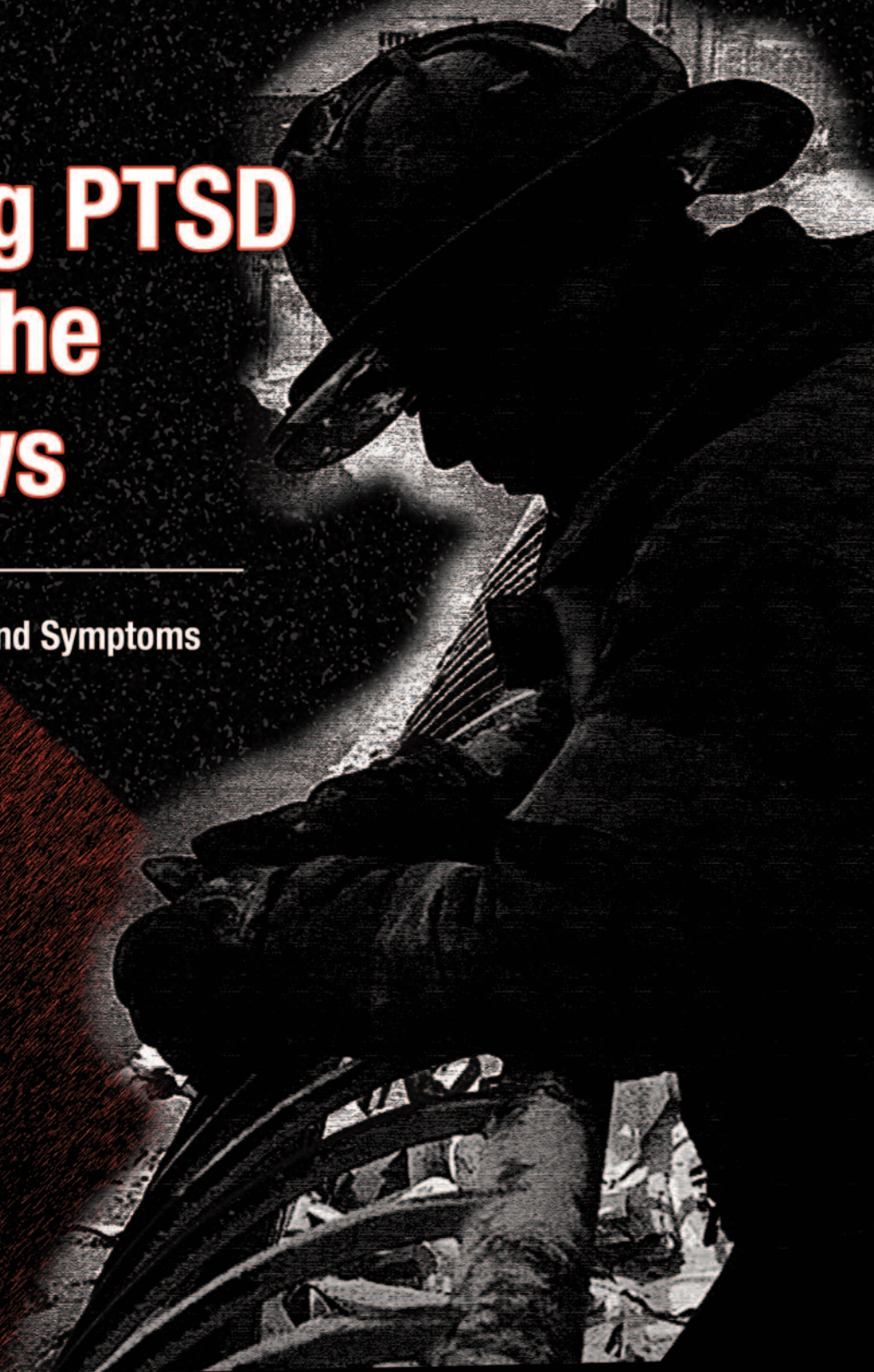


# Fire Fighter

WINTER 2015  
Q U A R T E R L Y

## Bringing PTSD Out Of the Shadows

- 
- Recognizing Signs and Symptoms
  - Fighting the Stigma
  - Getting Help





# Addressing Post-Traumatic Stress in the Fire Service

A 20-year veteran fire fighter at an urban fire department, John Smith had responded to every kind of imaginable — and unimaginable — emergency incident over the course of his career.

