

FIRE SERVICE BEHAVIORAL HEALTH MANAGEMENT GUIDE



Clinical Support



Peer Support



Firefighters



Leadership





If you or someone you know
needs immediate support,
please call the National
Suicide Prevention Lifeline at
1-800-273-TALK (8255)

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GUIDE NOTE: The term “therapist” is used in this guide and could be interchangeable with counselor, clinician, behavioral health provider or anyone else who is trained and certified or licensed as a professional provider of behavioral health services. Licensed therapists are trained to diagnose and treat symptoms of behavioral health disorders using evidence-based practices (EBPs) such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Prolonged Exposure (PE). See the glossary for more information on these treatments.

INTRODUCTION

Behavioral health refers to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders. “Behavioral health” is often considered synonymous with “mental health”, but is the preferred term as it is more positive, inclusive and non-judgmental.

There are many questions surrounding the complexity of building and maintaining a fire service behavioral health management program. Where do we begin to build a program that offers support to our organization’s members? How do we find good partners through Employee Assistance Programs and community health departments? What are the unique needs of firefighters and how do we meet them? How do we help to decrease the stigma related to behavioral health? What if my department doesn’t have a formalized program and I need to seek help? These questions come from firefighters, company officers, chief officers, fire chiefs, government agencies, and family members.

The questions underscore the complexity of behavioral health issues. The fire service isn’t alone on this issue – law enforcement, EMS, the military, and the public all face similar questions about the availability and strength of behavioral health management programs.

Behavioral health management programs are staffed by licensed mental health and addiction professionals who deliver evidence-based treatment designed to promote well-being by preventing or intervening in behavioral health conditions such as depression, anxiety, trauma-related symptoms and addictions.

The complexity of behavioral health programs can create a sense of paralysis as organizations try to address a myriad of challenges. This guide seeks to help fire departments in the process by providing guidance and considerations culled from the experience of fire departments across the country. The guide pulls from the experiences of departments of all sizes, response needs, and demographics. It is not an A-Z guide for setting up an effective behavioral health program, but is designed to help departments understand where to start and what considerations need to be addressed through the lens of an individual department’s situation.



Funding for the Behavioral Health Management Guide was generously provided through DHS/FEMA’s Grant Program Directorate for Assistance to Firefighters Grant Program – Fire Prevention and Safety Grants.



BEHAVIORAL HEALTH BACKGROUND

Historically, mainstream medical practitioners have ignored mental health disorders, with little education available to the public on these topics. Often, only when something went terribly wrong with someone living with a mental health issue did people stand up and take notice. Long-standing stigma through lack of education, fear, and misunderstanding has demonized those struggling with mental health issues. The stigma has strengthened over time, creating challenges at all levels, from those needing treatments to those who set policy on care. Finally, people are being encouraged to seek treatment for mental health and addiction issues rather than unsuccessfully ignoring or hiding them. Finally, our society has realized that the head is indeed a part of the body, and healthy means healthy from head to toe.

Behavioral health should be looked at on par with physical health. If left untreated, conditions such as depression, post-traumatic stress, and anxiety are no less debilitating than diabetes, hypertension, or heart disease. Depression is the number one medical reason for loss of productivity in the United States, costing between \$51 and \$83 billion annually. The good news is that these mental health conditions can be successfully treated with evidence-based care provided by skilled professionals.

Since the fire service has only recently begun to collect data on behavioral health issues, an important starting point is to look at the available data collected on the general public. The National Alliance on Mental Illness (NAMI) cites the following statistics related to behavioral health for the public:

- Approximately 1 in 5 adults experiences mental illness per year.
- Approximately 1 in 25 adults experiences a serious mental illness per year (interfering with or limiting one or more major life activities).

- Approximately 18.1% of adults experience an anxiety order (posttraumatic stress disorder, obsessive-compulsive disorder and/or phobias).
- Approximately 50% of adults experiencing a substance use disorder are also living with a mental illness.
- The third most common cause of hospitalization in America for adults aged 18-44 is a mood disorder (i.e., major depression, bipolar disorder).
- Each day 18-22 veterans die by suicide.

Critical Incident Stress Management (CISM) is a comprehensive, integrative, multicomponent crisis intervention system.¹ CISM is used by some first responder agencies to provide support to personnel who have responded to a traumatic incident. This guide offers resources which can augment existing organizational behavioral health programs if they are benefiting from the use of a CISM-based program. This guide is based on recent behavioral health research indicating that alternative types of programs such as Stress First Aid, may offer a beneficial alternative to CISM. NFFF encourages organizations to explore various types of crisis intervention programs when determining their needs.

BEHAVIORAL HEALTH AND THE FIRE SERVICE

Firefighters encounter situations the public rarely, if ever, must face. These experiences go beyond the basic behavioral health risk factors most people face.

Firefighters:

- Are exposed to potentially traumatic events at a higher rate than the mainstream population;
- Must remain “on alert” even while resting;
- Often have sleep-disrupting shifts;
- Are separated from families and friends for unusual periods of time due to shift work, deployments or other work-cycle formats.

Despite this, the fire service has several pervasive, built-in protective factors that promote resiliency, such as a sense of belonging and support from one another; an enduring sense of purpose; and often a strong sense of gratitude and respect from the public. However, there are some statistics worth taking into consideration when building a case for the need to address behavioral health in the fire service.

The American Psychological Association describes resiliency as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences.²

¹ International Critical Incident Stress Foundation, Inc. *A Primer on Critical Incident Stress Management (CISM)*. www.icisf.org/a-primer-on-critical-incident-stress-management-cism/. Accessed April 17, 2017.

² Stress. www.apa.org/topics/stress/index.aspx. Accessed July 25, 2017.

Recent studies have created a foundation of information to measure the impact of and need for further research on behavioral health in the fire service. For example, Florida State University (FSU) conducted a national study of 1,027 firefighters in 2015 and reported the following:

- **46.8%** of respondents reported suicide ideation (thoughts of death by suicide).
- **19.2%** of respondents reported having had plans of death by suicide.
- **15.5%** of respondents reported having attempted death by suicide.
- **16.4%** of respondents reported having inflicted non-suicidal self-injury.

In addition, FSU conducted a study of 893 firefighters and demonstrated the strong relationship between post-traumatic stress symptoms and suicidal thoughts and attempts among firefighters. These two studies have highlighted the need for additional research on firefighters, suicide and behavioral health in general. For more information on the studies conducted by FSU, visit <https://psy.fsu.edu/~joinerlab/>.

There has been an increase in the discussions related to the fire service and behavioral health within the past few years. A recent International Association of Fire Chiefs (IAFC) survey on firefighter physicals found some limited improvement in the delivery of behavioral health care through annual physicals. The survey asked if “physical[s] include a mental-health component that would identify post-traumatic stress or other significant mental-health issues?” The chart below outlines some improvements between 2006 and 2016 in answers to this question.

HOW STRESS AFFECTS THE BODY

Stress affects all body systems. Intense physical demands; hot, heavy and restrictive gear; and the difficult working conditions experienced by firefighters can amplify these reactions. Stress causes the “fight or flight” response controlled by the sympathetic nervous system, to kick in. Adrenal glands release adrenaline and cortisol hormones, which increase heart rate, blood pressure, and glucose levels. More blood is pumped through the heart and large muscles. With chronic stress, the body’s systems may not be able to return to normal. Fatigue, cravings for sugary foods, excessive alcohol use, depression and irritability are some symptoms of the effects of chronic stress. Over time, these responses can damage the body’s systems in a myriad of ways, from an increase in coronary artery inflammation to weight gain to insomnia, to a name a few.

