

Common symptoms and signs of anxiety can include:

- Excessive worry
- Restlessness or feeling edgy
- Becoming tired easily
- Trouble concentrating
- Feeling as if the mind is going "blank"
- Irritability
- Muscle tension
- Sleep problems (trouble falling or staying asleep, or having sleep that is not restful)

Suicide in the Fire and Emergency Services: Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention,

was released by the National Volunteer Fire Council in 2010, with funding support from the U.S. Fire Administration. It was written for the NVFC by Jeff Dill and Cheryl Loew of the Firefighter Behavioral Health Alliance. Also included in the report are the results of a firefighter behavioral health survey conducted for the NVFC by HOPE Health Research Institute. Download the full report at www.nvfc.org/help.

Education is the Key to Addressing Behavioral Health Issues in the Fire/EMS Service

By Jeff Dill, Founder, Firefighter Behavioral Health Alliance

“Education is the key to become successful in any aspect of life.” These are words I believe in, as well as promote to others within the fire service, and in life.

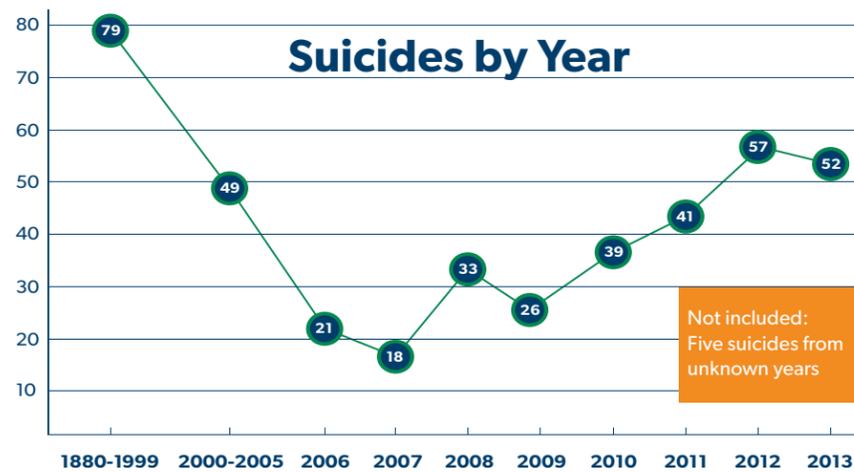
One of the biggest issues facing the fire service and EMS community today is the understanding of behavioral health within our culture and the effect it has on our firefighters and emergency medical personnel. As founder of Firefighter Behavioral Health Alliance (FBHA), it is my priority to educate my brothers and sisters on this very important subject matter. Yet, the first move in any fire or EMS organization has to come from the Chief Administrators. There must be “buy-in” from our leaders in promoting educational awareness on addictions, depression, stress, post-traumatic stress, and suicide prevention.

I am not blaming those organizations who haven’t made attempts to train on these issues. Traditionally the culture of the fire service has neglected to address behavioral health issues, believing they are signs of weakness. This way of thinking is not acceptable. The good news is that many new leaders are becoming aware of the problems plaguing their members and are becoming proactive in educating personnel.

FBHA is the only known entity that collects data on firefighter/EMT suicides. At the time this article was being written, I have been advised of five firefighter suicides within an eight-day time frame. These are just the reports from organizations who know about FBHA and our nationwide confidential reporting system.

FBHA firmly believes people have a pathway that leads to suicide. It can start with issues like addiction, depression, anger, or PTSD. If these issues are not addressed, they can escalate into dangerous or reckless behaviors that can lead to suicide. If personnel don’t recognize signs and symptoms, know how to communicate with each other, or have access to resources that assist those struggling then the outcome could become tragic.

Below is a chart of firefighter/EMT suicides that have been documented by FBHA. Remember that we believe only eight to 10 percent of the nation’s fire and EMS organizations know to report these tragic events to us. ▼



FBHA provides educational workshops across the U.S. on firefighter/EMT behavioral health and suicide awareness and prevention. We have learned vital information by collecting data on these tragic events from fire chiefs, firefighters, and family members. (Note: FBHA never uses names unless families give permission.)

Based on what we have learned, we recommend the following for fire and EMS organizations:

- 1. Develop a Peer Program:** This is a great first-line of assistance for any organization. Firefighters can discuss their issues with trained members from their department. These peer members can then consult with a licensed counselor who oversees the department’s peer program.
- 2. Training:** Find out what training is available for your organization. The training should address behavioral health issues that we are all facing, both on the job and in our personal lives. Learn how to communicate with each other. It is more difficult than you believe.
- 3. Employee Assistance Programs (EAP):** Become very familiar with your organization’s EAP. Get to know who they are. Invite them for ride time, training, or just visits to the firehouse.