As a fire fighter, Smith sees people on their worst days, and the incidents he responds to on a daily basis can be truly horrific.

But it wasn't until he saw a brother fall through the floor of a burning home to his death that the trauma stayed with him, and it seemed it would never get out of his mind. At the most unexpected times, he would relive the tragedy or hear his brother call for help. Every call became a stressful experience, even the most routine.

Smith thought he just needed time to recover, but the anxiety only escalated. Even stepping foot in the firehouse or completing routine tasks became daunting.

But he never told anyone about what he was experiencing. One day, a crew mate took him aside and said, "I think I know what you're going through, and I think I can help."

While this is a fictional account, it depicts an all-too-common behavioral health issue in the fire service.

Emergency responders are more susceptible to Post-Traumatic Stress Disorder (PTSD) because of the nature of the profession, coupled with the personal demands and challenges fire fighters and paramedics face.

"IAFF members respond to any number of incredible events, many of them tragic," says General President Harold Schaitberger. "PTSD is a terrible condition that affects fire fighters and paramedics at double the rate of the general population, and we need a better way to deal with it."

PTSD is among a long list of behavioral health issues facing first responders, and is an ever-growing problem in all ranks of the fire service. Yet all too often, programs for addressing behavioral health issues are not provided.

PTSD manifests following traumatic events. Symptoms include recurrent and persistent recollections or dreams about

the event, intense distress when reminded of the trauma by another event and difficulty functioning and performing day-to-day tasks.

"Trauma is a daily occurrence in our lives," says Dan DeGryse, a member of Chicago Local 2, who spent many years working with the fire department's employee assistance program (EAP). He also helped develop behavioral health services, such as the department's peer support network known as the Gatekeepers, and has completed a 20-year study on suicide in the fire service.

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"All of this trauma has a cumulative effect, and it weighs heavily on us — just as it would on anyone," he says.

It is important to seek help when experiencing high levels of stress, especially post-traumatic stress. If left untreated, PTSD only worsens and can even lead to attempted or successful suicide.

A number of states have introduced presumptive legislation that would add PTSD to the list occupational diseases in first responders for the purpose of workers compensation benefits. Presumptive PTSD laws would also help raise awareness about the disease.

Often, the stigma associated with needing help prevents many in the fire service from admitting something is wrong. In fact, in his study, DeGryse found that 28 percent of fire fighters believe behavioral health issues might hurt their pride or reputation, worry that the information will not remain confidential or say they do not have or are not aware of services that address behavioral health issues.

"People with PTSD are six times more likely to attempt suicide compared to demographically matched controls," says

Dr. Suzy Gulliver, who has participated in a number of studies on PTSD, and currently is founding director and chief of the Warriors Research Institute (WRI), which engages in multidisciplinary studies on the traumatic stress experienced by both soldiers and first responders.

In just an 18-month period from 2008-09, Chicago Local 2 lost seven members to suicide. In 2010, four members of Phoenix, AZ Local 493 took their own lives.

Philadelphia, PA Local 22 has lost at least one member to suicide every year over the past five years. While each situation was different, Local 22 President Joe Schulle

## Providing Behavioral Health Services in the Fire Department

Every fire department needs behavioral health services, but not all have them. Or, the service offered is not enough.

No matter how large or small the department, every behavioral health program should include:

- Confidentiality and trust.
- 24/7 access to behavioral health services.
- Behavioral health education starting with recruit school and including retirees and families.
- Peer counselors for identifying and talking to fire fighters who may need behavioral health assistance.
- Continued education about the behavioral health services available to members.

believes that work policies played a role.

"These policies are unnecessarily adding to our on-the-job stress," he says. "We want to create the best possible environment, establish ways to identify any member who is having behavioral health issues and provide help before it gets worse."

One workplace policy calls for Local 22 members to move to a new firehouse every year.

"This is like taking our members out of their homes," says Schulle. "A firehouse should be a comfort zone, not a place where you are constantly the new person getting used to a new environment."

Another policy causing unnecessary stress affects Local 22 paramedics specifically. Medic units are required to go back into service within 20 minutes after each call. The tight turnaround makes it difficult for paramedics to get paperwork done and the medic unit cleaned up, let alone decompress from a difficult call.

"In Philadelphia, New York, Toronto and all across the IAFF, we are losing too many of our own," says Schaitberger.