THE NATIONAL FALLEN FIREFIGHTERS FOUNDATION’S ROLE

The National Fallen Firefighters Foundation was created in 1992 by the U.S. Congress to lead a nationwide effort to remember America’s fallen firefighters. In 2004, together with the representatives of major fire service constituencies, NFFF convened a Firefighter Safety Summit in Tampa, FL. The Summit created the 16 Firefighter Life Safety Initiatives (FLSI) that have informed the emerging safety culture in the US fire service. The Initiatives support fire service efforts across the country to ensure firefighters return home safely after every shift. See Appendix A for a list of the 16 FLSI.

	Fully Career		Primarily Career with Volunteers		Primarily Volunteer with Career		Fully Volunteer	
	2006	2016	2006	2016	2006	2016	2006	2016
Yes	12.0%	17.2%	9.4%	14.3%	8.1%	8.3%	1.4%	6.2%
No	88.0%	82.8%	90.6%	85.7%	91.9%	91.7%	98.6%	93.8%

FLSI 13 states that *firefighters and their families must have access to counseling and psychological support*. Since 2008, NFFF has been working on creating resources for organizations and individuals in support of FLSI 13. NFFF has created resources by bringing together subject matter experts in behavioral health and representatives of major fire service constituency organizations to determine the needs of the fire service. For example, this Behavioral Health Management Guide is based on feedback from a stakeholders' meeting in December 2016. Appendix B is the directory of attendees from that meeting.

USING THE BEHAVIORAL HEALTH MANAGEMENT GUIDE

There are many ways that a behavioral health program can be created in a fire department. This guide has created a tiered behavioral health program with four components: leadership, firefighters, peer support and clinical support. For each component, there is a section in this guide that includes a detailed description of the role of the component and a list of available resources. This guide is not meant to be a standard and uses this structure to help support the overarching need for all firefighters to be knowledgeable about self-care and how to recognize and act on symptoms of behavioral health.

As new behavioral health resources are created by NFFF and partner organizations, an addendum will be posted on www.everyonegoeshome.com. Search for the Behavioral Health Management Guide for sample SOPs provided by fire departments. To include your department's SOPs or best practices, please email SOPs@everyonegoeshome.com.



USE THIS GUIDE TO:

- Learn about behavioral health
- Identify training and resources that can be used in your fire department
- Identify first steps to building a successful behavioral health program in your fire department
- Learn from the experiences of other fire departments
- Build a program that can weather changes in your fire department

Not all departments have the ability to create and manage a complete behavioral health program. However, the resources for each component are provided as options for any department of any size. The resources for each component are divided into three knowledge levels (awareness, operations, and technician). The levels follow a structure like that found in the National Fire Protection Association's (NFPA) *Technical Standard 472, Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents*. This structure is also like that found in **Stress First Aid for Firefighters and Emergency Services Personnel (SFA)**. The knowledge levels can be defined in the following manner (see p. 6):



Throughout this guide, you'll find **Successful Peer Tips (SPT)**. These SPTs are real-life lessons learned by fire departments from across the country. These departments come in all shapes and sizes – large or small, career, combination, or volunteer, and urban, suburban, or rural. The SPTs are meant to provide successful examples that worked for a specific department; however, since no fire department is one size fits all, these tips may not work for you exactly as described. Adapt the SPT to fit your needs.

Knowledge Levels

AWARENESS

- A basic or introductory understanding of behavioral health
- Can articulate why behavioral health is important for you, your department and your members
- Provide organizational support for comprehensive behavioral health programs
- Perform self-care and can recognize symptoms in other firefighters

OPERATIONS

- Have a working knowledge and understanding of behavioral health
- Lead or support the development of a behavioral health program within your department
- Provide care to others within your department as part of behavior health program (i.e. a peer health program)
- Perform self-care and can recognize symptoms in other firefighters

TECHNICIAN

- Serve as a leader of and manage a behavioral health program within your department
- Provide support to others within your department as part of behavior health program (i.e. a peer health program)
- Model desired behavior by performing self-care and recognizing signs of distress in other firefighters
- Identify a licensed clinical provider who is trained to diagnose and treat behavioral health issues
- Have working relationships with clinical options within your community
- Perform self-care and can recognize symptoms in other firefighters

NFFF RESOURCES

The resources listed for each level (awareness, operations, technician) include NFFF-created resources and others. The links for the resources are hyperlinks in this guide for ease of use. The directory of resources can be found in Appendix C. The following resources have been created by NFFF in support of FLSI 13. For more information on each of these resources, visit www.everyonegoeshome.com/16-initiatives/13-psychological-support/.

Protocol for Exposure to Occupational Stress

is a model providing a holistic approach for fire and emergency departments to handle occupational stress (see p. 8). There is a strong focus on building resiliency by helping firefighters learn skills to support each other. It also provides information on what to do when there is a need for professional intervention. The protocol is based on current research that indicates one's reaction to trauma is subjective and based on personal experience so that the appropriate level of care is available when needed.

The Trauma Screen Questionnaire is a tool to measure the impact of stress three to four weeks after a traumatic event. The ten questions help determine if the individual needs additional help. If six of the ten symptoms have been experienced frequently, the individual should seek an evaluation by a clinician.

From Employee Assistance Programs to Behavioral Health Assistance Programs is a guide to help fire departments learn about the different options available to support firefighters. It also provides clinicians with information on the fire service.

After Action Review (AAR) is a post-incident assessment protocol based on military principles of reviewing every activity. An AAR training module is available on the Fire Hero Learning Network. AAR's 5 questions should be used after every call and every training session. They are:

1. What was our mission?
2. What went well?
3. What could have gone better?
4. What might we have done differently?
5. Who needs to know?

Curbside Manner: Stress First Aid for the Streets

prepares firefighters and EMS personnel to provide a more empathic level of care to citizens who are distressed. The skills are integrated into their primary responsibilities so as not to impede in their actions. "Curbside Manner: Stress First Aid for the Streets" is available as an online training module on the Fire Hero Learning Network. The skills learned in "Curbside Manner: Stress First Aid for the Streets" are reinforced in "Stress First Aid for Firefighters and EMS Personnel."

Stress First Aid for Firefighters and Emergency Services Personnel (SFA)

was adapted from the Combat Operations Stress First Aid program used by the Marine Corps and Navy personnel (see p. 9). It recognizes that not everyone is equally affected by any given event and that not everyone needs the same thing to help them through a potentially traumatic event. SFA is built on a peer-to-peer model that aims to reduce distress; foster adaptive functioning; provide tangible organizational support; and increase the individual's sense of competence and confidence. SFA is available as an online training module on the Fire Hero Learning Network.