Become involved in the recruiting of your department’s EAP. Ensure that counselors have a working knowledge of our culture! If you don’t have an EAP or are in a rural area then consider a Chaplain program.

- 4. Outside Resources:** A high percentage of firefighters/EMTs are reluctant to contact their department’s EAP. Develop a list of outside resources available within your community of counselors who work with firefighters.

- 5. Policies/Procedures:** Develop or refine your department’s policies on behavioral health that spell out procedures and practices within your organization. These are key as they allow your personnel to know what happens or what to do in the event of a behavioral health crisis.

As a fire department Captain and licensed counselor I am not trying to change the traditions of our culture, but rather to open up current thinking to the fact that mental well-being is as important as safety and physical well-being. FBHA is looking to enhance the awareness of the

events that we, as firefighters and EMTs, are facing on a daily basis within our culture and how it can affect us.

We are at our strongest when we stand up and ask for help ourselves.



Retiring? What’s Your Emotional Plan?

By Jeff Dill, Founder, Firefighter Behavioral Health Alliance

Three hundred and forty-three days until retirement! The countdown is on ... Does 26 years of being a firefighter just end? What does the future hold for me? What do I do when I am no longer connected to the brotherhood? Or my community? Will I lose my identity? Will I lose who I am?

These are the types of questions that each firefighter or EMT will face as they head into retirement. You are given a symbolic token for years of service or perhaps a party to recognize your dedication, and then what? Welcome to retirement!

Yes, the countdown above is for this author. My question to all of my brothers and sisters in the fire service: Are you ready and have you planned emotionally for the disconnect?

As a career Captain, licensed counselor, and founder of Firefighter Behavioral Health Alliance (FBHA), I have found through meeting thousands of firefighters and EMTs across the U.S. that many have not planned for what happens after the fire service. Our approach to retirement

needs to be addressed because there are serious consequences to ignoring this need. An alarming number of firefighters and EMTs lose themselves in addictions, depression, PTSD, and unfortunately suicide once their fire service career is over. The FBHA has had numerous reports of firefighters who took their lives days or just weeks after they retired. Fire and EMS organizations across America need to be proactive in preparing their firefighters for retirement.

One of the greatest issues for those retiring or who have already retired is the loss of identity. We have been associated by a bond that few professions in society will ever understand. For those switching careers, we quickly find our culture is vastly different from the business world. For volunteers, responding to the needs of the community creates a tremendous amount of respect and trust, plus the self-satisfaction of helping others. This bond dissolves when we leave the service, and if the retiree is not prepared it could create serious behavioral health issues.

Another issue that must be addressed is the fact that even though our time in the fire and emergency services has ended, the numerous images of accidents, burn victims, children dying, violence, and death are not left at the firehouse. These are images we will carry with us for a lifetime.

So what can we do?

FBHA recommends that fire and EMS

organizations address retirement through the following action plan:

- 1. Create a retirement committee:** This can be done in conjunction with several fire departments, with each organization having one representative. When a firefighter or EMT announces their retirement, the committee sends them information on what steps to take to prepare for retirement.
- 2. Training:** Find workshops on emotional retirement planning for personnel reaching their retirement. Covered items should include career planning and counseling, starting a business, schooling, and identifying/developing hobbies and other interests.
- 3. Pre- and Post-Retirement Counseling:** FBHA recommends marriage or couples counseling about six months prior to retirement. Not only will retirement be a major change for the individual, but for the spouse or partner as well. FBHA would like to see organizations offer post-retirement benefits through their Employee Assistance Program or outside resources. If members struggle with depression, addictions, or PTSD from the tragic images they collected in their career, then counseling would be a tremendous retirement benefit. In addition, if the member is considering suicide this will give them an option of turning to someone for help.

These are just a few recommendations. FBHA presents a more in-depth look at retirement planning and training in our workshops. **For more information or to contact FBHA visit www.ffbha.org**



ABOUT THE AUTHOR

In 2011, **Jeff Dill** founded Firefighter Behavioral Health Alliance (www.ffbha.org), a 501 (c)(3) organization dedicated to educating firefighters on suicide prevention and awareness. Jeff holds a Master’s degree in counseling, is a licensed professional counselor, and is a Captain at Palatine Rural Fire Protection District in Inverness, IL.

