



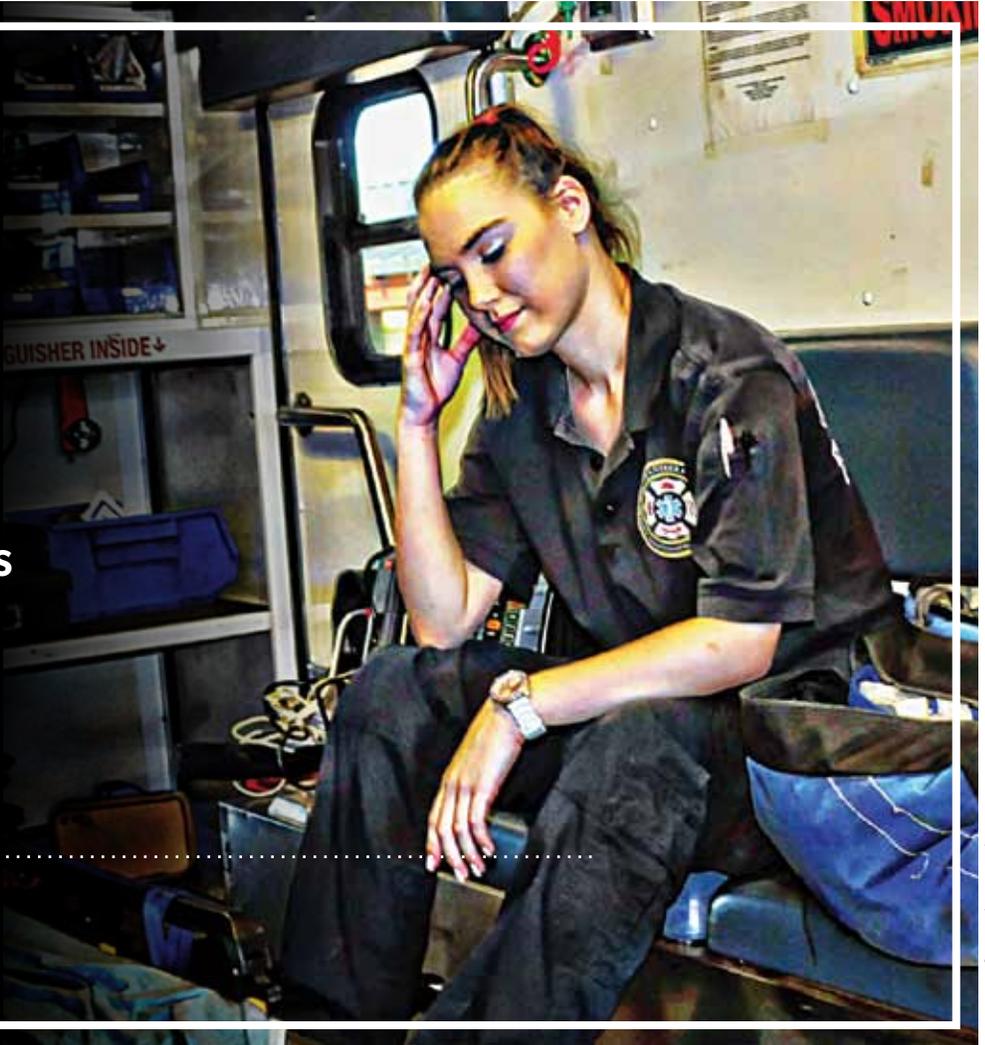
Helpletter

An Initiative of the National Volunteer Fire Council

NEED HELP?

You are not alone. Learn about the Fire/EMS Helpline, why it was started, and what firefighters, EMTs, and their families can expect if they call.

Learn more on page 4



Courtesy of Lauralee Veitch

In This Issue:

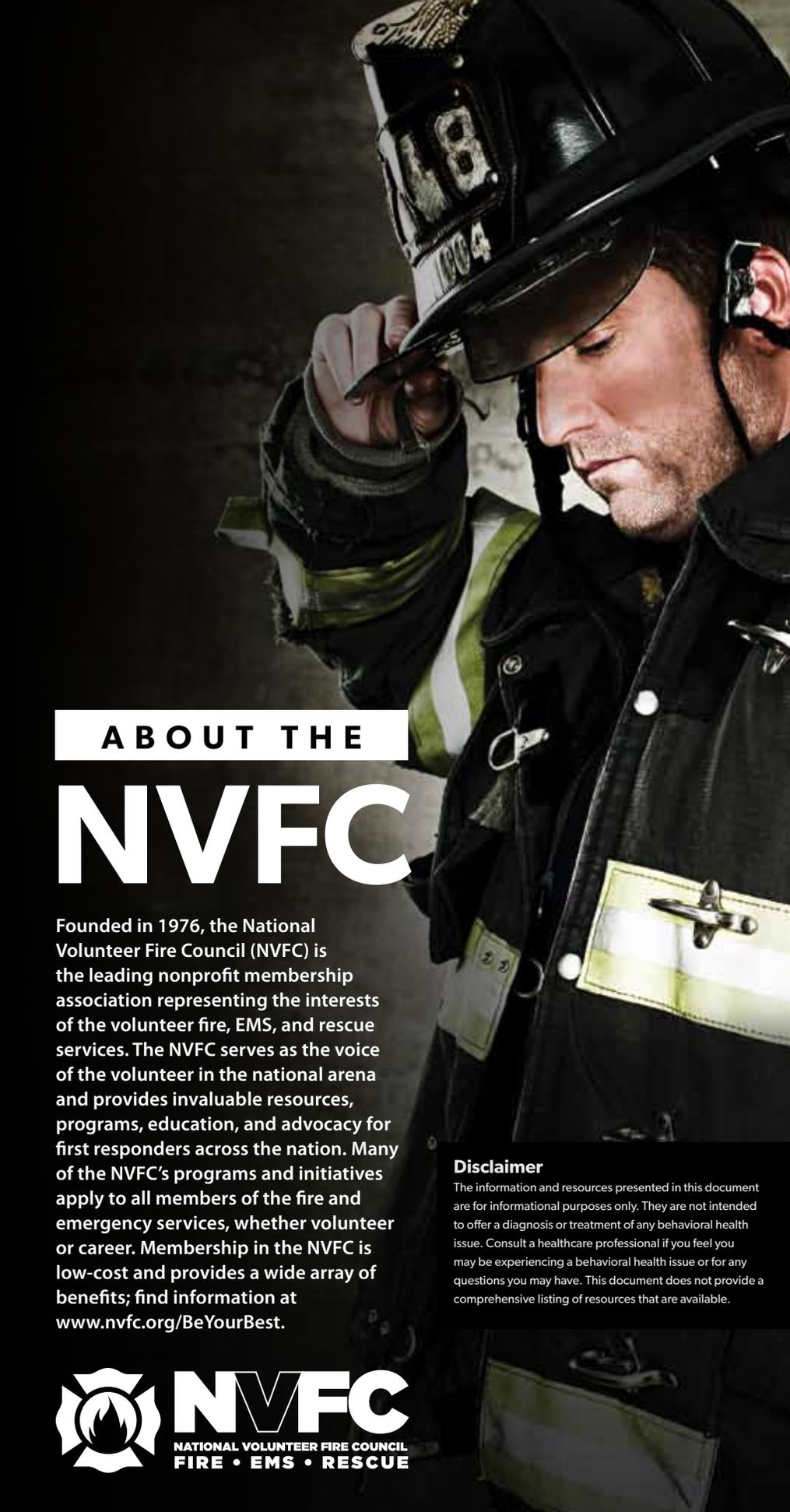
3
PAGE

I Made the Call to Make Things Better

I am a PTSD, meth, and suicide attempt survivor.

Tips for Talking to our Brothers and Sisters in Need	pg. 5
Keeping Your Head In the Game and Your Boots On the Ground	pg. 6
When the Unthinkable Happens	pg. 8
If Tomorrow Never Comes	pg. 10
Tips for Supporting our Brothers and Sisters with Cancer	pg. 11

The Family Perspective	pg. 12
7 Tips to Destress & Build Comradery	pg. 14
Fire Service: The Challenges of a Lifetime	pg. 16
Mass Casualty Incidents and the Mental Health of Responders	pg. 18
How to Support a Fellow Responder after a Difficult Call	pg. 19



About the Helpletter

Firefighters, EMTs, and emergency personnel face increased risks for many types of behavioral health issues, such as PTSD, stress, anxiety, and depression, to name a few. If left unaddressed, these can have severe or devastating impacts on the individual, their family, and their department. Rates of addiction and divorce are high among the emergency services, and the Firefighter Behavioral Health Alliance has received reports of 471 firefighter and EMT suicides in the U.S. between January 1, 2012 and August 1, 2016.