"A key to reducing the stigma is awareness," says Frank Leto, a member of the Uniformed Fire Officers Association (UFOA) of New York Local 854 who has spent many years managing the FDNY Counseling Service Unit. "It is important to make sure the behavioral health services are there and are kept confidential."

But only a few departments provide these programs.

The FDNY Counseling Service Unit offers peer counseling and treatment services for substance abuse and related problems.

"We start in recruit school," says Leto, "making sure our rank-and-file know about the services available. Not only does this help reduce the stigma, the constant reminder that services are there increases the likelihood that our members will reach out and accept help when they need it."

In Chicago, one of the most effective aspects of the department's EAP is the Gatekeepers Peer Support Network. "Our peer counselors understand the importance of confidentiality," says DeGryse. In addition, peer counselors wear a special patch to make themselves very identifiable and accessible."

After losing four Phoenix, AZ Local 493 members to suicide in 2010, the local formed a task force to address behavioral health. What emerged is the Firestrong (firestrong.org) wellness program. "The

## PTSD Coverage for Fire Fighters Advancing in Canada

The issue of Post-Traumatic Stress Disorder (PTSD) is emerging from the shadows of the fire service in Canada, leading to a welcome new level of awareness among fire fighters and in some jurisdictions, formal recognition as an occupational disease.

IAFF members in a growing number of Canadian provinces are now protected by legislation that deems PTSD an occupational disease in first responders for the purpose of workers compensation benefits.

In late 2014, the Manitoba government added presumptive PTSD coverage to its legislative agenda, which would make Manitoba the third province to enact presumptive laws covering fire fighters, following on the heels of Alberta and British Columbia, which enacted legislation covering occupational PTSD and other

psychiatric disorders, respectively, in 2012. Alberta's PTSD legislation states, for example, that if a fire fighter, EMT or peace officer is diagnosed with the condition, it is presumed to be a result of their duties unless proven otherwise.

And now the hope is that presumptive PTSD coverage will spread across Canada the same way presumptive cancer legislation did after it was first introduced in Manitoba in 2002. Recently, IAFF affiliates in Saskatchewan, Ontario and New Brunswick approached their respective provincial governments to act on the issue.

Awareness about PTSD among first responders and military personnel in Canada has increased significantly in the past two years due to reports of several suicides and open discussion about PTSD on social media forums. The presumptive legislation in Alberta, British Columbia and potentially Manitoba also helps raise awareness, says Assistant to the General President for Canadian Operations Scott Marks.

"These ground-breaking legislative advances are giant strides in helping to

break down barriers that have existed for too long," says Marks. "They assist greatly with any financial concerns a fire fighter and their family might have about leaving the workplace to seek help and treatment for PTSD, and they help bring the disease out of the shadows that much more. Slowly but surely, the stigma is decreasing; any initiative that makes it easier for fire fighters to seek assistance is an initiative that will save lives."

Above and beyond the question of workers compensation, the best plan for occupational diseases is early detection and early treatment.

*"PTSD and stress are vital components of any health and wellness initiative, and they have sat on the back burner for far too long."*

Fire departments should foster a culture in which there can be open conversations about this particular danger, and that those who may need help know what resources are

available and that they can access those resources promptly and confidentially.

President of the Atlantic Provinces Professional Fire Fighters Association Glenn Sullivan recently lobbied the New Brunswick government to recognize PTSD as an occupational illness in fire fighters. He says three of Fredericton Local 1053's 100 members have been diagnosed with PTSD, and several more are on stress leave. He also notes there have been a number of high-profile suicides among first responders in the province in the past few years.

"PTSD and stress are vital components of any health and wellness initiative, and they have sat on the back burner for far too long," Sullivan says. "We need to make mental wellness a priority, and this means actively lobbying the government for changes to the workers compensation system to streamline the process."

PTSD Canada, which describes itself as "a free social support network for military, first responders and loved ones living with PTSD," tweets regularly about the issue from @PTSDcan. ■



online resource provides information about PTSD and related behavioral health concerns, but it also tells our members where to find support and other help in and outside the department,” says Local 493 president Stephen Beuerlein.

In Washington State, Safe Call Now offers first responders a confidential 24-hour hotline. State Senate Bill 5131, passed in 2009, ensures that records from crisis intervention referral services like Safe Call Now cannot be subpoenaed.

In addition to being confidential under state law, Safe Call Now has established a national network of dual-diagnosis providers who are knowledgeable about insurance options to minimize the financial impact.