Getting a Handle on Stress

By David W. Ballard, PsyD,
American Psychological Association

Stress is a normal reaction designed to help us cope with dangerous situations. Faced with a threat, this automatic response kicks us into gear so we can deal with the problem at hand. Although adaptive in high-pressure situations, the human body isn't designed to withstand the physiological changes that occur over extended periods of time. Chronic stress causes wear and tear on you mentally and physically and can wind up damaging your health, relationships, and job performance.

Unfortunately, high stress seems to be ingrained in American culture. In the American Psychological Association's most recent Stress in America Survey, 42 percent of adults said their stress level increased over the past five years. Even though most people say stress management is important to them, few take adequate steps to address the problem and 1 in 10 report not engaging in any stress management activities at all.



Here are some tips for managing your stress so that you can stay sharp when out on a call and be healthy and present with loved ones when you're at home.

Know yourself. It's important to monitor your stress level and know what types of things typically stress you out. People experience stress in different ways. You may have a hard time concentrating or making decisions, feel angry, irritable, or out of control, or experience headaches, muscle tension, or a lack of energy. You may also find that work is increasingly intruding into other aspects of your life, creating tension or conflict on the home front, or leaving you feeling isolated. Every individual has to find the right work-life fit. While some can blend work and home life, others find it important to maintain clear boundaries between these realms.

Find healthy ways to manage stress. Do you engage in unhealthy behaviors such as smoking, drinking too much alcohol, or eating poorly to cope with your stress? Do you lose patience with your children, spouse, or fellow department members when you feel overwhelmed? Work to replace unhealthy coping strategies with healthy behaviors, like exercise, meditation, or talking with friends and family. Keep in mind that unhealthy behaviors develop over time and can be difficult to change. Take it slow and focus on changing one behavior at a time. Some behaviors are very difficult to change and may require the help of a licensed professional such as a psychologist.

Take care of yourself. Eat right, drink plenty of water, and engage in regular physical activity. Ensure you have a healthy mind and body through activities like taking a short walk, going to the gym, or playing sports that will enhance both your physical and mental health. No matter how hectic life gets, make time for yourself even if it's just simple things like reading a good book or listening to your favorite music. Stay energized and productive by taking a minute or two periodically throughout the day to stand up, stretch, breathe deeply, and shake off the accumulating tension. Short breaks between tasks can be particularly effective, helping you feel like you've wrapped up one thing before moving on to the next. The productivity you gain will more than make up for the time you spend taking a break.

Get enough sleep. Sleep problems can contribute to burnout. In fact, research suggests that having less than six hours of sleep per night is a major risk factor for burnout. Poor sleep can have negative effects on your job performance and productivity. It can lead to fatigue, decrease your motivation, make you more sensitive and reactive to stressful events, impair your mental functioning, make you more susceptible to errors and accidents, and make it harder to juggle competing life demands. Maintain a regular sleep schedule, make sure your bedroom is quiet, dark and comfortable, and avoid staring at your TV, computer, tablet, or smartphone right before bed.

Turn off and tune in. The world is full of distractions that prevent us from living in the moment. By learning to better focus on the present, you can improve your attention and concentration, reduce your stress level, and be more engaged in all aspects of your life. Start by putting away your smartphone for a few minutes each day and focusing on a simple activity like breathing, walking, or enjoying a meal. The skill of being able to focus purposefully on a single activity without distraction will get stronger with practice and you'll find that you can apply it to many different aspects of your life.

Keep a "To-Do" list. Worried that you'll forget something important? Constantly thinking through all the things you need to get done? Clear your head and put those thoughts on paper (or in an electronic task list) by creating a list of work and personal tasks and marking those with the highest priority. Not only will you reduce the risk of forgetting something, you'll also be better able to focus on the task at hand.

Ask for support. Accepting help from supportive friends and family can improve your ability to manage stress. You can also tap into stress management resources available through an Employee Assistance Program (EAP), including online information, available counseling, and referral to mental health professionals, if needed. If you continue to feel overwhelmed by stress, you may want to talk to a mental health professional like a psychologist, who can help you better manage stress and change unhealthy behavior.



"... 1 in 10 report not engaging in any stress management activities at all."