To proactively address behavioral health in the fire service, the National Volunteer Fire Council (NVFC) launched the Share the Load™ program. This campaign features a web site with resources at www.nvfc.org/help, online and in-person training, tools and resources to help departments implement a behavioral health program, and the Fire/EMS Helpline, a free, confidential hotline provided by American Addiction Centers that firefighters, EMTs, and their families can call to receive immediate help with any behavioral health issue.

As part of the Share the Load program, the NVFC created the Helpletter featuring articles to help departments and individuals understand and address critical behavioral health issues. You can download the first issue at www.nvfc.org/help. We are pleased to release this second issue of the Helpletter, and encourage you to share it with your department and your family. Keep a copy at the station as a resource to include as part of your department's behavioral health program, and hang the included poster up to remind all personnel that help is available if they need it.

.....
Find more fire and emergency service behavioral health resources, including the electronic copy of the Helpletter and the poster, at www.nvfc.org/help.

ABOUT THE NVFC

Founded in 1976, the National Volunteer Fire Council (NVFC) is the leading nonprofit membership association representing the interests of the volunteer fire, EMS, and rescue services. The NVFC serves as the voice of the volunteer in the national arena and provides invaluable resources, programs, education, and advocacy for first responders across the nation. Many of the NVFC's programs and initiatives apply to all members of the fire and emergency services, whether volunteer or career. Membership in the NVFC is low-cost and provides a wide array of benefits; find information at www.nvfc.org/BeYourBest.

Disclaimer

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



Learn more about the NVFC and access resources at www.nvfc.org.

I Made the Call to Make Things Better



Finally, someone was there, and understood what I was going through! It was as if he reached through the phone and was holding me in his hands! The amazing person on the other end of line was Mike Healy. Mike works with American Addiction Centers in conjunction with the National Volunteer Fire Council to provide this free, confidential hotline to first responders and their families.

The next day, on Mike's recommendation, I was getting Eye Movement Desensitization and Reprocessing (EMDR) Therapy. EMDR is a type of psychotherapy that helps process negative memories through sounds or movements while you talk about the trauma. EMDR was incredible!

Finally,
someone was
there, and
understood
what I was
going through!

It took some time, but thanks to the right treatment and effort I'm back and loving life! No more nightmares and flashbacks. I walked away from meth and haven't been angry in 22 months. The peace I feel now is awesome! Now I'm able to share my experiences and help others by speaking out and informing emergency responders about PTSD, mental health, and suicide awareness and prevention. I want other emergency responders to know if they are struggling they are not alone, and there is help available.

Watch more of Scott's story at https://youtu.be/NEBf_M_Ir18.



By Scott Geiselhart

My name is Scott Geiselhart. I'm a 20 year veteran of the Frazee (MN) Fire Department, a father, and an auto repair shop owner. And I am a PTSD, meth, and suicide attempt survivor.

During my time as a firefighter, I had responded to countless calls, including auto extrication and ice water rescue, where I witnessed many deaths and other losses. It was all part of the job. But it affected me. I was angry all the time and yelled at my girlfriend and kids. I was having nightmares, flashbacks, angry outbursts, and was isolating myself. I was doing meth – a line an hour or more so I never would go to sleep and have nightmares. I thought I had a split personality!

In July of 2014, I had enough! I couldn't go on. I was so confused not knowing what was going on in my life – why was I like this? I had to stop myself from hurting my family. I felt I needed to eliminate myself; they would be better off with me not hurting them. I went to my shop and found my favorite, most reliable revolver, put it to my head, and pulled the trigger. The hammer came down... and just clicked. I threw the gun down in shock – it had never malfunctioned before. None of the rounds were touched!

I started to type on my computer keyboard and put these words into

a search engine: nightmares, yelling, flashbacks. Post Traumatic Stress Disorder (PTSD) filled the screen! I'd heard about PTSD before, but thought it was just something that affected the military; I didn't even know what the letters stood for.

I couldn't believe it – this condition was treatable! There was help out there. This wasn't something I had to live with forever. I went to tell my girlfriend and kids as fast as I could, but it must have seemed like I'd lost it – I was so excited to tell them I'd found an answer that I was yelling, and they were scared of me and wouldn't listen.

I went back to my shop, heart broken. I didn't know what else to do. I found a number for a suicide hotline; I called 12 times and no one answered. I called three other phone numbers that the fire department had provided, and they were disconnected. I called a police officer friend, and he said they were going to come pick me up. I didn't want to be taken to a mental hospital, so I decided I was going to try a few more numbers and then I was going to make my second suicide attempt. I called a local counseling center and they said they could see me in a week and a half. Finally, I had one last number left to call: 1-888-731-FIRE (3473) – the Fire/EMS Helpline.

Someone picked up right away, and after I told him what happened, he said, "Scott, we've got you."

Fire/EMS Helpline: You Are Not Alone

The National Volunteer Fire Council (NVFC) asked Fire/EMS Helpline co-founder Mike Healy of American Addiction Centers about the Helpline, why it was started, and what firefighters, EMTs, and their families can expect if they call.

Who will answer when a first responder makes a call to the Helpline?

The Helpline will be answered by either me or Mike Blackburn. We are both credentialed EAPs (Employee Assistance Professionals) with over 30 years experience in the fire service.

Why did you get involved in the Helpline?

I retired as the clinical director of the NYC Transit Assistance Program in 2008 and have known for years the need for a behavioral health program for firefighters. I also have over 40 years in the volunteer fire service. Mike Blackburn retired from Providence (RI) Fire Department where he started the PFD Members Assistance Program in the mid 1990s.

What kind of questions will a caller be asked?

Naturally we have to get to the root of the problem. Last names or departments are not necessary but the focus has to be on the problem by listening to the symptoms. Complete confidentiality is of utmost importance. We both know the questions to ask and the best course of action to follow. All decisions on treatment are left to the caller.

Can callers remain anonymous?

It can be 100 percent anonymous or not. It's up to the caller.

Will the caller's department find out they called?

We have no reason to contact your

Being a firefighter or EMT brings emotional challenges.



YOU ARE NOT ALONE. Call the Fire/EMS Helpline: 1-888-731-FIRE (3473)

Courtesy of Lauralee Veitch

department and it is not a requirement to tell us where you belong as a member.

What types of issues does the Helpline address?

Behavioral health issues cover every possible issue. This includes PTSD, anxiety, depression, and substance abuse, to name a few.

When is the Helpline available?

The hotline is available 24/7. Every call is important to us.

What types of resources will the Helpline counselor provide?

Depending on the nature of the problem we can deal with suggestions for any type of problem. Referrals to in-patient substance abuse facilities, local out-patient facilities, local PTSD-certified therapists, etc.

What happens after a call?

Any decisions are yours to decide. We may offer you choices that you can make

to make your life better. We do not offer treatment as much as point the caller in a direction that they may find a solution to help their situation. This may be a referral to local resources to help with your specific problem, or you can be admitted to one of our treatment facilities where there are licensed counselors trained in the fire service culture. If treatment is needed, we work with your insurance to make sure there is no cost to you.

Anything else you'd like to tell a potential caller?

After receiving thousands of calls on the Helpline I can assure you that whatever your problem is you are not the only person experiencing it. We have a history in the fire service of acting strong while crumbling inside. If you are suffering, make the call. Nobody will judge you or make you do anything you don't want to. All the decisions are left to you.



Tips for Talking to our Brothers and Sisters in Need: What to Say and Do

By Jeff Dill

I want to first start off by saying that there are times when no matter what we say or do, our words may fall on deaf ears. There is only one way to help someone, and that is if they seek/accept the help and continue with the needed treatment. In our Firefighter Behavioral Health Alliance workshops, I call this doing an Internal Size-Up. One must listen to others and then look within themselves to see what issues and challenges they are facing, some they might not realize yet others can see so well.

It can be very difficult to discuss behavioral health issues with friends and loved ones, especially if you don't know what to say or do. We must face the facts that most of us in the fire service haven't had communication training on behavioral health for each other. Below is just a small list of tips to assist you when you see someone struggling with issues such as relationships, depression, stress, anxiety, or other behavioral health issues.