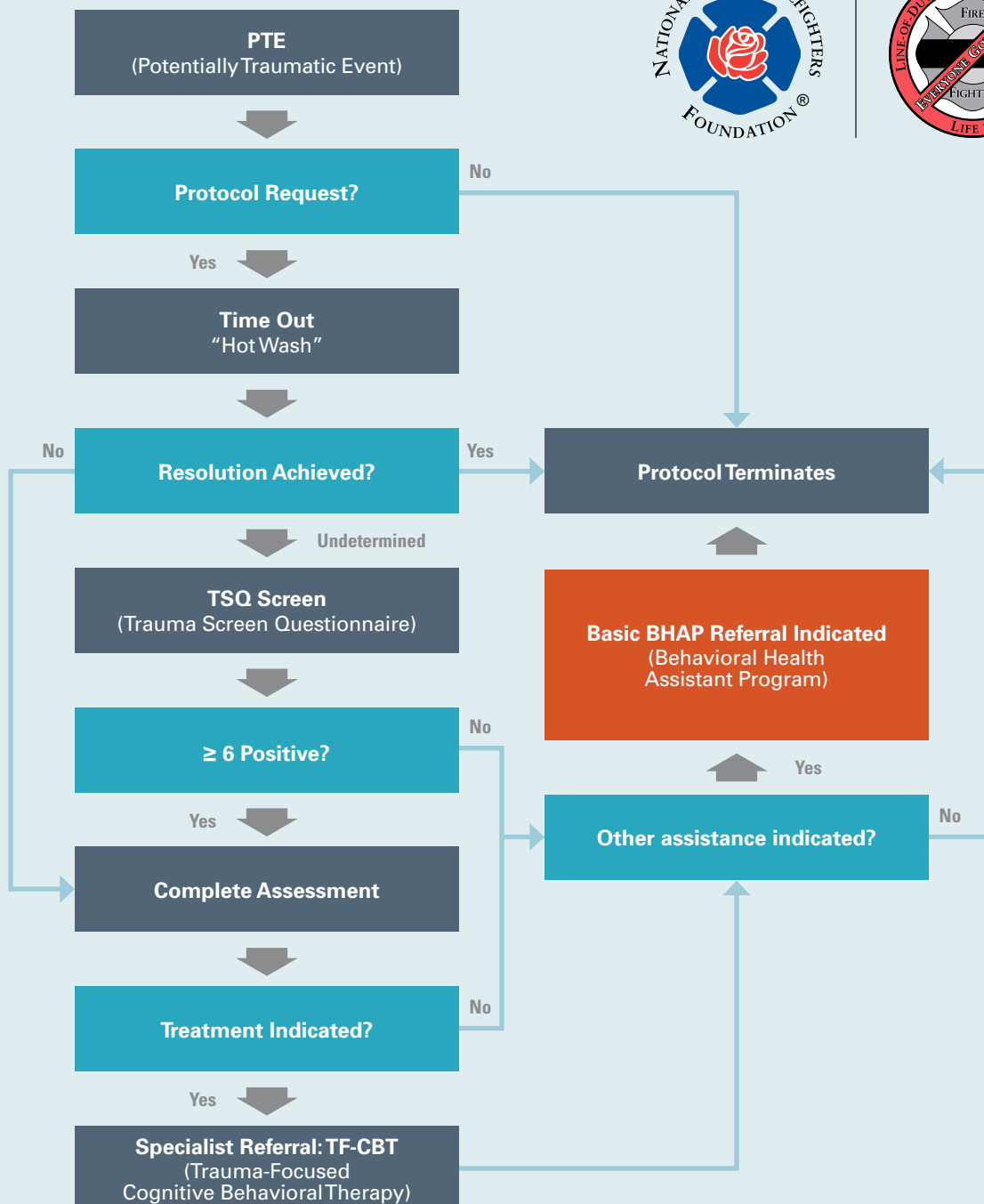
OCCUPATIONAL STRESS EXPOSURE

RECOMMENDED PROTOCOL

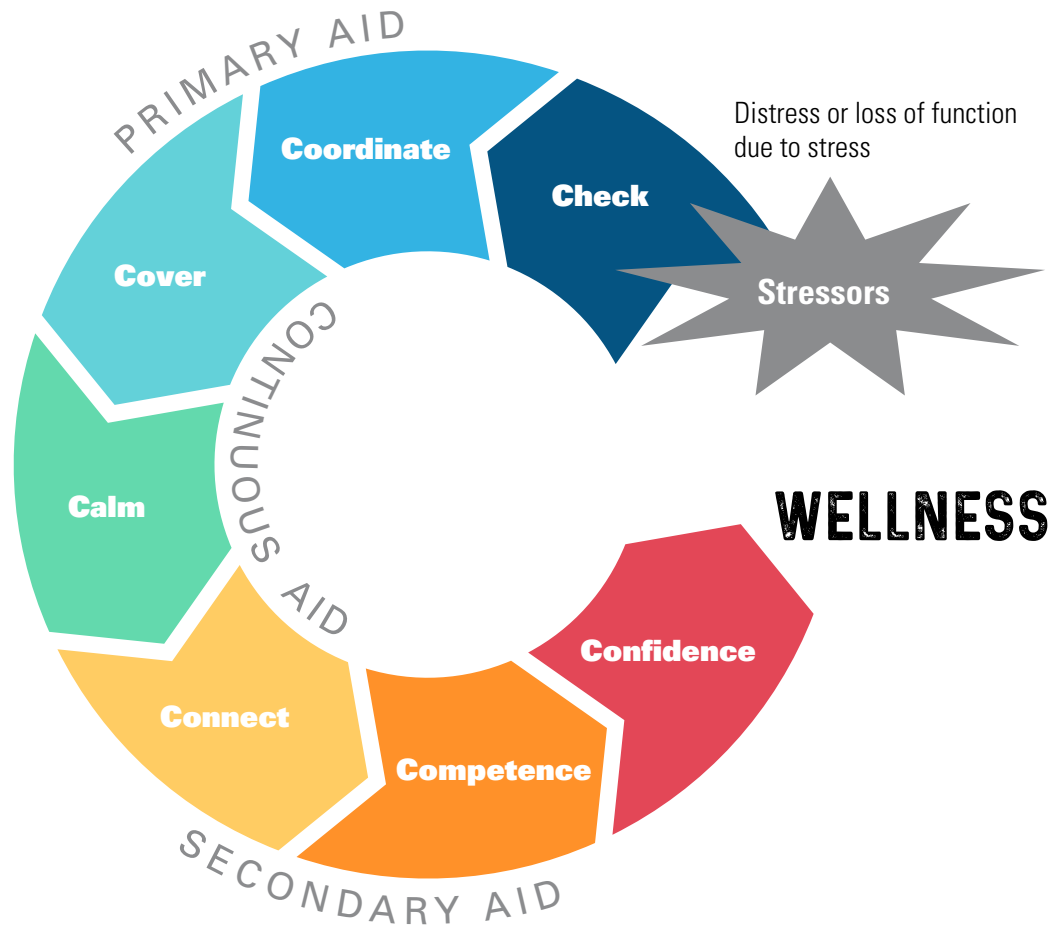


Firefighter Life Safety Initiative #13:

Firefighters and their families must have access to counseling and psychological support.



STRESS FIRST-AID



Seven Cs of Stress First Aid:

1. Check

Assess: observe and listen

2. Coordinate

Get help, refer as needed

3. Cover

Get to safety ASAP

4. Calm

Relax, slow down, refocus

5. Connect

Get support from others

6. Competence

Restore effectiveness

7. Confidence

Restore self-esteem and hope

Illustration adapted from William Nash, Richard Westphal, Patricia Watson, Brett Litz, 2009

Suicide Resources There are four resources related to suicide in the fire service created in support of FLSI 13. The resources were based on consensus-building meetings over the course of three years.

- Suicide: What you need to know:
A Guide for Clinicians
- Suicide: What you need to know:
A Guide for Fire Chiefs
- Confronting Suicide in the Fire Service
- Issues of Depression and Suicide
in the Fire Service

Helping Heroes is a free web-based training course for providers working with firefighters. Course modules include firefighter culture, stress management, exposure therapy and other concepts helpful to clinicians serving first responders. Helping Heroes was created by the Medical University of South Carolina and the Charleston Dorchester Mental Health Center in partnership with NFFF.

Pocket Peer is a training tool which provides modules for firefighters and clinicians on behavioral health in the fire service. “Firefighters Helping Firefighters” features videos of firefighters discussing their personal experiences with behavioral health issues. “RIT Tools for Suicide Prevention” provides information for firefighters and their families on dealing with suicidal thoughts. New modules are frequently added to help firefighters and clinicians. Pocket Peer was created by the Medical University of South Carolina in partnership with NFFF.



FIRE HERO LEARNING NETWORK

www.FireHeroLearningNetwork.com

The Fire Hero Learning Network supports the Everyone Goes Home® Program and the 16 Firefighter Life Safety Initiatives by delivering free virtual training for all levels of the fire service. Behavioral Health Training Modules include After Action Review, Curbside Manner, Stress First Aid for the Streets and Stress First Aid for Fire and EMS Personnel. Other training modules include some of the most popular NFFF cornerstone programs including Courage to Be Safe®, Taking Care of Our Own® and Leadership, Accountability, Culture and Knowledge (LACK). In addition, users can customize the checklists to fit their department's policies and procedures.