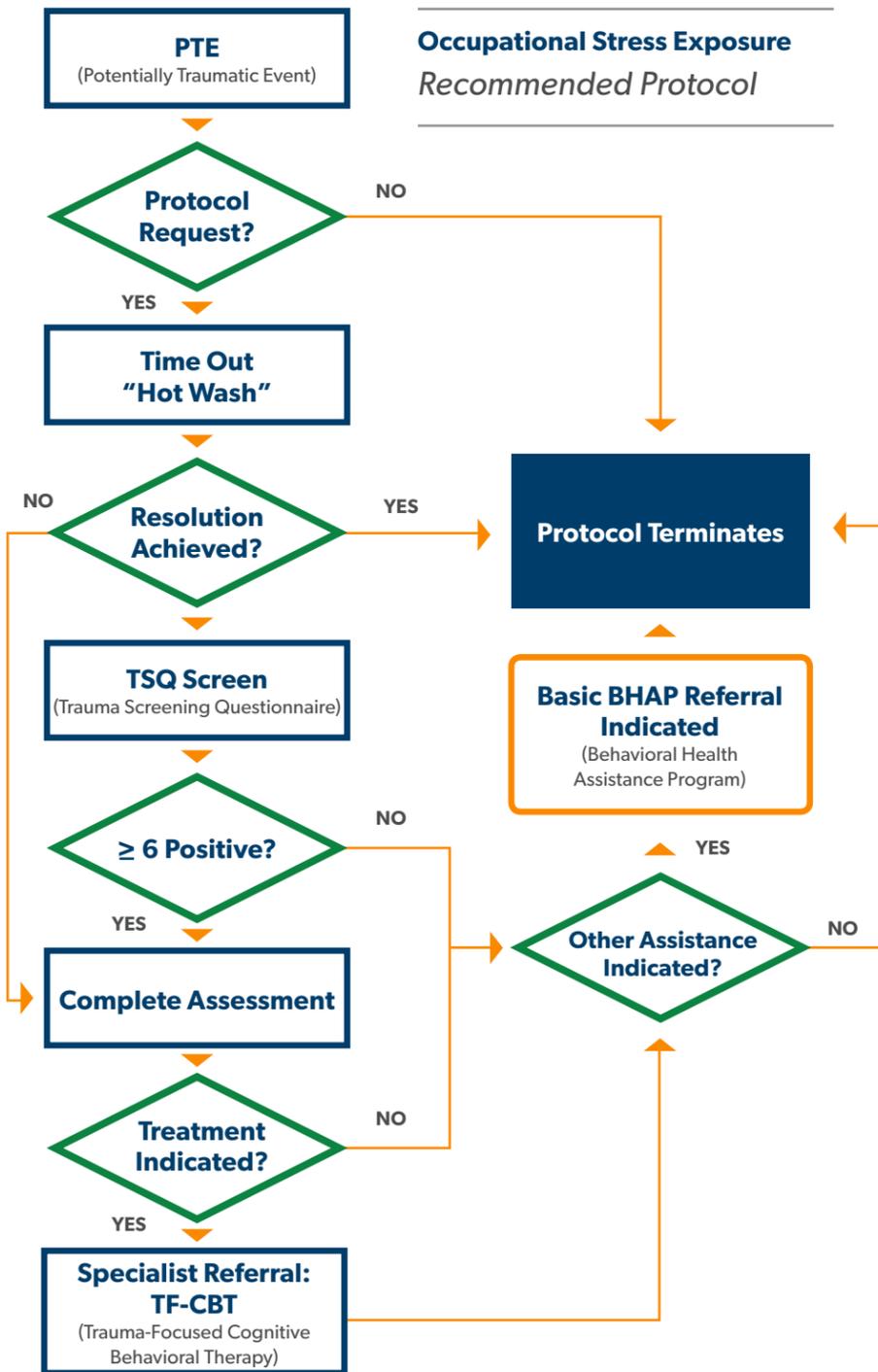


ABOUT THE AUTHOR

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Consensus Approach to Firefighter Behavioral Health

Occupational Stress Exposure Recommended Protocol



By JoEllen Kelly, PhD, Project Manager,
National Fallen Firefighters Foundation's
Everyone Goes Home® programs

The National Fallen Firefighters Foundation's (NFFF) Firefighter Life Safety Initiative 13 focuses on the behavioral health of emergency responders and their families. However, evidence from current research indicates that the way firefighters have been offered psychological support in the past has not always been practical or effective. As a result, the NFFF has released a new model based on a consensus approach derived from the best scientific data from military medicine, community psychology, health and wellness experts, and fire service subject matter experts who have attended to the behavioral needs of firefighters and EMS professionals over many decades.

The underpinning of this new approach is to meet each firefighter where they are in terms of stress, and to offer appropriate levels of care. A preponderance of evidence has concluded that a one-size-fits-all approach to stress injuries or life events does not always work effectively at identifying problems and helping firefighters.