- 1. Be Proactive, Be Direct:** We do this when responding to emergencies. We need to take the same approach when our brothers or sisters appear to be struggling.
- 2. Direct Questions:** Remember these two questions if a member comes to you with suicidal ideations. A) Do you feel like killing yourself now? B) Do you have a plan? A "yes" to either one of these questions means you need to enact your department procedures or protocols if in the firehouse. If outside of the department then they need help immediately. NEVER leave them alone!
- 3. Compassion:** The themes to our workshops are Be Direct and Be Compassionate. Stay in the moment

when talking to them. These are the most difficult type of conversations, but always speak from the heart.

- 4. Discretionary Time:** If a member comes to you to talk about a difficult issue they are struggling with and you have never dealt with this type of issue, then let them know but also use discretionary time. Do not make statements just to fill a void. An example might be: "I never realized you were struggling with this issue and I don't have a lot of knowledge on this problem, but let me find out a little something about this and we will talk later." (If this is a crisis moment then do not leave the member alone.)
- 5. Walk the Walk:** I cannot tell you the amount of firefighters, officers and EMTs/paramedics who help their brothers or sisters out by either taking them to AA classes, counselors, or even marriage counseling. They sit outside and wait until the appointment is over. Taking care of our own goes well beyond the station or fireground.

I know it is difficult to have these conversations, but showing compassion, being direct, and speaking truthfully from the heart is a great start to helping those struggling. If you don't understand what they are saying then ask them to clarify. Summarizing is an excellent way to let others know you are staying in the moment. Don't ever underestimate their situation because what you might feel is a solvable situation they might believe is a wall they can't climb.



Courtesy of Lauralee Veitch

If this is a crisis moment then do not leave the member alone.

The greatest gift we can do for others who are struggling is to let them know you are there for them just by listening and not judging them.



ABOUT THE AUTHOR

Jeff Dill is a member of the National Volunteer Fire Council's Health and Safety Work Group, a retired fire captain, and founder of Firefighter Behavioral Health Alliance. He holds a master's degree in counseling.



Keeping Your Head In the Game and Your Boots On the Ground

By David W. Ballard, PsyD

As first responders to fires, automobile accidents, medical emergencies, and other hazardous situations, firefighters are regularly exposed to dangerous and potentially traumatic events. This not only puts firefighters' physical health and safety on the line, but can also increase risk for PTSD, depression, substance abuse, and other behavioral health concerns. These occupational hazards, combined with the day-to-day stressors we all face (including financial, family, and health issues), stigma related to help-seeking behaviors, and underutilization of behavioral health services require a team effort to keep firefighters at the top of their game, both on and off the fireground.

Mental health takes on a critical importance in high-stress, high-risk work settings, such as those in which first responders operate, where their own functioning has serious implications for the health, safety, and security of the public they serve. Even when it comes to physical health, major efforts to address the needs of first responders didn't occur until 1987, when the first consensus standard to address occupational safety and health for emergency services (NFPA 1500) was published. The focus on mental health came even later when, in 2004, major fire service organizations acknowledged the importance of psychological support as a priority for

the fire service by including behavioral health as part of their jointly developed 16 Firefighter Life Safety Initiatives.

It is well known in the field of workplace health promotion that the costs and performance losses related to mental health issues often outweigh those related to physical health concerns. The U.S. Fire Administration and national fire service organizations have acknowledged a number of behavioral health issues in the fire service that need to be addressed, including firefighter suicide, performance and conduct problems, substance abuse, depression, and conflicts in personal and family relationships. In addition, positive psychological well-being is increasingly recognized as a driver of well-being and job performance.

Recent efforts by the National Volunteer Fire Council and other major fire service organizations shine a spotlight on the importance of firefighter behavioral health and the need to address barriers that prevent firefighters from accessing the services and resources that can keep them healthy and performing at their best.

Stress and Burnout

Stress is a normal reaction designed to help us cope with dangerous situations. Faced with a threat, this automatic response kicks us into gear so we can deal with the problem at hand. The brain triggers the release of hormones that

prepare us for a "flight or fight" response to the threat. This causes a number of changes – it raises blood pressure, heart rate, and blood sugar; suppresses nonessential body functions like digestion; and alters the immune system. Psychologically, it affects our mood, attention, and motivation.

Although the stress response is helpful in high-pressure situations, the human body isn't designed to withstand the physiological changes that occur over extended periods of time. Chronic stress causes wear and tear on you mentally and physically and can wind up damaging your health, relationships, and job performance.

In some cases, chronic stress can lead to burnout and affect your motivation, confidence in your ability to be successful on the job, and actual work performance. When someone is experiencing burnout, they have an extended period of time when they feel exhausted, unmotivated, and ineffective, and their job performance can suffer. Symptoms of burnout include exhaustion, lack of motivation, frustration, cynicism, and other negative emotions; cognitive problems; a decline in job performance; problems with interpersonal relationships at home and work; not taking care of yourself; being preoccupied with work during leisure time; decreased life and work satisfaction; and health problems.

Research also suggests that burnout can negatively affect people's decision-making abilities, resulting in more risky, irrational decisions. This is of particular concern to firefighters, who are required to think on their feet in situations that have life-or-death implications for themselves, their fellow first responders, and the people they serve.

Recovering from chronic stress and burnout requires removing or reducing the demands and replenishing your resources. This means carving out some time when you are off duty to stop thinking about work and take steps to recharge.

Stigma

Mental health stigma and underutilization of behavioral health resources in the fire service is another area of concern. Focus groups funded by FEMA through DHS Fire Prevention and Safety Grants explored the current status of behavioral health programs in the fire service and identified barriers including lack of trust, education, communication, and leadership support, as well as fear of reprisal and stigma. Although stigma related to mental health issues has declined in general, work is one place where people are still concerned about potential repercussions, such as being passed over for promotions, treated unfairly, seen as weak and less competent, or becoming the target of bullying, social exclusion, or gossip. Since mental health problems aren't necessarily visible to others, people often go to great length to keep them concealed from their co-workers. This can add to their stress, making the challenges they face even more difficult and preventing them from getting the support they need.

Support starts with good-quality mental health coverage as part of their health care plan, but it doesn't stop there. Integrating behavioral health and emotional well-being into all of the organization's health and wellness practices is key. Mental health issues are more common than people think, with about one in three Americans suffering from a diagnosable mental health disorder in any given year. So, it's important to make mental health a normal part of the wellness discussion.

Strong Leaders

A 2016 survey by the American Psychological Association found widespread links between senior leader support for well-being efforts and a variety of outcomes, with more than 9 in 10 working Americans saying they feel motivated to do their best (91 percent vs. 38 percent of those without leadership support), are satisfied with their job (91 percent vs. 30 percent) and have a positive relationship with supervisors (91 percent vs. 54 percent) and coworkers (93 percent vs. 72 percent). Those with support from leaders were also less than half as likely to say they intend to leave their job in the next year (25 percent vs. 51 percent).

Leaders can help by providing their department personnel with clear information about available resources, such as counseling, and how to access them. But leadership support doesn't stop with just hanging posters and distributing helpline phone numbers. From arranging training and education about mental health issues and debunking myths about mental illness to serving as role models in normalizing discussion of mental health to helping firefighters access the resources they need and providing emotional support, leaders can highlight how positive mental health can contribute to a healthy, safe, high-performing department.

With a comprehensive approach and leadership support, principles of well-being, including good mental health, can become ingrained in the very norms, values, and beliefs that are part of the fire service culture.

Four Tips for Reducing Stress and Burnout

1. Relax.

Do something that actively helps you unwind, whether it's exercise, listening to music, reading a book, taking a walk, or visiting with friends and family.

2. Live a little.

Take up a hobby, play a sport, take a class, or do something else non-work related that is interesting, challenging, and engaging.

3. Catch some Zs.

Research suggests that having less than six hours of sleep per night is a major risk factor for burnout. Get enough good-quality sleep. Maintain a regular sleep schedule; make sure your bedroom is quiet, dark, and comfortable; and avoid staring at your TV, computer, tablet, or smartphone right before bed.

4. Get support.

Accepting help from supportive friends and family can improve your ability to manage stress. If you continue to feel stressed out and overwhelmed, or the negative interactions start to affect your sleep, health, job performance, or relationships, you may want to tap in to resources such as Employee Assistance Program (EAP) services, or get a referral to a psychologist, who can help you better manage stress and change unhealthy behaviors.



ABOUT THE AUTHOR

David W. Ballard, PsyD, MBA is the Assistant Executive Director for Organizational Excellence at the American Psychological Association (APA), where he is responsible for providing leadership, direction, evaluation, and management for all activities related to APA's Center for Organizational Excellence. The Center houses APA's Psychologically Healthy Workplace Program (PHWP), a public education initiative designed to promote programs and policies that enhance employee well-being and organizational performance. He is also a member of the NVFC's Health and Safety Workgroup.