COMPONENT ONE: LEADERSHIP

Effective behavioral health programs begin and thrive with supportive leadership. Leadership includes the fire chief, the union executive board, department management, and informal leaders throughout the department.

LEADERSHIP'S ROLE

1. Learn about behavioral health.

Knowledge of behavioral health is critical to stewarding a behavioral health program in an organization. Recent research has provided new insights into behavioral health and the fire service. Many national fire service organizations provide resources on behavioral health targeted to their constituency. Aside from the resources created by NFFF, look to national, state and local organizations for information on behavioral health.

2. Be prepared to provide a quick answer.

Be prepared to state in a few sentences why a behavioral health program is important for different audiences such as a firefighter, a company officer, a city manager or a mayor. State why it's important organizationally and individually.

3. Lead by example.

One of the most important things a leader can do to help decrease the stigma related to behavioral health in the fire service is to talk about behavioral health

in general conversation. Behavioral health shouldn't only be discussed after traumatic events or in a yearly training course. Keeping behavioral health on par with physical health is one way to decrease stigma. Build support for the program by being open, honest, and transparent.

4. Determine the organization's confidentiality policy.

Firefighters need to know the expectations and goals of the behavioral health program. The foundation for these expectations and goals is confidentiality. It is recommended that confidentiality be discussed in terms of doing what is best for the individual. For example, if an individual's life is at risk due to suicidal thoughts or if an individual is in danger of harming someone else, a third-party may need to become involved. It's important for leaders clearly state the reasons why confidentiality may be broken.

5. Decide on the name of the behavioral health program.

Fire departments have different names for their behavioral health programs to fit their organizational culture. In some departments behavioral health programs are separate entities with committees managing the resources available to the department. In other departments, behavioral health programs are incorporated with physical health programs so that they are considered equally. Terms like “Resiliency Support” or “Total Wellness” have also been used. The name of this guide is based on a generic term, but it will be important to determine the culture of the department and where behavioral health would best fit.

6. Find your behavioral health champions.

Official leaders of the department may not be the best or most appropriate champions for behavioral health programs within an organization. It’s important to find those champions who can positively influence others in the department.

7. Decide whom the behavioral health program is to serve.

Organizations need to determine who will have access to behavioral health resources. Decide if behavioral health resources will be available to groups such as family members, explorer programs, retirees, honor guard members and dispatchers. If family members will not be covered officially by a department’s behavioral health program, consider endorsing or otherwise supporting a family support group.



8. Identify local resources.

Finding local resources can sometimes be a challenge. Consider building partnerships with your Employee Assistance Program, insurance agencies, regional mental health providers, area universities and clinician associations..

9. Don't just check the box.

After laying the foundation for the value of a behavioral health program, it's important to delegate the program to someone in the department who is passionate about behavioral health; understands the need for maintaining confidentiality; and has the support of department members. Encourage the champions; give them space and time to build a program; and understand that not all milestones will be visible. Also, consider building a succession planning component into your program to provide a strong foundation for the future. Hardwire your behavioral health program into your department.

10. Get involved in local and state government efforts to support behavioral health.

Government efforts related to behavioral health and physical health of the fire service are crucial to long-term advancements in providing support to firefighters. Institutionalizing insurance coverage for firefighters is challenging for both physical and behavioral health, but it can be done. For example, in April 2017, Vermont passed a law (H.197) to expand workers' compensation insurance coverage of mental health, including post-traumatic stress disorder for first responders.

**Encourage the champions.
Give them space and time to
build a program. Understand
that not all milestones will
be visible.**

LEADERSHIP RESOURCES

Awareness Level

- *After Action Review (NFFF)*
- *Suicide: What you need to know: A Guide for Fire Chiefs (NFFF)*
- *Under the Helmet: Performing An Internal Size-Up A Proactive Approach To Ensuring Mental Wellness (IAFC/VCOS)*
- *Behavioral Health Resources (NVFC)*

Operations: All the above plus:

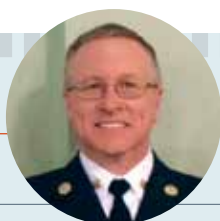
- *From Employee Assistance Programs to Behavioral Health Assistance Programs (NFFF)*
- *Curbside Manner: Stress First Aid for the Streets (NFFF)*
- *Stress First Aid for Firefighters and Emergency Services Personnel (NFFF)*
- *Pocket Peer (NFFF)*
- *Share the Load (NVFC)*

Technician: All the above plus:

- *Protocol for Exposure to Occupational Stress (NFFF)*
- *Trauma Screen Questionnaire (NFFF)*
- *Responding to Members' Behavioral Health Needs a Three-Month Action Plan for IAFF Leaders (IAFF)*
- *NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments*
- *NFPA 1583, Standard on Health-Related Fitness Programs for Fire Department Members*
- *IAFC/IAFF Wellness Fitness Initiative: (IAFC) (IAFF)*
- *NVFC ServeStrong*



TAKE FIVE



NAME: John Oates

RANK: Fire Chief

DEPARTMENT: East Hartford, CT

NO. OF MEMBERS: 133

1. What is your general impression of behavioral health in the fire service?

Everyone seems to now recognize the value of addressing behavioral health needs in firefighters and there is slow and steady progress in the field. The challenge is getting people to actually do something about it. This is difficult because it means admitting we're not flawless non-feeling superheroes.

2. How does your department address the behavioral health needs of its members?

We approach behavioral health holistically since it's linked to so many things. Some of the ways we have addressed meeting the needs of our members include providing an NFPA 1582 physical, encouraging working out on duty and supporting our peer fitness trainers. We also have an amazing Peer Support Team and have developed relationships with talented clinicians who understand firefighters, and we also have access to emergency service specific treatment facilities.

3. What kind of feedback do you get from firefighters regarding behavioral health in your department?

It is difficult to quantify the return on investment on a behavioral health program. The importance of maintaining

confidentiality makes it hard to generate useful metrics. As the fire chief, I have to trust the people doing this work (like our Peer Support Team) and be approachable, especially when things go wrong. I am hopeful in the future to see a reduction in sick usage for 'recovery' and an increased engagement in conversation among the members. When they start talking about behavioral health at the kitchen table, that's when we know we have seen a change in the stigma related to behavioral health.

4. What is one recommendation you would pass along to another department trying to institutionalize a behavioral health program?

Someone in the department has to be a champion, with legitimacy within the department, and push the agenda. It can't be a bumper sticker or snappy slogan. There needs to be a driven and authentic message and there must be follow-through on initiatives. It's hard work. But, the alternative is much worse.

5. What is one way you personally manage stress?

This is something that I continue to work on to ensure that I am setting a good example for my members. I like to cook, which has led to doing barbeque competitions. And I enjoy spending time with my saintly wife and working with antique trucks. My wife's niece lives across the street with her 8-year old and 2-year old. They don't care if I had a house fire that could have gone better, or a personnel issue that is occupying a lot of my time, or if we responded to three heroin overdoses on a Sunday morning. They just want to hang out with their Uncle John and that's pretty great self-care.



COMPONENT TWO: FIREFIGHTERS

The term “firefighter” is used in this section to define all organizational personnel regardless of rank or title. If a fire department does not have a formalized behavioral health program, there are still proactive steps that can be taken by an individual. Firefighters take care of their communities, their families and one another. Taking care of themselves and each other is one of the most valuable tools the fire service has in combatting the effects of behavioral health.

