

Fire Service Behavioral Health Management Guide

INTRODUCTION

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 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.

COMPONENT ONE: LEADERSHIP'S ROLE

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.

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.

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.

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.
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?

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.
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 one is 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.

COMPONENT THREE: PEER SUPPORT'S ROLE

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.

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

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:
 - a. Credibility in the department
 - b. Is a straight shooter
 - c. The ability to honor confidentiality
 - d. Job competency
 - e. 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:
 - a. Building and maintaining active listening skills
 - b. Understand the state laws regulating behavioral health
 - c. Building confidence for the peer support team member
 - d. Understanding the distinction between a peer support team member and a clinician
 - e. The limits to a peer support team members' knowledge, legal scope of practice, and capabilities
 - f. 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?

COMPONENT FOUR: CLINICAL SUPPORT'S ROLE

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. 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.

1. **Understanding the unique needs of a firefighter.** Caring for a firefighter requires an understanding of their experiences and exposures. 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 TO LOOK FOR IN 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.

For the full article and report with more in-depth guidance by National Fallen Firefighters Foundation, click [here](#).