When the Unthinkable Happens: Moving Forward After a Line-of-Duty Death

By Kevin D. Quinn, NVFC Chairman

I recently attended two funerals for firefighters who died in the line of duty. As with every tragedy when we lose a brother or sister, my heart went out to the family, department, and community that now must deal with the loss and figure out how to carry on under this blanket of grief.

As a member of the Rhode Island Local Assistance State Team, I am well aware of the long and difficult process a department faces after experiencing a line-of-duty death. While we know logically that firefighting is a dangerous job, we typically don't expect tragedy to happen in our department, to our fellow

firefighters, to our friends, to our family. When it does, the impact is devastating and far-reaching.

One of the most important things to remember following a tragedy is that we have to be there for each other. People will grieve in different ways, and not everyone will ask for help when they need it. Watch out for signs that someone is struggling, know what resources your department or your community has to help with grief, and be there to support each other through this difficult time.

If you need help dealing with your grief, reach out to a trusted friend, the department chaplain, a counselor, or call the Fire/EMS Helpline at 1-888-731-

FIRE (3473). Remember that recovering after a tragic loss will take time, and it is okay to seek support to help with this process. While asking for help can be difficult, remember that this important step is not a sign of weakness; it is a sign of strength and personal fortitude.

We also need to look at ways we can prevent future tragedies. I can't emphasize this enough: Safety is of paramount importance. Many line-of-duty tragic losses are preventable. Take an opportunity to look at your department and determine what can be done to increase the safety of your personnel. I ask our fire service leaders to remind our emergency responders to always wear their seatbelts, use spotters when backing

Call the Fire/EMS Helpline at
1-888-731-FIRE (3473)

apparatus, and always act according to standard operating policies or guidelines.

Health and wellness are key components as well. Heart attacks are the number one cause of on-duty deaths, and cancer is one of the biggest threats facing firefighters. Support and encourage firefighters to maintain a healthy lifestyle. Make sure your personnel are getting annual physicals and using PPE properly from initial attack through overhaul. Create a culture where health, wellness, and safety are priorities that can be discussed freely.

Don't forget about behavioral health. We lose dozens of firefighters and EMTs to suicide each year, and many first responders struggle with behavioral health issues such as addiction, PTSD, and depression. A line-of-duty death can trigger many emotions and not all coping mechanisms are healthy. Make sure your personnel know what resources are available to seek help and that it is our collective duty to support our brothers and sisters in need.

We will always remember those we have lost, but we will also learn, and support each other, and find strength in the knowledge that our calling has not diminished. We will honor the memory of those we have lost by serving with dignity, pride, courage, and integrity. We will practice safety and focus on how to prevent tragedy so that no one else has to feel the pain we have felt. We will be there for the families that have lost a father, mother, brother, sister, son, or daughter. We will celebrate the lives of the fallen by being the best we can be as a firefighter, a friend, and a person. And we shall never forget.



Here are some resources to help departments in the wake of a line-of-duty death.

- **Local Assistance State Teams**
Provide immediate support to departments and families affected by an LODD, including operational support, emotional support, funeral coordination, and assistance with filing benefit claims.
www.firehero.org
- **Funeral Procedures for Firefighters**
Provides fire departments and families with guidance about how to properly conduct a fire service funeral.
www.nvfc.org
- **Public Safety Officers' Benefits Program**
Provides death and education benefits to survivors of first responders who die in the line of duty.
www.psob.gov
- **Federation of Fire Chaplains**
May be able to provide emotional support to help family and department members following a LODD.
<http://firechaplains.org>
- **Chief to Chief Network**
A support network to assist chiefs whose department has experienced a LODD.
www.firehero.org
- **Fire Service Survivors Network**
A support network for survivors who have lost a beloved firefighter.
www.firehero.org
- **Fire/EMS Helpline**
A free, confidential helpline for firefighters, EMTs, and families struggling with any behavioral health issue.
www.nvfc.org/help
- **NIOSH Fire Fighter Fatality Investigation & Prevention Program**
Investigates firefighter LODDs and issues detailed reports to educate the fire service to help prevent future fatalities.
www.cdc.gov/niosh/fire
- **Heart-Healthy Firefighter Program**
Designed to help combat the leading cause of firefighter on-duty deaths – heart attack.
www.healthy-firefighter.org
- **NFPA Standards**
Can be viewed for free on the NFPA web site.
www.nfpa.org



ABOUT THE AUTHOR

Kevin D. Quinn serves as Chairman of the National Volunteer Fire Council. A member of the fire service since 1976, he has served as Deputy Chief of the Union Fire District in RI, is a past-President of the Rhode Island State Firefighters' League, is the Rhode Island State Advocate of the Everyone Goes Home-Courage to Be Safe Program, member of the Rhode Island Local Assistance State Team, member of the Hope Valley HazMat team, and member of numerous federal, state, and local exercise design management teams. He holds a Master of Science in Counseling and Educational Psychology and a Master of Science in Education.

If Tomorrow Never Comes: Coping with a Cancer Diagnosis



By Chief Brian F. McQueen

I often wondered how I would be able to place into words the thoughts that rumble through my mind ever since I was told **"YOU HAVE CANCER!"** In doing this I only need to listen to the song by Tim McGraw, "Humble and Kind," or read the poem written by an unknown artist titled "If Tomorrow Never Comes" to realize the pain and suffering of all firefighters who have heard those words, his/her family, friends, and co-workers whose lives have been changed forever.

I've realized first hand, as so many of my cancer friends in the fire service have, that the pain never goes away. To those who have not been touched by cancer, you may never understand the pain and suffering from within that we endure. Many of us live by the words of Tim McGraw as we face the unknown: *"Don't take for granted the love this life gives you, When you get where you're going, Don't forget turn back around, And help the next one in line, Always stay humble and kind."*

We know through research that firefighters have a greater risk of getting cancer than the general public. We know that fires are burning hotter than 15

While in New York City to see his oncologist, Brian McQueen stopped by St. Patrick's Cathedral to light a candle for firefighters battling cancer.

years ago. We know that the time to exit a burning building before conditions become incompatible with life is now anywhere from 3.5-4.0 minutes from when the fire started. We know that we must teach cancer prevention education to our firefighters, both to our new recruits and veterans. Wearing full protective ensemble, using baby wipes, stop using tobacco products, and deconing ourselves after a fire are just a few steps that we **must** take to protect ourselves.

Are we doing it? I find it quite upsetting to look at videos of fires on social media

blogs and see our leadership, those who pride themselves on wearing the white helmet, having the dirtiest looking helmets, knowing that they believe this is a badge of courage. To me, as a cancer survivor, that's failed leadership! They really don't understand that cancer doesn't impact their lives today or tomorrow, but may greatly impact their lives in 10-15 years.

Are we taking the lessons learned about cancer seriously? Is the media finally realizing that dirty, salty looking equipment does not have to sell their



ABOUT THE AUTHOR

Brian F. McQueen is Past Chief of the Whitesboro Volunteer Fire Department (NY), Director with the Firemen's Association of the State of New York, Board and founding member of the Believe 271 Foundation Inc., NVFC Board Member, Life Member of the New York State Association of Fire Chiefs, and a retired School District Administrator. His educational seminar on cancer has reached more than 2,980 firefighters and was one of the highlighted webinars hosted by the NVFC. Most importantly he is a cancer survivor.

product? These are answers that only our leadership and the individual firefighter can answer. Organizations such as the National Fallen Firefighters Foundation, Firefighter Cancer Support Network, Firefighter Cancer Foundation, National Volunteer Fire Council, and the Believe 271 Foundation, Inc. have provided grassroots educational messages that we all can take back to the tailboard at our fire stations.

What I can tell you is that the pain and suffering of a cancer diagnosis lingers forever. In July my wife and I travelled to Memorial Sloan Cancer Center in New York City for my annual CT scans. This is not my favorite time of year as **any** cancer patient worries that the message from the oncologist will not be what they want to hear. This stress and anxiety plays a roll on my loved ones, my friends, and my brother and sister firefighters at my volunteer fire station. Cancer affects more than yourself!

For me, I often just sit and pray, talk to God, and ask for protection throughout my tests and results. As you drink the CT "cocktail," lie on the CT scan machine, and await the results, you think about so much. You think about your loved ones, about what to do if the answers you receive are not what you wanted. You think about why our legislative body can't see through this pain and suffering when trying to pass the presumptive legislation bill. You think about how so much money is misspent across our states on things that mean so little. You lay on the table wondering, is someone really listening, or don't they really care. And, for many of us, you pray!