FIREFIGHTERS’ ROLE

1. Educate yourself about behavioral health and the importance of self-care.

Understand the stress of your job and the effect it can have on you. We are beginning to understand the true effects of cumulative stress, and we now know that it may not be that one big event but the years of calls over time that affect you. This stress can affect every aspect of your life – your physical and emotional health, your family life, and your brain’s ability to function.

SPT: See the Wichita Fire Department’s Helping Yourself checklist on page 16. Share with your fellow firefighters, family, and friends. Good self-care is essential for everyone as we all experience stress on our daily lives.

2. Identify what prevents you from practicing self-care.

Placing a priority on your own health is often difficult – feeling like there is not enough hours in the day; placing other needs ahead of your own; and fear are just some of the barriers to self-care. Self-care requires making a commitment to yourself, so start by identifying what keeps you from taking care of yourself.

3. Prepare for self-care.

Think about self-care in the same way you prepare to be a good firefighter – live fire training situations, drills, kitchen table talks; exercise, good nutrition, and hydration. Self-care prepares you to be an effective firefighter and leader just as much as these physical preparations do – why leave anything on the table that lessens your effectiveness?

ACT Now! Ask. Care. Take.

Consider

- ...calling him today.
- ...asking how she is doing after that call.
- ...grabbing a cup of coffee with him after your shift.
- ...encouraging him to get some help or support.



Photographer: John M. Buckman III

ACT Now! Ask. Care. Take.

PocketPeer.org | EveryoneGoesHome.com | National Suicide Prevention Lifeline
1-800-273-TALK (8255)

Visit www.everyonegoeshome.com
to download this poster.

4. Talk to another firefighter if you sense he/she needs support.

The acronym ACT is based on the U.S. Army's ACE program reflecting a simple, yet powerful message on how to help another firefighter. ACT stands for Ask (ask someone how they are feeling), Care (tell someone you care about their well-being) and Take (take them to get the help they need).

5. If your department doesn't have a comprehensive behavioral health program, talk with your leadership about how the department can build one.

This guide can help to build the case for the need of a behavioral health management program. It provides facts, realistic expectations, and possible returns on the investment.

HELPING YOURSELF

Remembering how you've managed difficult times in the past and repeating those successful methods may be of help to you during this trauma.

Avoid impulsive decisions, such as resigning from your job or moving from your residence, until you have worked through the situation. Self-medication with drugs and alcohol prolongs the numbness and may cause additional problems. Recognize that while your feelings may be uncomfortable, they are typical after an emotional event.

Possible Ways To Help Yourself

- Express feelings and concerns with caring friends or loved ones
- Talk about the event only when, and to whom, you choose
- Use exercise to manage the stress of the event
- If possible, maintain a normal eating and exercise schedule even when working on shifts
- Eat a balanced diet, avoiding too much sugar or caffeine
- Use meditation, music, prayer or other self-soothing methods
- Avoid alcohol or drugs to manage your emotions
- If physical, emotional or social symptoms interfere with your normal activities and relationships, it's time to seek qualified, professional help

6. Research potential available resources.

Does your department have an EAP program or access to a community mental health provider? Talk with your insurance company to see what type of benefits you have that will provide you access to an expert so that when you need one, you already have the information.

7. Research how to find a clinician before you needed.

Some departments have access to an Employee Assistance Program (EAP) that will have the ability to provide assessment and possible treatment for behavioral health needs. Also, EAPs can refer

firefighters to clinicians who may be able to meet their needs. Other departments may contract with specific agencies or clinicians to meet their firefighters' behavioral health needs. Firefighters may have an insurance plan that includes care from certain clinicians in its network.

SPT: Help Pro (www.helppro.com) provides a search engine to find clinicians in a specific area. If the clinician is unfamiliar with working with the fire service, provide information on Helping Heroes (www.helping-heroes.org).

TAKE FIVE



NAME: Patrick J. Kenny

RANK: Fire Chief

DEPARTMENT: Western Springs, IL

NO. OF MEMBERS: 50

YEARS OF SERVICE: 35

1. What is your general impression of behavioral health in the fire service?

I think behavioral health in the fire service over the past five years has made great leaps in terms of being a subject that is talked about. However, it has been my experience that the stigma of it being a weakness versus a documented physical illness like any other medical condition still exists in many departments.

2. How does your department address the behavioral health needs of its members?

Our department has an SOP that addresses the behavioral health needs of our members. We have different resources that are available to our personnel including our chaplain, our employee assistance program (EAP) as well as a peer support program that encompasses members outside as well as inside our department.

3. What kind of feedback do you get from firefighters regarding behavioral health in your department?

Feedback is usually limited to one on one when a member will walk in and say they are going to see one of the counselors or they have reached out to the peer support group. The feedback is always confidential but has led to constructive follow up with our EAP on ways to be better prepared.

4. What is one recommendation you would pass along to another department trying to institutionalize a behavioral health program?

If you want to institutionalize a behavior health program, I recommend introducing it during orientation or recruit school and reinforcing it on an annual basis. The information also needs to be provided to the families of our members so they know how to access and receive the resources.

5. What is one way you personally manage stress?

It's so important to schedule self-care time like you would any other meeting or priority. I find that the best way for me to manage stress is to carve out time to exercise. I used to think it had to be 60 minutes but now if I even only get a 10-minute walk at least I did something. Failure to have any kind of physical exercise really builds emotional stress in me both from my professional as well as personal life.

FIREFIGHTER RESOURCES

Awareness Level

- *After Action Review (NFFF)*
- *Pocket Peer (NFFF)*

SPT: IAFF Behavioral Health Programs:
A collection of the IAFF's resources on behavioral health

Operations: *All the above plus:*

- *Curbside Manner: Stress First Aid for the Streets (NFFF)*
- *Stress First Aid for Firefighters and Emergency Services Personnel (NFFF)*

- *Share the Load (NVFC)*
- *Under the Helmet: Performing An Internal Size-Up A Proactive Approach To Ensuring Mental Wellness (IAFC/VCOS)*

Technician: *All the above plus:*

- *Protocol for Exposure to Occupational Stress (NFFF)*
- *Trauma Screen Questionnaire (NFFF)*
- *Responding to Members' Behavioral Health Needs a Three-Month Action Plan for IAFF Leaders (IAFF)*
- *ServeStrong (NVFC)*

TAKE FIVE



NAME: Joanne Rund

RANK: Assistant Chief

DEPARTMENT: Howard County Fire & Rescue MD

NO. OF MEMBERS: 450 Career, 300 Volunteer

1. What is your general impression of behavioral health in the fire service?

Members who have had experience with behavioral health (either personally or with a friend or family member) seem to be more open minded about the topic. So, although there is still a stigma related to behavioral health, that stigma is slowly being broken down as more people openly talk about their experiences.

2. How does your department address the behavioral health needs of its members?

Our department hosts a peer support team which has 30 members across shifts and in the volunteer corporations. These members are available to anyone within the department to assist as needed.

3. What kind of feedback do you get from firefighters regarding behavioral health in your department?

The feedback we receive from members in our department is very positive from those who have needed the peer support or required a clinician assistance. The peer support team is also in direct contact with a team of clinicians that are available to our members if the service is beyond what the peer can provide.

4. What is one recommendation you would pass along to another department trying to institutionalize a behavioral health program?

Educate your members, leadership and political influences on the subject prior to the approach. This takes a joint effort for all leadership to be working off the same matrix and the vision to be successful. Begin with education, seek buy in from all levels and then begin your team with the most trusted members of the department. The program must have the support, buy in and the budget that is needed for it to be successful.

5. What is one way you personally manage stress?

I manage stress through yoga, acupuncture, and exercise.