The model, called Occupational Stress Exposure to Potentially Traumatic Events, consists of a series of protocols to help identify who may be having a stress injury. The actions recommended in the model shown in the flowchart to the left reflect best practices based on current research, and should fit easily into the operations and support systems that most fire departments have in place. The model itself begins with the question: Who is injured and how can we help? The key elements of the Occupational Stress Exposure to Potentially Traumatic Events model are as follows.

Determination of a Potentially Traumatic Event (PTE): A trauma for one responder may be a routine event for another. Reaction to a trauma is subjective, driven by an individual's experience, sensibilities, and personal situation. After exposure to a PTE, members should be asked if they require assistance. If so, what type? If not, an expression of support may be all that is required. If we think of the flowchart as a series of types of assistance, we would move through the following types of help.

Time out/hot wash: This concept is borrowed from the military as an element of After Action Review (AAR). It is a mechanism that allows those affected by an event to review what happened, what was successful, what could have gone better, and how they might improve the next time they respond to a similar situation. This post-incident assessment will often help firefighters put the event into perspective. After a brief "time out," the vast majority of fire and EMS professionals may elect to return to service with no further assistance needed.

TSQ screening: The Trauma Screening Questionnaire (TSQ), available at <http://flsi13.everyonegoeshome.com/>, is a straightforward and easily-scored instrument to identify who is progressing well, and who may need additional help down the road. Used 3-4 weeks after the PTE, it consists of 10 simple questions about recent symptoms. More than six positive responses suggest that a more complete screening by a competent behavioral health professional may be warranted. The NFFF strongly recommends that any and all mental health clinicians who treat firefighters take the Help Heroes® online training

offered by the NFFF and the Medical University of South Carolina.

Complete assessment: This can typically be accomplished by a referral to a department or jurisdiction's Behavioral Health Assistance Program (BHAP, or EAP) or other competent behavioral health professional. BHAP counselors can often help with managing specific symptoms and dealing with other non-event related stressors of daily living (such as marital problems, financial issues, etc.) that might be interfering with a member's recovery from exposure to a traumatic event.

Treatment by specialty clinician: If more intensive care is needed, it should be provided by a specialist (psychiatrist, doctoral-level psychologist, licensed clinical social worker, or licensed professional counselor) with advanced training and supervised clinical experience in specific evidence-based treatment for PTSD, anxiety disorders, and depression.

There are many levels of assistance the NFFF has developed to help both individuals and departments improve their knowledge of the best ways to help

firefighters and EMS professionals in the realm of behavioral health. In most cases these materials are free. Please visit the Initiative 13 web site and consider it your portal to resources and training regarding behavioral health in the fire service. All of the materials mentioned in this article are available on the Initiative 13 web site at <http://FLSI13.everyonegoeshome.com>.

If you would like to discuss bringing training to your department, please contact Amy Tippett, NFFF Behavioral Health Training coordinator, at atippett@everyonegoeshome.com.



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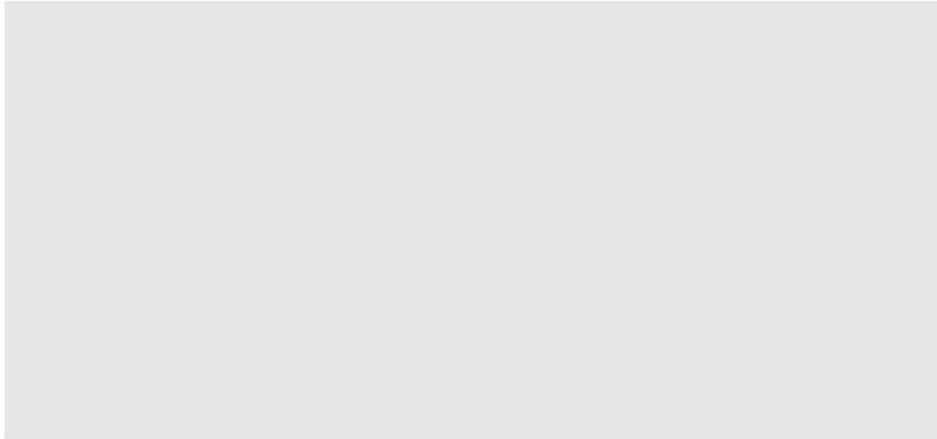
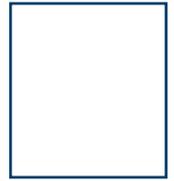


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Do you know the warning signs for common behavioral health issues?

See page 8 for important information.



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