In closing, let me share a few lines from the poem, "If I Knew:"

"So hold your loved ones close today, and whisper in their ear,

Tell them how much you love them and that you'll always hold them dear.

Take time to say, "I'm sorry," "Please forgive me," "Thank you," or "It's ok."

And if tomorrow never comes, you'll hold no regrets about today."



Tips for Supporting our Brothers and Sisters with Cancer

By *Trey Kelso*

When one of our brothers or sisters is diagnosed with cancer, it affects all of us in a profound way. One thing to remember is that each individual will respond to their diagnosis in their own way. Understand that some people may keep their diagnosis private or do not want to talk about it. Being respectful of that, here are a few tips on how to be there to support our brothers and sisters who have received a cancer diagnosis.

- Let them know there is **help and support** available from the Firefighter Cancer Support Network (FCSN). FCSN will team them up with a mentor who has had the same diagnosis, send them a toolbox full of resources, and much more. They can be reached via the web site at www.FirefighterCancerSupport.org, or call 866-994-3276.
- It is important **not to share "bad stories"** about others you know that have had a cancer diagnosis.
- Always keep things on a **positive** note.
- Be there for the individual on a **personal level**. While they may not open up to you to discuss cancer specifically, be there as their friend. If they are up to it, take them out or come over for a visit. They will most certainly tell you what they are up for. It's always nice to "get out of the house," or "see your friends."
- It is tough, but do not say "call me." They have a lot going on and most likely will not call you. **You need to call them.**
- Make sure to send text messages or emails just saying hi; do not expect a message in return. **Stay in contact.**
- **Offer** rides to appointments, cover shifts, and/or run an errand for them. **Offer to help.**
- We in the fire service are stereotyped as loving our food. Well, this is a great time to **cook for them** and take something over.
- A diagnosis does not necessarily mean an end to the individual's service, but it could be. The chief's/officer's role is an important one. Remember that this individual has provided staffing and service to you and your community. Make sure they are aware that you and the department **stand behind them**. There is no better feeling than knowing that the organization that you have served has come together and is rallying behind you.
- Lastly and what I consider the most important tip, is **be there to simply listen**. Listen to the good, the bad, and the indifferent. Listening can be difficult for us, but truly hear what your friend and colleague is saying. By doing this, you will be able to adjust the way you support them as you will know what is needed and wanted.



ABOUT THE AUTHOR

Trey Kelso is the Treasurer/Maryland State Director for the Firefighter Cancer Support Network, Asst. Fire Chief of the Laurel Volunteer Fire Department (MD), and member of the NVFC Health and Safety Work Group.

The Family Perspective: Tips for Helping your Spouse through Difficult Times

By Lori Mercer

“Why can he hold it together at the firehouse with a smile while serving the public and his crew but then spend his time at home as an irritated, unmotivated lump on the couch?”

I have been asked this question or some variation of it more times than I can count. When life throws us something challenging, we often just want to know “why.” Additionally, we often first doubt ourselves and question our own actions. Was it something I said? Is there something about home that is driving him (or her) crazy?

Let me first say this. While it might seem like things are bleak, remember that your first responder may be struggling with something and there is a worse alternative. They could be choosing to deal with it by not coming home and instead turning to drugs, alcohol, or other addictions. The fact that they are coming home and expressing what they’re truly feeling shows that home is a safe place for them.

“What?” you say. “That doesn’t make any sense and doesn’t seem fair.” No it certainly doesn’t seem fair in the moment but let’s give a different example. If you’re a parent, you’ve most definitely had a situation where your child is an angel at school or daycare and then acts like a three-headed monster at home. Child psychologists share that this is because home is their safe place of unconditional love. Children know they can say, feel, and do almost anything there and while there may be consequences, there will always be love. The issue is that kids don’t always have the words, expressions, and maturity to express what’s going on in

their minds so they act out with anger, fear, aggression, etc.

Now it appears I’ve called our first responders immature children. This is not the case. Please keep reading.

Let’s back up and realize this very important perspective. A first responder who is exhibiting any of these symptoms at home (but not on the job) could be dealing with a larger issue, and you, their family, are the only ones seeing the clues and in a position to help them.

Symptoms such as:

- Irritability at the small stuff
- Constantly tired or sleeping
- Not taking care of themselves physically – showering, eating healthy, exercising
- Seems to be angry all the time
- No longer participates in activities they used to enjoy
- Lack of stimulating conversation and engagement with the family
- Inconsistent behavior – emotionally high one moment and angry the next

As a spouse or family member, this can feel like a huge burden. Not only may you be asking yourself what you did to deserve this or cause this and feel incredibly confused, but you truly hurt to see your loved one in this valley. Your ultimate desire is for things to just be “back to normal” when you had fun together, laughed at the little things, and didn’t worry if your loved one was going to be in the mood for dinner or going out.

Most likely, some of these symptoms are leaking out at work as well. Maybe they haven’t volunteered for the committees

they usually help on or have stopped working out with the crew. But at home, you are seeing them on a more significant level. It’s time to move into a new level of response. As the spouse especially, you may be the only one with whom your partner has been vulnerable and showed this side, and this means there is no one else out there who’s going to intervene to get on a path to healing. What should you do?

1. Keep yourself strong.

When living with someone who has a behavioral health issue, you sometimes become the doormat. You may become accepting of behaviors you normally wouldn’t just to avoid rocking the boat and causing a big blow up. This is a time when your emotional strength will need to come from within, from your faith or beliefs, and also from trusted friends who can understand what you are going through.

2. Be patient and do not expect a lot of words.

I recently read a book about marriage that provided one ultra clarifying point that really stood out to me. It noted that people may not talk to their spouse because they don’t understand what is going on with themselves. If your spouse is in a valley battling a behavioral health issue, they will experience an inability to understand themselves to an extent. They are just as frustrated with themselves. They want to be healed too but the evil beast that behavioral illness can be is that it even prevents you from acting on those desires.

While children may simply throw a tantrum when they don’t understand their feelings or are unable to express them adequately, adults face a complex web of



Use words spoken from a place of love such as, "I know you don't want to talk about this again but I want you to know that you are not alone. I'm here for you for whatever you need. We'll get through this. I don't love you any less. I care for you."

If you are truly at a loss and struggling to get your spouse to admit they need help and reach out on their own, then as a last resort you may need to reach out for them. The last thing you want to do is dishonor their confidence and trust in you, so be cautious with this step. Often I am asked the question by wives of firefighters, "Should I call his Captain or Chief?" Only you can decide when you reach that point. I encourage you to think of the person in their life with whom they are closest and have been vulnerable with. Think of someone who is not going to abandon them on this tough journey. Seek those one or two people you could confide in who may be able to reach out with support and turn a fresh leaf of discovery in this round of the battle.

I'm not going to sugar coat this. I've seen many families walk this journey and it is one of the most difficult relationship challenges you may face, whether it's a spouse or a parent or a child. Behavioral health issues are complicated and confusing but there absolutely is hope and recovery is possible. The beauty of this season is the vulnerability will bring you closer. There is likely no other person in your life with whom you'd want to be seen in this state. Honor and respect that and remember what a beautiful journey of self-growth and relationship strengthening this can be.



emotions and a powerful internal dialog. Those neuro-pathways in our brains have been forming the same connections for years upon years. While they can be changed in a positive direction, it will take effort and time. Family and loved ones must be patient your first responder may not yet have the words to explain what's going on.

3. Look for opportune moments and words that will allow you to address these symptoms with your spouse.

Do not attack them, blame them, accuse them, or ignore them. These responses will not help, although it's very understandable why you may feel an angry outburst coming on and want to say something to the effect of, "If you ever got off the couch and got your head out of your phone..."

When you do find patience and gentleness, you may find the words you have been saying so far may no longer work. In relationships, we fall into patterns of communicating over time. Some of them are amazing, like the way we say "love you bye" at the end of phone calls or can give each other a quick glance and a code word and escape together from uncomfortable family events. But some of these patterns are not healthy and you probably already know them. For example, one of you over spends in a budget category, the other makes a passive aggressive remark and it's game on for an epic fight.

In the case of one partner being in a valley, you have probably already tried words that are not working such as, "What's wrong? You don't seem to be yourself." To which you get a grumbled response, "I'm fine." To have a break-through in this space you need to be on the look out for that moment and the words to change this pattern.