COMPONENT THREE: PEER SUPPORT

Peer support is a powerful tool for firefighters to help one another manage the everyday stress they experience on the job and in their personal lives. A peer support team, as part of a comprehensive health and wellness program, provides fire departments with internal resources. These members are trained to recognize needs and provide access to behavioral health assistance to members when they need it most. Peer Support Team Members are trained, trusted firefighters who know and understand what their fellow firefighters may be experiencing. Talking with a trained peer supporter may be all a firefighter needs, but the peer support team member can also direct a firefighter to trusted clinical care if needed.

PEER SUPPORT'S ROLE

1. Peer support team members must be properly trained.

Peer support teams should be trained in the awareness and recognition of the signs and symptoms of a potential stress injury and know the resources available for assistance. Ongoing training is needed as it is in other aspects of the fire service. Peer support team members should understand the effects of cumulative stress in addition to the stress of responding to traumatic events.

2. Peer support team members may be deployed in high-stress or traumatic events.

A member of the peer support team may contact a member of the department after events such as:

- a. Serious injury or death of member of the department
- b. Mass-casualty event
- c. Death by suicide or an attempt of death by suicide by a member of the department
- d. Death or violence of a minor
- e. Serious injury or death of a civilian resulting from fire department operations (e.g., vehicle accidents or structure fires)

3. Peer support team members may be available to department members on an as-needed basis.

Some personnel may need the assistance of a peer support team member on a one-to-one basis when not related to a high-stress or traumatic event, such as a family issue, financial issue, etc. The peer support team members should build a relationship with the other members in non-critical moments so that when there is a major event, the members are familiar with the peer support team members. Department personnel should know how to reach each member of the peer support team.

4. The importance of confidentiality and defining when confidentiality may be broken.

Communication between personnel and Peer Support Team members is confidential except in the following circumstances:

- The individual provides information revealing risk of harm to self or others.
- The individual waives his/her right to confidentiality.
- The individual provides information of criminal activity or intended criminal activity (e.g., a crime against another person or a threat to public safety).
- The individual reveals an intent to defraud or deceive an investigation of an incident.

PEER SUPPORT RESOURCES

Awareness:

- *After Action Review (NFFF)*
- *Curbside Manner: Stress First Aid for the Streets (NFFF)*
- *Stress First Aid for Firefighters and Emergency Services Personnel (NFFF)*
- *Pocket Peer (NFFF/Medical University of South Carolina)*

Operations: All the above plus:

- *Behavioral Health Awareness Course (IAFF, available to members and non-members)*
- *Protocol for Exposure to Occupational Stress (NFFF)*
- *Trauma Screen Questionnaire (NFFF)*

Technician: All the above plus:

- *IAFF-affiliated departments can host a two-day Peer Support Training program. Contact IAFF for more information.*

SPT: East Hartford (CT) Fire Department used a unique way to determine potential peer support team members. A confidential survey was sent to members asking, "Who are the three people in this department you go to when you need help or support?"

SPT: The Illinois Fire Fighter Peer Support has many resources to help a fire department build, train and maintain a peer support program. Visit www.ilffps.org for more information.



TIPS ON BUILDING A PEER SUPPORT TEAM

1. Decide where peer support resides in your organizational chart.

Peer support programs reside in many different areas in a department. Some peer support programs are in the Safety Division or in the Operations Division. Placing your peer support program within the Operations Division may help to remove some of the stigma associated with behavioral health. Treating peer support as another component of health and safety may also help to normalize the program within your department.

2. Determine who will be supported by the peer support team.

Decide which components of your department will be supported by the peer support team. Some peer support teams only support active duty firefighters while others include administrative staff, dispatchers, honor guard members, auxiliary members, retired members and explorers. Consider that peer support team members and those with special duties such as honor guard members may need additional levels of support to prevent burnout. Consider how clergy and chaplain support can be used in your department and to what extent, including ensuring that non-denominational support is available. Some departments have even engaged clinical support for their peer support teams.

3. Select peer support team members.

Select peer support team members with qualities such as:

- Credibility in the department
- Is a straight-shooter
- The ability to honor confidentiality
- Job competency
- Confidence

4. Train peer support team members.

A good peer support member is a trained peer support team member. Effective peer support training focuses on:

- Building and maintaining active listening skills
- Understand the state laws regulating behavioral health
- Building confidence for the peer support team member
- Understanding the distinction between a peer support team member and a clinician
- The limits to a peer support team members' knowledge, legal scope of practice, and capabilities
- Strategies for successfully bridging firefighters to a higher level of support, when needed

5. Find regular opportunities to insert peer support that isn't considered peer support.

For example, host retiree breakfast or visit established retiree breakfasts. Support the use of the After-Action Review (AAR) for every incident – and use the time to not only check-in on operational challenges but also to get a sense of how the firefighters around you are doing.

6. Seek help for the helpers.

Find clinical support and/or supervision to improve your peer support program. It is important to provide your peer support team with access to clinical expertise for several purposes: as ongoing education and training for peer support team members, to provide operational assistance, and to connect your department with good local resources. Look at the various options available for support in your community – community mental health facilities and EAP programs are possible sources. Can your insurance company provide information on resources?

A close-up, low-angle shot of a firefighter from behind. The firefighter is wearing a bright yellow helmet with a silver chin strap. The back of the yellow jacket is visible, with the word 'CHAPLAIN' printed in large, white, block letters across the shoulders. A red reflective stripe runs horizontally across the jacket. The background is a blurred, overcast sky.

THE ROLE OF FIRE DEPARTMENT CHAPLAINS

Fire department chaplains or chaplaincy corps should not be overlooked when considering implementing or improving your behavior health outreach. Chaplains are often viewed as honest-brokers who can be implicitly trusted. They are often dispatched to the fireground to be there “in case” a citizen needs support, but are primarily there to help firefighters who may be injured or if an event has been emotionally difficult. Reverend Lowell Black from the Chesterston (IN) Fire Department describes his primary role the following way:

First and always, I am there for the men and women of our department. I have never had to conduct a formal debriefing at CFD; my style is to observe and ask questions when I see someone struggling. Often I will ask a company officer how his or her crew is doing, especially after responding to a particularly traumatic incident. I rely heavily on company officers as they are the key to approaching me to help. I have taught our officers how to recognize the signs of emotional, psychological and behavioral stress. We have built relationships of trust which are the key to this part of my ministry. Sometimes a member will approach me to talk directly and that is also confirmation that I provide a useful service to them.

Rev. Black's reflection on his role as a fire service chaplain can be found in *American Firefighter* (Rizzoli New York, 2017).

Be sure to include your chaplains in the early stages of planning for a behavioral health program, and make sure they are included in all training efforts. They are especially good at helping chiefs and wellness program managers focus on the most effective training approaches for their individual departments. Chaplains also are outward facing in that they often are called upon to be a liaison between citizens and the fire department. Remember, they are part of the department beyond counseling the injured or comforting grieving family.



COMPONENT FOUR: CLINICAL SUPPORT

While many situations can be mitigated with support from a supervisor or a trained peer, sometimes a firefighter needs the support of a therapist. If there is a threat to life, a therapist will have to intervene. When things aren't getting better with the internal support or when a situation is worsening, it is time to reach out to an expert.

SPT: This guide uses the term “therapist.” However, a licensed therapist, professional counselor, a licensed social worker, a nurse practitioner, and/or a psychiatrist are possible options for clinicians. In some states, master’s prepared clinicians (counselors and social workers) working for a state agency do not have to be licensed and could be considered viable options as well.

CLINICAL SUPPORT’S ROLE

1. Understanding the unique needs of a firefighter.

Caring for a firefighter requires an understanding of their experiences and exposures.

SPT: The Protocol for Exposure to Occupational Stress begins with an understanding that firefighters and EMTs do not all respond similarly to traumatic events; thus, the NFFF has adopted the practice of calling them potentially traumatic events (PTEs). There is an “unfortunate regularity” for firefighters that they will be regularly exposed to horrible, dangerous and stressful situations. The model and accompanying notes explain the components of determining

who is impacted and who may need assistance. It recommends the use of the Trauma Screen Questionnaire as a widely accessible tool for individuals to understand if they need behavioral health assistance.