## *“Behavioral health services need to be embedded in all fire departments.”*

“Our members worry that a call to a behavioral health services hotline may later be used against them,” says Seattle, WA Local 27 President Kenny Stuart. Local 27 has long been a great supporter of Safe Call Now. “Callers feel safe. That’s important,” he says.

Call takers are also fire fighters and police officers, many of whom have experienced behavioral health issues of their own.

A similar program, the Firefighter Crisis Support and Suicide Awareness Support Line,

established two years ago by the Professional Fire Fighters of Utah (PFFU), “is saving lives,” says PFFU President Jack Tidrow.

Unfortunately, in many departments, even if the stigma is reduced, there are no programs in place for addressing behavioral health issues. Others may offer employee assistance programs (EAPs) but these are simply a referral line to community services.

“We need to do a better job of recognizing the signs and symptoms and providing the tools to help address it,” says Schaitberger. “Behavioral health services need to be embedded in all fire departments.” ■

## Behavioral Health Resources for IAFF Members

One of the biggest issues facing the fire service today is Post-Traumatic Stress Disorder (PTSD) and other behavioral health concerns. But all too often, the symptoms and effects can easily be overlooked as “a part of the job.”

To address the growing concern over PTSD, suicide and other behavioral health problems, the IAFF is developing new resources and tools designed to help affiliates and members recognize the signs and symptoms and provide best practices for addressing these issues.

In addition to offering a workshop on PTSD to the more than 1,600 attendees at the 2015 Affiliate Leadership Training Summit in Anaheim, California, affiliates in nearly all 50 states and Canada simultaneously watched via live stream.

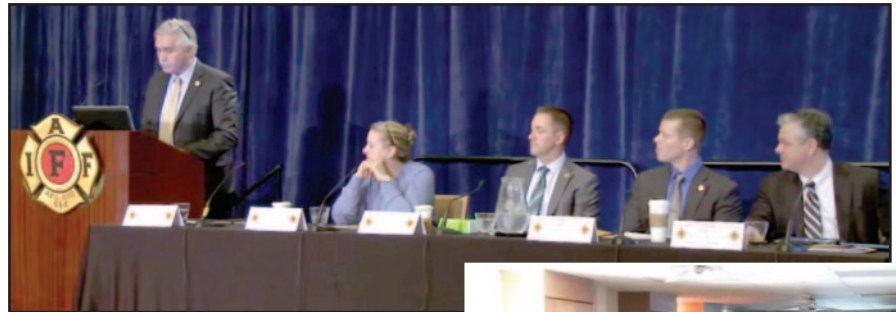
Panelists included:

- Suzy Gulliver, Director, Warriors Research Institute and Professor Texas A&M
- Frank Leto, Uniformed Fire Officers Association Local 854
- Joe Schulle, President, Philadelphia Local 22
- Kenneth Stuart, President, Seattle Local 27
- Patrick Morrison, IAFF Health and Safety (moderator)

The video is now available to all members on IAFF-TV

([www.youtube.com/iafftv](http://www.youtube.com/iafftv))

At the upcoming John P. Redmond Symposium, scheduled for August 25-28, 2015, in National Harbor, Maryland, the IAFF will unveil tools and resources



designed to help affiliates establish behavioral health services for their members. This new peer training and certification program is similar to several other successful IAFF training programs.

In addition, the IAFF is revising the behavioral health chapter of the Wellness-Fitness Initiative (WFI) guidebook.

Working with researchers at Texas A&M College of Medicine and Baylor Scott & White Healthcare, the IAFF also offers new resources for IAFF members dealing with the tragic loss of a fellow brother or sister to suicide. The IAFF has dealt with several members’ suicides as line-of-duty deaths and also responds when requested by the affiliate leadership to locals that have lost a member to suicide.

Funded by a Federal Emergency Management Agency (FEMA) Fire Prevention and Safety grant, researchers from Texas A&M and Baylor Scott & White Healthcare developed standard operating procedures (SOP) for fire departments to use in the wake of a member suicide, as well as an educational and awareness brochure. The SOP was



designed to be used by a variety of departments and can be edited to fit different departmental policies and structures.

The goal is for fire departments to develop their own best practices and guidelines on suicide prevention that address the best course of action for members and the department to take after a tragic loss of a member to suicide. These materials will help identify warning signs of suicide and provide information about common myths and the facts about suicide.

For additional information, visit the Health and Safety page on the IAFF web site or contact the Health and Safety Division at (202) 824-1571. ■