A break-through moment could be a TV show you are watching together when the topic of depression or addiction is raised. Those moments can break the ice and allow words such as:

"I know you don't want to talk about this, but for the past couple of months you seem to have been in a depressive funk. I don't know if you even see it but remember when you used to love to _____? It brought you such joy and that's missing lately." Then leave space for processing and a response.



ABOUT THE AUTHOR

Lori Mercer is the Founder and Chief Fire Wife of 247commitment.org, a nonprofit on a mission to strengthen relationships for firefighters and their spouses. Lori, who is married to an Ohio firefighter, created the organization after serving thousands of families via her blog, FirefighterWife.com and seeing a way to support each other with community and resources.

7 Tips to Destress & Build Comradery

By Candice McDonald

Serving as a firefighter can be stressful, which can lead to issues with retention and team morale. Finding ways to destress and promote team continuity is important. Incorporating team building activities into an organization is one way to reduce stress and promote an effective and cohesive team that is supportive of each other.

The phrase “team building” is one that is not always well received. Despite the pushback, engaging members in team building activities is an investment to a better functioning organization. Team building fosters comradery, promotes effective communication, reduces conflict, and creates a culture of unity.

The following seven activities can be used to facilitate bonding and stress reduction within your fire department.

1 Night at the Races: Break your department up into teams, with each team working to build a pinewood derby car. The car kits can be purchased for under \$5.00 online. Ask the teams to create a mascot and theme for each of their builds. At the end of the build off, let the night at the races begin. Post the race brackets, invite family members to cheer on the racers, and breakout the tailgating snacks to watch the big competition.

2 Family Movie Night: Engaging family support in the fire service can lead to less stress and higher retention rates among volunteer firefighters. Host a family movie night, complete with popcorn and fun movie snacks. Rent or borrow an inflatable movie screen to make the night a little more exciting. You can even encourage the kids to dress up like the characters in the movie. A movie night also offers families

the opportunity to get to know one another, and provides an outlet to share specific benefits the department may have to offer with family members.

3 Volunteer: Yes, I know what you are thinking, isn't that what our members are already doing with the fire department? Volunteering for a cause outside the fire department is way to destress and bond as a team. Building a Habitat for Humanity house is a perfect way to come together as a team and continue making a difference in the community.

4 Escape Room: One fun bonding activity that involves strong communication, leadership, teamwork, and patience is an escape room game. Create your own or visit one locally. This activity involves small groups of team members entering a room full of clues. The group has to solve all of the clues to “escape” and be declared the winner. The teams that work together to solve all the clues instantly gain team bragging rights.

5 Recreational Sports: Participating in recreational sports is a great way to increase

communication and destress. Holding kickball or softball tournaments between internal members or challenging a mutual aid department is a sure way to get members to work together. It's important that all sporting events are designed for players at all levels and the competitive environment is supportive of amateur players.

6 Scavenger Hunt: We all know how important preplanning is in the area you serve. Divide members into teams and send them out on a scavenger hunt with clues based on critical infrastructures and key locations in your community. The first team to complete the scavenger hunt will hold the victor title.

7 Dodge Ball: Gear up, complete with air packs, and engage in a friendly competition of dodgeball between internal members or those from another department. This gets members working together, gets the heart rate racing, and promotes physical activity while in turnout gear.



ABOUT THE AUTHOR

Candice McDonald is a current firefighter/Public Information Officer with the Sebring Fire Department, current firefighter with the Winona Fire Department (OH), and works for NASA in the Office of Protective Services. She is the co-chair of the Cumberland Valley Volunteer Firemen's Association Reputation Management Committee and an active member of the ResponderSafety.com outreach team, a trustee for the International Association of Women in Fire and Emergency Services, member of the FDIC Advisory Board, and Fire Corps State Advocate for Ohio. McDonald is currently pursuing a doctor of business administration with a specialty in homeland security. She holds a master's degree in organizational leadership, a bachelor's in business administration, and associate's in health and human services. www.CandiceMcDonald.com

Alcohol and Drugs: Problems that Won't Go Away on their Own

By Michael Healy

Substance abuse and addiction are ongoing problems among first responders. For emergency response professionals, as well as for anyone who struggles with a drug or alcohol use disorder, the causes are often varied and complex.

For many firefighters, police officers, EMTs, and other first responders, the urge to drink or use drugs may be related to the job they do every day. Experiencing post-traumatic stress disorder (PTSD) as a result of trauma on the job is exceedingly common. The symptoms of PTSD can be significant and severe. Many prefer to attempt to escape them by drinking or getting high rather than seeking treatment, believing that the problems may go away on their own in time. Unfortunately, chronic drug abuse may actually serve to:

- Increase the severity of PTSD symptoms experience
- Lengthen and/or increase the frequency of PTSD episodes
- Cause the new problem of addiction
- Make it more difficult to connect with therapy and other treatment help

Drinking and drugs are not the answer to difficult emotions experienced due to trauma on the job. Is drinking or drug use becoming a problem for you?

Signs of a Problem That Would Benefit from Treatment

How do you know when you're drinking has moved beyond "normal" and moved into the danger zone? It's not always readily apparent, and it may take some introspection and honest self-assessment to identify a drug or alcohol abuse problem in yourself. Here are a few

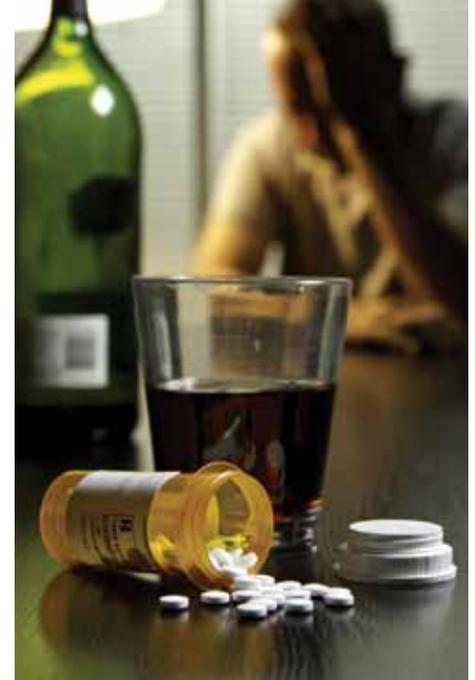
questions to ask yourself as you explore the question:

- Do you drink or use drugs on the job?
- Do you often drink more than you intend to? That is, do you often start out saying you'll only have one but ultimately drink until you are drunk?
- Do you use any illegal substances or abuse a prescription given to you, a family member, or friend?
- Do you have problems with your significant other due to your behavior while under the influence?
- Do you ever drive while under the influence?

If you answered "yes" to any of the questions above, it can indicate a substance abuse problem that requires your immediate attention. If you are unable to quit on your own, an addiction issue is indicated and treatment is recommended.

Treatment to Address All Issues

When undergoing treatment for drug and alcohol abuse, it is important that all issues contributing to the disorder



are addressed. For example, if you are experiencing symptoms of PTSD and symptoms related to that disorder contribute to your urge to drink or get high, taking part in a treatment program that can provide treatment for both of these co-occurring disorders is recommended. Similarly, if you are struggling in your relationship, or if your use of alcohol and other drugs has caused you to have legal problems or problems at work, these issues should also be addressed in the course of treatment. Getting the support you need to heal on all fronts is the best way to increase your ability to get back on track and focused on the things that are most important to you.



Note: If you or a member of your department needs immediate assistance, call the Fire/EMS Helpline at 1-888-731-FIRE (3473). View a Substance Abuse Symptoms Checklist to help identify if alcohol or drug abuse may be in issue at www.ncadd-sfv.org/symptoms.html or take an online quiz at <http://americanaddictioncenters.org/fire-services/> or www.ncadd.org.



ABOUT THE AUTHOR

Mike Healy, CEAP, LAP-C, SAP, has over 40 years in the volunteer fire service and is a current and past chief. He is a member of the Rockland County, NY, Critical Incident Stress team, is the coordinator of Fire Education at the Rockland County Fire Training Center, and is a New York State Fire Instructor. He is a Certified Employee Assistance Professional, a Labor Assistance Professional-Certified, and a Substance Abuse Professional. He retired as Clinical Director of the NYCTA-TWU Assistance Program and now serves as a treatment consultant for American Addiction Centers.

FIRE SERVICE: The Challenges of a Lifetime

By Jeff Dill

Whether you are a volunteer or career firefighter, male or female, first year or the fire chief, the behavioral health challenges we face throughout our time in the fire and emergency services have no discrimination and can last a lifetime. This article reviews what I believe are the three stages of a firefighters career. How we adjust through these years and the behavioral health training we receive are key components on how we handle life, family, and retirement.