2. Be prepared to adjust the logistics of treatment to the needs of a firefighter.

Firefighters not only have different therapeutic needs, but they also likely have different logistical needs. This may require meeting outside of a clinic or clinical office, outside of normal business hours and outside of the “normal” work week (i.e., weekends).



3. Understanding the importance of confidentiality.

Being taken off the job is a significant fear for many firefighters. This fear combined with organizational cultural challenges and lifestyle choices keep many firefighters from seeking the care they may need. Their comfort and confidence that their behavioral health needs will be kept confidential is critical.

4. Understanding the physical requirements and stressors of being a firefighter.

The physical and emotional health and well-being of a firefighter, as with all people, are interconnected. As a therapist, understanding the intensive physical nature of firefighting and the conditions in which the work is done will help in ensuring the you meet a firefighter's needs.

WHAT MAKES A GOOD CLINICIAN?

Not all clinicians are created equal. Some clinicians are well-trained and do a good job but others may not be trained or skilled enough to provide the care a firefighter needs. A reference from someone who has been helped by a clinician is a great way to find one. But if that option is not available, there are some questions to ask before making an appointment:

- How long have you been in practice?
- Are you licensed (if not working for a state agency)?
- In what evidenced-based practices are you trained and do you practice?
- What experience do you have with the fire service or other first responders?
- What experience do you have with trauma, depression, PTSD and family issues?

It is important to note that just as one would not stop getting haircuts because of a bad experience with one barber or stylist, one should not give up on therapy due to a bad experience with one therapist. Keep looking until you find the right one for you.

CLINICAL SUPPORT RESOURCES

Awareness:

- *Firefighter Life Safety Initiatives: Psychological Support (FLSI 13)*
- *After Action Review (NFFF)*
- *Curbside Manner: Stress First Aid for the Streets (NFFF)*
- *Stress First Aid for Firefighters and Emergency Services Personnel (NFFF)*
- *Pocket Peer (NFFF)*
- *Responding to Members' Behavioral Health Needs a Three-Month Action Plan for IAFF Leaders (IAFF)*
- *NAMI Firefighter Resources*

Operations: All the above plus:

- *From Employee Assistance Programs to Behavioral Health Assistance Programs (NFFF)*
- *Protocol for Exposure to Occupational Stress (NFFF)*
- *Suicide: What you need to know: A Guide for Clinicians*
- *Confronting Suicide in the Fire Service*
- *Issues of Depression and Suicide in the Fire Service*

www.helppro.com

Help Pro (www.helppro.com) provides a search engine based on area, accepted insurance carriers and expertise with first responders.

Technician: All the above plus:

- *Helping Heroes (NFFF)*
- *Protocol for Exposure to Occupational Stress (NFFF)*
- *NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments*
- *NFPA 1583, Standard on Health-Related Fitness Programs for Fire Department Members*
- *IAFC/IAFF Wellness Fitness Initiative: (IAFC) (IAFF)*



BEHAVIORAL HEALTH NEEDS OF MILITARY VETERAN FIREFIGHTERS

Many veterans continue their commitment to serve in fire departments across the country. A veteran's experiences — the focus on training, the development of leadership skills, attention to health and fitness, and devotion to service — are among the many skills every fire department seeks in its members. In recent years, the military has focused on mental health and resiliency as critical pieces to ensuring the total health of their personnel. The challenge is real:

- A 2014 study published by *JAMA Psychiatry* found that nearly 1 in 4 active duty military members showed signs of a mental health condition.
- The same study found that the rate of PTSD in veterans to be 15 times higher than civilians and the rate of depression in veterans to be 5 times higher than civilians.
- Each day an estimated 18-22 veterans die by suicide.³

Understanding that these risk factors coupled with continued long-term, chronic exposure though their firefighter career is necessary to ensuring fire department behavioral health programs can identify and address the needs of your firefighters who have served in the military.

- Consider building relationships with your local VA hospital, if available in your community.
- Partner with veterans' groups to bring training, community and events and support for firefighters and their families.
- Support their needs if they are called back into active duty and provide ways to keep their families engaged and supported during a deployment.

³ www.nami.org/Learn-More/Mental-Health-By-the-Numbers

GLOSSARY

Behavioral Health: refers to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.

Emotional Health: being happy, self-confident, self-aware, and resilient. (healthyplace.com)

Evidenced Based Practices (EBP): integrate individual clinical expertise with the best available external clinical evidence from systemic research (Sackett, D 1996). Simply put, a modality that is proven to work.

- **Cognitive Behavioral Therapy (CBT):** an EBP that helps you change the way you think about issues which then leads to a positive change in your behavior.
- **Dialectical Behavioral Therapy (DBT):** a cognitive (thinking), behavioral (acting) EBP approach that focuses on mindfulness and emotional self-regulation to improve one's relationships with self and others.
- **Eye Movement Desensitization and Reprocessing (EMDR):** an EBP that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences" by accessing and reprocessing traumatic memories. (EMDR Institute, Inc.)
- **Prolonged Exposure (PE):** an EBP using behavioral and cognitive techniques characterized by re-experiencing the traumatic event through remembering it and engaging with, rather than avoiding reminders of the trauma. (Wikipedia)

- **Trauma-Focused Cognitive Behavioral Therapy (TFCBT):** an EBP approach focused on treating the needs of those "who are experiencing significant emotional and behavioral difficulties related to traumatic life events."
(Academic departments.musc.edu)

Mental Health: *see Behavioral Health*

NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments: outlines an occupational medical program that will reduce risks and provide for the health, safety, and effectiveness of fire fighters operating to protect civilian life and property. (nfpa.org/1582)

NFPA 1583, Standard on Health-Related Fitness Programs for Fire Department Members: outlines a complete health-related fitness program (HRFP) for members of fire departments involved in emergency operations to enhance their ability to perform occupational activities and reduce the risk of injury, disease, and premature death. (nfpa.org/1583)

Resilience: the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress – such as family and relationship problems, serious health problems, or workplace and financial stressors. It means 'bouncing back' from difficult experiences. (American Psychological Association)

Therapist: a trained person who uses psychotherapeutic methods to help others. (Wikipedia) One must have received at least a master's degree, preferably from an accredited program, in the healing arts. The term "therapist" is used in this guide and could be interchangeable with counselor, clinician, behavioral health provider or anyone else who is trained and certified or licensed as a professional provider of behavioral health services.

APPENDIX A:

16 FIREFIGHTER LIFE SAFETY INITIATIVES

The 16 Firefighter Life Safety Initiatives serve as the guidance for the work of the National Fallen Firefighters Foundation in the arena of firefighter health and safety. For more information on the 16 Firefighter Life Safety Initiatives, visit www.everyonegoeshome.com.

1. Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.
2. Enhance the personal and organizational accountability for health and safety throughout the fire service.
3. Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities.
4. All firefighters must be empowered to stop unsafe practices.
5. Develop and implement national standards for training, qualifications, and certification (including regular recertification) that are equally applicable to all firefighters based on the duties they are expected to perform.
6. Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on the duties they are expected to perform.
7. Create a national research agenda and data collection system that relates to the initiatives.
8. Utilize available technology wherever it can produce higher levels of health and safety.
9. Thoroughly investigate all firefighter fatalities, injuries, and near misses.
10. Grant programs should support the implementation of safe practices and/or mandate safe practices as an eligibility requirement.
11. National standards for emergency response policies and procedures should be developed and championed.
12. National protocols for response to violent incidents should be developed and championed.
13. Firefighters and their families must have access to counseling and psychological support.
14. Public education must receive more resources and be championed as a critical fire and life safety program.
15. Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.
16. Safety must be a primary consideration in the design of apparatus and equipment.

