

FINDING THE RIGHT CLINICIAN: 7 QUESTIONS FOR FIRE FIGHTERS TO ASK



If you're coping with post-traumatic stress, depression, anxiety, or addiction, finding the right personal mental health clinician is an essential component of recovery.

For fire fighters and paramedics who are brave enough to seek help, finding a local provider who is culturally and clinically competent in the unique needs of IAFF members may be a challenge. Getting the right help at the right time can be the difference between prolonged suffering or gaining practical skills to manage symptoms and restore your quality of life.

If you are looking for an individual clinician for yourself or as a resource for your department, consider the questions below to guide your search:

1. Do you have experience working with fire fighters or other emergency responders, including EMS, police, or military populations? Tell me about it.

Previous experience working with first responders helps a clinician understand the culture and daily operations of the fire service. However, while such experience is ideal, it is not absolutely necessary, nor always available. If a clinician answers yes to this question, ask if they are willing to provide references.

2. What evidence-based practices do you use to treat post-traumatic stress disorder, depression, anxiety, and co-occurring substance abuse? Do you assign homework?

While traditional psychodynamic approaches to therapy are appropriate for some clinical populations, research shows the efficacy of standardized time-limited interventions, such as CBT, DBT, and EMDR in treating trauma and other acute mental health problems. Further, a clinician who assigns homework or tasks between sessions is not only maximizing in-session time, but encouraging the client to assume an active versus passive role in their recovery. Lastly, be wary of a clinician who describes themselves as generalist, eclectic, or claims to treat everything.

3. How many sessions does it typically take for you to complete your initial assessment?

If a provider takes more than two sessions to conduct an initial diagnostic assessment and construct a treatment plan, this may reflect a non-directive, open-ended approach to therapy that is generally not suited for someone in crisis, acutely symptomatic, or functionally impaired. After one or two visits, the therapy process should begin.

4. Do you offer appointments within 24 hours or access to an on-call clinician?

If you or a friend is in crisis, you cannot wait days or weeks to be seen. While the emergency room is always an option for immediate intervention, talking with a mental health provider first may defer the need for a hospital visit or overnight stay, which can be costly, inefficient, and offer limited anonymity in smaller communities.

5. If an individual has a psychiatric emergency and needs inpatient care, what facility or hospital do you refer to?

While mental health providers do not technically need hospital privileges to refer a patient for inpatient care, it is helpful to have a clinician who has an established relationship with an accredited inpatient or residential program, should this level of care be needed.

6. Do you work closely with a prescriber for individuals who need medication?

Finding the right prescriber (usually a psychiatrist, physician's assistant, or nurse practitioner) can be as challenging as finding the right therapist. For individuals who take medication to treat a mental health problem, it is critical that the therapist and prescriber are coordinating care. This is more likely to happen if they have an established working relationship. Additionally, prescribers who have prior experience working with first responders will be more knowledgeable about medication classes that can impact clearance to work.

7. Would you be willing to participate in experiential training to gain a better understanding of the daily experiences of the fire service professional?

You can tell your clinician what it's like to be a fire fighter or paramedic, but until they have literally walked in your shoes, words are words. Experiences like including ride-alongs or FIRE OPS 101 can give clinicians an invaluable understanding and a window into your world.

IF YOU NEED SUPPORT:

For more information about clinician training opportunities, please visit iaff.org/behavioral-health/#clinician-training.