THE BEGINNING: Recruit through Year Five

The most opportune time to instill a behavioral health program for individuals and to show the importance of that program is at the fire academy. As founder of Firefighter Behavioral Health Alliance I speak often of *Cultural Brainwashing* within our fire academies. The history of

academies was to train the candidate to become the most proficient firefighter/ medic they can be, provide a tremendous service to their community, and to survive when on the fireground, vehicle accidents, and emergency medical incidents. We train recruits on fire behavior, search and rescue, tools, fire attack, ladders, and other fire related training. Yet, how many fire academies are spending time on such issues as stress, anxiety, depression, PTSD, sleep deprivation, addictions, suicidal ideations, and even suicide?

This is our greatest opportunity to educate our new firefighters and EMTs about **all** of the hazards of being an emergency responder. This is where organizations can make a stand and advise new members of the help available to them. Explaining the behavioral health risks to new recruits and that it is okay to reach out if they need help prevents new members from forming dangerous stigmas about behavioral health. It empowers our firefighters and EMTs to be proactive when it comes to their entire well-being, including their behavioral health.

Items departments should make available to their members and continually review with new firefighters and EMTs include a behavioral health program with policies and guidelines, the availability of trained counselors and chaplains who understand the fire service culture, officers who know how to speak to their firefighters on behavioral health issues, and other resources to help those struggling with addictions, PTSD, or suicidal thoughts. Departments can also include items like Peer Support Teams and Critical Incident Stress Management teams to assist their members.

From the fire academy to the first five years is a major adjustment for firefighters, but emphasizing the importance of

behavioral health will lessen the stigma and display the organization's belief that good mental health is a vital component in a trained firefighter.



THE MIDDLE YEARS: Years Six through 18

These are key years in the life of a firefighter or EMT as we determine our direction, especially for those who want to become officers within their departments. Yet, continuing the educational process for all is a must because members have now seen tragic incidents that may profoundly affect them – whether for short periods or possibly a lifetime.

Successful organizations strive to continue the behavioral health educational process on an annual basis. When these organizations institute health and safety committees, annual training, educational workshops, and officer training on communication skills, it reinforces to members the commitment to their

firefighters on behavioral health. Now I am not saying there has to be monthly training for every member, but there should be a commitment for Peer Support Team members and CISM Team members and yes, this might mean a financial commitment as well.

During this time period the most important aspect will be to have your officers trained on behavioral health. Their skill in handling communications, updating available resources, and a general ability to recognize signs and symptoms of those struggling will benefit everyone involved. We train regularly on fire attack, live fire, medical, extrication, ladders, and so much more, but this time in history is our opportunity to implement training on how to take care of our people who struggle and where to send them for qualified help. Make this your department's time.



THE FINAL STAGE: Years 19 through Retirement

If I asked you how fast 20 years went by you would agree, in a heartbeat. I have heard so many firefighters, both career and volunteers, who have said they looked forward to hanging their helmets up. The struggles of balancing a job, a family, and being a volunteer are a real issue and after 20 plus years many look towards that day.

Yet, they find it difficult to say goodbye because they are not prepared.

It is the responsibility of fire organizations to help them prepare for that day. From years 19 and on is when we plan for retirement. It doesn't mean you have to retire yet, but being prepared will help you face the issues of loss of identity, lack of belonging, and lack of purpose. These are real issues when we retire. Firefighter Behavioral Health Alliance (FBHA) has tracked and validated retiree suicides and these issues are a common thread among our lost brothers and sisters.

The loss of identity needs to be addressed throughout our entire career. We must never lose sight of who we are, remembering that firefighting, whether career or volunteer, is still just a job we do. It does not define who we are. Yet so many of us forget this fact and when we retire we feel we have nothing in our lives anymore.

FBHA recommends planning about two years prior to retirement. Here is a list of ways you can start preparing.

Challenge Yourself – Face the facts: your fire service career is over but your life continues. You are limited by your own defenses.

Education – Remember these words of wisdom: “Stop Learning-Stop Growing.” Consider taking classes that interest you, whether it be photography, cooking, or something else.

Develop a Business – Consider challenging yourself by taking your interests or expertise and start your own business. Go to classes and educate yourself on tax laws, payroll, not-for profits versus for profits, marketing, etc.

Seek Counseling – If you're not ready to sit at home but don't want to start your own business, a career guidance counselor can assist in finding jobs.

Marriage Counseling – Retirement isn't just an adjustment for you, it is also an adjustment for your spouse. Seeking marriage counseling about six months out from retirement can help ease the process and learn what each other expects as you enter this new stage.

It's Not Retirement! – The fire service is very time consuming and often leaves little time for other outside interests. Look at your retirement as an opportunity to explore other avenues of interest that you have thought about or enjoyed.

New Roles – Just because you aren't responding to emergencies anymore doesn't mean you can't be involved with a fire department. Become involved in other ways, such as public education, CERT, weekly retiree breakfast, Peer Support, fundraisers, etc.

Summary

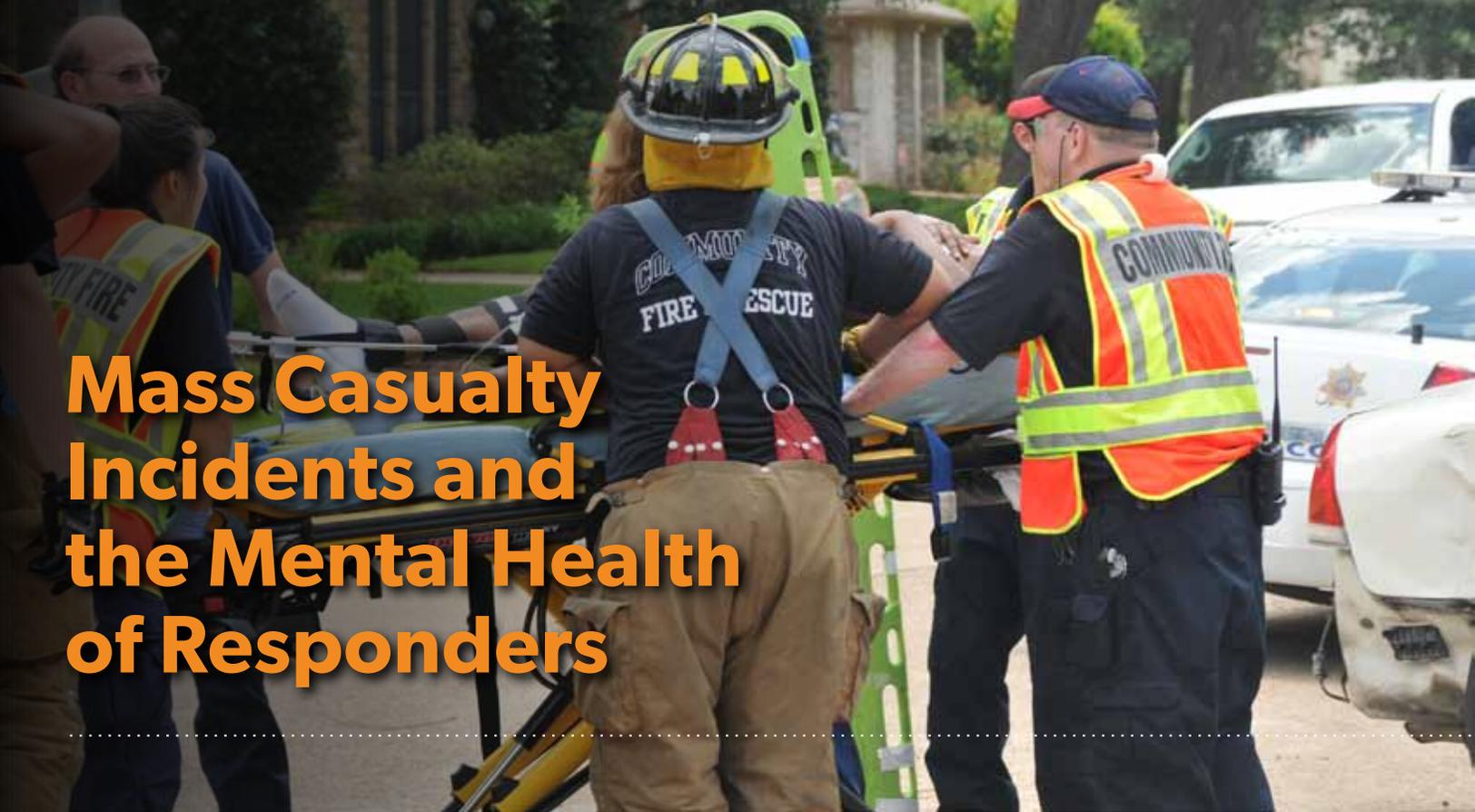
Training a firefighter to become the best they can be is an investment for all organizations. Over these past two hundred years we have overlooked behavioral health training, which is a vital investment for our organizations, our people, and their families. Too many of us suffer from issues such as addictions, depression, PTSD, and suicidal ideations. FBHA data has validated over 800 firefighter suicides as of this printing.