APPENDIX B: BEHAVIORAL HEALTH MANAGEMENT GUIDE WORKSHOP ATTENDEES

Name. Organization

Henry Costo	Philadelphia Fire Department (Retired)
Jeffrey Gilchrist	Denver Fire Department
Kelli Gilchrist	Denver Fire Department
John Granby	Lion, Inc.
Scott Heiss	Denver Fire Department
JoEllen Kelly, Ph.D.	National Fallen Firefighters Foundation
Melissa Knight	National Fallen Firefighters Foundation
Frank Leto	Fire Department of the City of New York
Kimberly Lightley	U.S. Forest Service FAM-WO
Rick Mason	National Fallen Firefighters Foundation
John Montes	National Fire Protection Association
John Oates	East Hartford Fire Department
Patricia O'Brien	U.S. Fire Service/University of Montana
Michael Pfaltzgraff	Anne Arundel County Fire Department
Joanne Rund	Howard County Fire & Rescue
Tricia Sanborn	National Fallen Firefighters Foundation
Victor Stagnaro	National Fallen Firefighters Foundation
Vickie Taylor	National Fallen Firefighters Foundation
Amy Tippet	National Fallen Firefighters Foundation
Elaine Viccora	International Association of Fire Fighters
Jenny Woodall	National Fallen Firefighters Foundation

APPENDIX C: RESOURCE DIRECTORY

NFFF

The following resources have been created by NFFF in support of FLSI 13. For more information on each of these resources, visit www.everyonegoeshome.com/16-initiatives/13-psychological-support/.

- **Protocol for Exposure to Occupational Stress** is a model providing a holistic approach to how fire and emergency departments handle occupational stress. There is a strong focus on building resiliency by helping firefighters to learn skills to support each other. It also provides information on what to do when there is a need for professional intervention. The protocol is based on current research that indicates that reaction to trauma is subjective based on an individual's personal experience so that the appropriate level of care is available when needed.
- **The Trauma Screen Questionnaire** is a tool to measure the impact of stress three to four weeks after a traumatic event. The ten questions help measure if the individual is in need of additional help. If six of the ten symptoms have been experienced frequently, the individual should be considered to seek an evaluation by a clinician.
- **From Employee Assistance Programs to Behavioral Health Assistance Programs** is a guide to help fire departments learn about the different options available to support firefighters. It also provides clinicians with information on the fire service.
- **After Action Review (AAR)** is a post-incident assessment protocol involving based on military principles of reviewing every activity. An AAR training module is available on the Fire Hero Learning Network. AAR's 5 questions should be used after every call and every training session.
- **Curbside Manner: Stress First Aid for the Streets** prepares firefighters and EMS personnel to provide a more compassionate level of care to citizens who are distressed. The skills are integrated into their primary responsibilities so as not to impede in their actions. Curbside Manner: Stress First Aid for the Streets is available as an online training module on the Fire Hero Learning Network. The skills learned in Curbside Manner: Stress First Aid for the Streets are reinforced in Stress First Aid for Firefighters and EMS Personnel.
- **Stress First Aid for Firefighters and Emergency Services Personnel (SFA)** was adapted from the Combat Operations Stress First Aid program used by the Marine Corps and Navy personnel. It recognizes that not everyone is equally affected by any given event and that not everyone needs the same things to help them through traumatic events. SFA is built on a peer-to-peer model that aims to reduce distress, foster adaptive functioning, provide tangible organizational support and increase the individual's sense of competence and confidence. SFA is available as an online training module on the Fire Hero Learning Network.
- **Suicide Resources:** There are four resources related to suicide in the fire service created in support of FLSI 13. The resources were based on consensus-building meetings over the course of three years.
 - Suicide: What you need to know:
A Guide for Clinicians
 - Suicide: What you need to know:
A Guide for Fire Chiefs
 - Confronting Suicide in the Fire Service
 - Issues of Depression and Suicide in the Fire Service

- **Helping Heroes** is a free web-based training course for providers working with firefighters. Course modules include firefighter culture, stress management, exposure therapy and other concepts helpful to clinicians serving first responders. Helping Heroes was created by the Medical University of South Carolina in partnership with NFFF.
- **Pocket Peer** is a training tool providing modules for firefighters and clinicians on behavioral health in the fire service. “Firefighters Helping Firefighters” features videos of firefighters discussing their personal experiences with behavioral health. “RIT Tools for Suicide Prevention” provides information for firefighters and their families on dealing with suicidal thoughts. New modules are frequently added to help firefighters and clinicians. Pocket Peer was created by the Medical University of South Carolina in partnership with NFFF.
- **Fire Hero Learning Network:**
www.fireherolearningnetwork.com
The Fire Hero Learning Network supports the Everyone Goes Home® Program and the 16 Firefighter Life Safety Initiatives by delivering free virtual training for all levels of the fire service. Behavioral Health Training Modules include After Action Review, Curbside Manner, Stress First Aid for the Streets and Stress First Aid for Fire and EMS Personnel. Other training modules include some of the most popular NFFF cornerstone programs including Courage to Be Safe®, Taking Care of Our Own® and Leadership, Accountability, Culture and Knowledge (LACK). In addition, users can customize the checklists to fit their department’s policies and procedures.

OTHER ORGANIZATIONS

- **Help Pro** www.helppro.com: provides a search engine to find clinicians in a specific area.
- **IAFC/VCOS Under the Helmet: Performing An Internal Size-Up A Proactive Approach To Ensuring Mental Wellness:** brings awareness about the fire and emergency services’ emotional and behavioral health problem and emphasizes the importance of changing the culture.
- **IAFC/IAFF Wellness Fitness Initiative:** designed for incumbent fire service personnel. It requires a commitment by labor and management to a positive, individualized wellness-fitness program.
- **Responding to Members’ Behavioral Health Needs a Three-Month Action Plan for IAFF Leaders:** provides action steps to encourage being proactive about behavioral health rather than being reactive after a traumatic event. Although the document is provided for use by IAFF Leaders, the information can be transferrable to all departments.
- **IAFF Behavioral Health Awareness Course:** available to members and non-members, this course provides an overview of behavioral health problems and treatment options.
- **IAFF Behavioral Health Programs:** a collection of the IAFF’s resources on behavioral health.
- **NAMI Firefighter Resources:** a collection of first responder specific-resources from the National Alliance on Mental Illness.
- **NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments:** outlines an occupational medical program that will reduce risks and provide for the health, safety, and effectiveness of fire fighters operating to protect civilian life and property.

- **NFPA 1583, Standard on Health-Related Fitness Programs for Fire Department Members:** outlines a complete health-related fitness program (HRFP) for members of fire departments involved in emergency operations to enhance their ability to perform occupational activities and reduce the risk of injury, disease, and premature death.
- **NVFC ServeStrong:** provides firefighters and EMTs with proven wellness programs and resources to help prevent cancer, reduce heart attack risk, cope with behavioral health issues, and engage in safe practices on and off the fireground.
- **NVFC Share the Load:** program provides access to critical resources and information to help first responders and their families manage and overcome personal and work-related problems. This includes the Fire/EMS Helpline, which offers free 24-hour assistance with issues such as stress, depression, addiction, PTSD, and more.
- **NVFC Behavioral Health Resources** has a complete list of behavioral health resources from the National Volunteer Fire Council.
- Wichita Fire Department Helping Yourself Checklist [<https://www.dropbox.com/s/tgzusox0xyu5nfl/Traumatic%20Events%20Brochure%20FINAL.pdf?dl=0>]: a quick guide to understanding reactions to traumatic stress and self-care.





FIRE SERVICE BEHAVIORAL HEALTH MANAGEMENT GUIDE

