



**Firefighter Behavioral Health:
Protecting Our Own
Keeping Firefighters Happy**

Resource Material

Developed by Mike McEvoy, PhD, NRP, RN, CCRN

mcevoymike@aol.com



PROVIDING SERVICE TO THOSE WHO SERVE

NYSAFC

New York State Association Of Fire Chiefs

New York State Association of Fire Chiefs web resources for this project will be located at:

www.nysfirechiefs.com/eap.php

The New York State Association of Fire Chiefs under a grant from the NYS Department of Labor developed the Firefighter Behavioral Health program and resources. Firefighters are fantastic problem solvers - the public calls on the fire service to manage every crisis imaginable. As such, exposure to traumatic events and "bad" runs happens. Firefighters are also human, with families, homes, bills to pay, and people to answer to outside of the firehouse. As a profession, the fire service has higher rates of divorce, alcoholism, substance abuse, and suicide than civilians. Every fire department should have a behavioral health assistance program (BHAP) available to members and their families. Also known as employee assistance programs (EAPs), services include access to and scene response by a chaplain, counselor or senior peer support person; a protocol for traumatic events; ongoing education on stress management for firefighters; access to professional services through a qualified EAP; and screening tools and information for firefighters and their families on dealing with potentially traumatic events. The New York State Association of Fire Chiefs has assembled a web site with links to these and other resources to assist the fire service in developing effective behavioral health programs. Keeping firefighters happy and protecting our own is an inside job!

About the Author:

Mike McEvoy, PhD, NRP, RN, CCRN is the EMS Director on the Board of the NYS Association of Fire Chiefs. A former forensic psychologist with the US Department of Justice, he has practiced as a nurse clinician in the Cardiac Surgery ICU at Albany Medical Center for the past 25 years where he also teaches critical care medicine. Mike is the author of "Straight Talk About Stress: A Guide for Emergency Responders" and a popular speaker at Fire and EMS conferences worldwide on crisis and stress management. Mike is the EMS editor for Fire Engineering magazine, the Saratoga County (NY) EMS Coordinator and the Chief Medical Officer for West Crescent Fire Department in Clifton Park. In his free time, he is an avid hiker and winter mountain climber. His web site is www.mikemcevoy.com.



Recommended Protocol for Exposure to Occupational Stress

The stress to firefighters that is created by exposure to traumatic events is very real. These kinds of experiences happen with unfortunate regularity because they are an essential part of what the fire service does. No matter the size or type of the organization, it is important that firefighters be prepared to deal with the impacts of these exposures, and that fire departments provide access to resources that can make a difference.

The actions recommended in the model shown in the flowchart (on Page 1) 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 key elements of this model include:

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, expression of support may be all that is required.

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," they may elect to return to service.

TSQ screening: The *Trauma Screening Questionnaire (TSQ)* 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 ten 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.

Complete assessment: This can typically be accomplished by a referral to a department or jurisdiction's Behavioral Health Assistance Program (BHAP) 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.

Firefighter Life Safety Initiative #13:

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



To learn more about the National Fallen Firefighters Foundation's FLSI #13 Behavioral Health Protocol and for information regarding training in its use, visit

<http://www.everyonegoeshome.com>.



After Action Review

*Every time wheels roll...
Ask these five questions:*

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?

**EVERY TEAM. EVERY TIME.
SO EVERYONE GOES HOME.**

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On the Web at: www.FireHero.org



After Action Review

1. What was our mission?

- Had we planned for this event?
- Were there any gaps in our planning?

2. What went well?

- Did we have the resources for conducting this event?
- Did we do all we could to make this a successful operation?

3. What could have gone better?

- Did we see any unsafe behaviors?
- Did our training prepare us?

4. What might we have done differently?

- If you ran the same incident today what would be done differently?

5. Who needs to know?

- What needs to be fixed?

Trauma Screening Questionnaire (TSQ)

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

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



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

C. R. Brewin, et al, 2002. (Used by permission)