We owe it to all our firefighters to educate and promote good behavioral health. We owe it to all of those we have lost and all those we can save.



ABOUT THE AUTHOR

Jeff Dill is a member of the National Volunteer Fire Council's Health and Safety Work Group, a retired fire captain, and founder of Firefighter Behavioral Health Alliance. He holds a master's degree in counseling.



Courtesy of Lauralee Veitch

Mass Casualty Incidents and the Mental Health of Responders

By *Laura Usher*

First responders face a tough job: responding to medical emergencies, car crashes, fires, and disasters. Any event that involves death or serious injury – to the community or to responders – can have a toll on mental health. One incident, or an accumulation of events over time, can trigger post-traumatic stress disorder, depression, alcohol use, or even suicide, and many responders struggle without proper support.

In 2014, the Office of Community Oriented Policing Services at the U.S. Department of Justice asked the National Alliance on Mental Illness (NAMI) to look at incidents of mass violence and provide police chiefs with guidance on how to build resiliency and prepare for these events. What we learned is that these events affect an entire community – with victims and their families at the epicenter and police, other first responders, health care workers, the media, and the broader community all affected.

For fire departments and emergency medical services, the recommendations

are similar to that for police: prepare for these events now, and address the internal culture that might make it difficult for colleagues and employees to for ask mental health support.

Specifically, department leaders can take the following steps.

- **Make it personal.** Take a personal interest in the wellbeing of your employees, volunteers, and colleagues. Simple actions like checking in after a particularly bad call and keeping an open door policy can make a big difference. Also, by speaking openly about your own reactions to incidents or your own struggles with mental health will set an example and empower your colleagues to support each other.
- **Form a work group on wellness.** Working with leadership, health and wellness program coordinators,

mental health providers, and other stakeholders, decide what sorts of wellness supports the department can offer, such as education and training or an annual wellness check.

- **Support the creation of a peer support program.** Many first responders are more comfortable talking to a colleague than with a mental health professional about stressful or traumatic situations. Peer supporters can provide easy access to support, and can work with a mental health professional to identify and refer an individual who needs more intensive support.
- **Identify the right mental health service providers to provide support.** For serious mental health conditions, responders need access to professionals that they can trust and who understand the unique challenges that first responders face. It's best to identify these people before a crisis.

To learn more, or download a free PDF copy of NAMI's guide on police officer mental health, visit www.nami.org/officerwellness. To order free hard copies, visit the U.S. Department of Justice, Office of Community Oriented Policing Services at <http://ric-zai-inc.com/ric.php?page=detail&id=COPS-P347> or contact the COPS Office Response Center at 1-800-421-6770 or AskCopsRC@usdoj.gov.

- **Review any policy and procedure around psychological services** to ensure that someone checks in with a responder who has been on a difficult call, and that there is ongoing support available to anyone who needs it. Policies should encourage first responders to take advantage of support systems such as family and friends as well as healthy coping strategies like rest, healthy diet, and exercise. Agencies should avoid using rigidly scripted, mandatory group meetings that might require responders to relive a traumatic incident before they are ready.

Specifically, to prepare for a mass casualty event, leaders can assign a mental health incident commander – either a mental health professional or an officer level individual – whose primary task during a major incident is to look after the mental health of responders.

It is also important to build close partnerships with police and other first responder agencies and leaders in the community. In the absence of pre-existing agreements and relationships, multiple agencies responding to an incident can work at odds to each other, causing added stress and potentially endangering victims or fellow responders. Working together effectively is key to building resilience for the entire community in case a rare but catastrophic incident occurs. Department leaders can also make agreements about how to support each other personally and what mutual aid they can provide. This coordination is also important in identifying mental health services; often larger agencies or state agencies have peer support teams or a psychologist on staff that can be deployed to an emergency. Learn about the resources in your state now so that you can get the help you need right away in an emergency.

Finally, consider preparing a media plan. The media presence during a mass casualty incident is overwhelming and can be intrusive to both responders and victims. A well-coordinated plan can help mitigate this impact and safeguard responders from unnecessary chaos or intrusion.



How to Support a Fellow Responder after a Difficult Call

After a difficult call – one involving death or serious injury – most responders have some emotional reaction and it can help to check in and make sure he or she is okay. The best support is often from a colleague or supervisor and doesn't require any specialized training – just common sense and genuine concern. Follow these steps:

1. **Ensure safety.** Make sure that your colleague is safe and uninjured. If the immediate threat has passed, ask if he or she needs medical care and provide reassurances of safety.
2. **Provide practical assistance.** He or she may need food, water, a ride home, or a call to a family member.
3. **Offer to talk.** Let your colleague know you are available to listen. For example, say, "That was an awful situation. I'm sorry you had to go through it. Do you want to talk?" If they don't want to talk, don't be surprised and don't push it.
4. **Listen attentively.** Some people will want to talk through what they experienced and others will not. Don't worry about fixing the problem, and do not feel the need to ask detailed follow-up questions.
5. **Offer reassurance.** If your colleague seems upset, reassure them that their reaction – whatever it is – is normal. You can also offer a hug. If the individual feels fine, that's also okay. For example, one could say, "There's nothing wrong with you. You are having a normal reaction to an abnormal situation."
6. **Make sure the individual gets home safely and leave a number to call.** Before leaving, give the individual your phone number or the number of a 24-hour helpline – somewhere he or she can call day or night.

Do's and Don'ts for Assisting a Fellow Responder:

Do

- Listen carefully.
- Be patient and sit with him or her for a few minutes.
- Encourage him or her to go home, get some sleep, eat, or call a friend.
- Leave if asked to, but make sure to leave behind a phone number in case he/she wants to talk later.

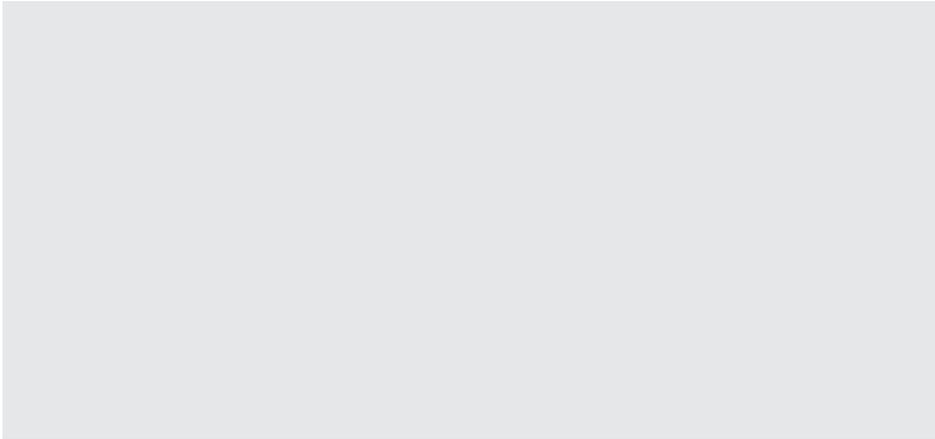
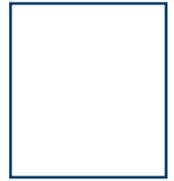
Don't

- Tell him or her to "suck it up" and get back to work.
- Ask for details of the incident to satisfy your curiosity.
- Get side-tracked telling a story about your own experience.



ABOUT THE AUTHOR

Laura Usher is the Manager, Criminal Justice and Advocacy at the National Alliance on Mental Illness. She has worked with communities nationwide on implementing crisis intervention team (CIT) programs for improving responses to community members in crisis, supporting local efforts to divert people with mental illness from jails and into treatment, and supporting police officer mental health. She is the lead author of NAMI's guide, *Preparing for the Unimaginable: How Chiefs can Safeguard Officer Mental Health Before and After Mass Casualty Events*.



Helpletter

An Initiative of the National Volunteer Fire Council

Free poster inside!
Order more for your department
at www.nvfc.org.

**Alcohol and
 Drugs: Problems
 that Won't
 Go Away on
 their Own**

**See page 15
 for important
 information.**

