

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS



IAFF Behavioral Health Program

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Assistant to the General President for Health, Safety and Medicine

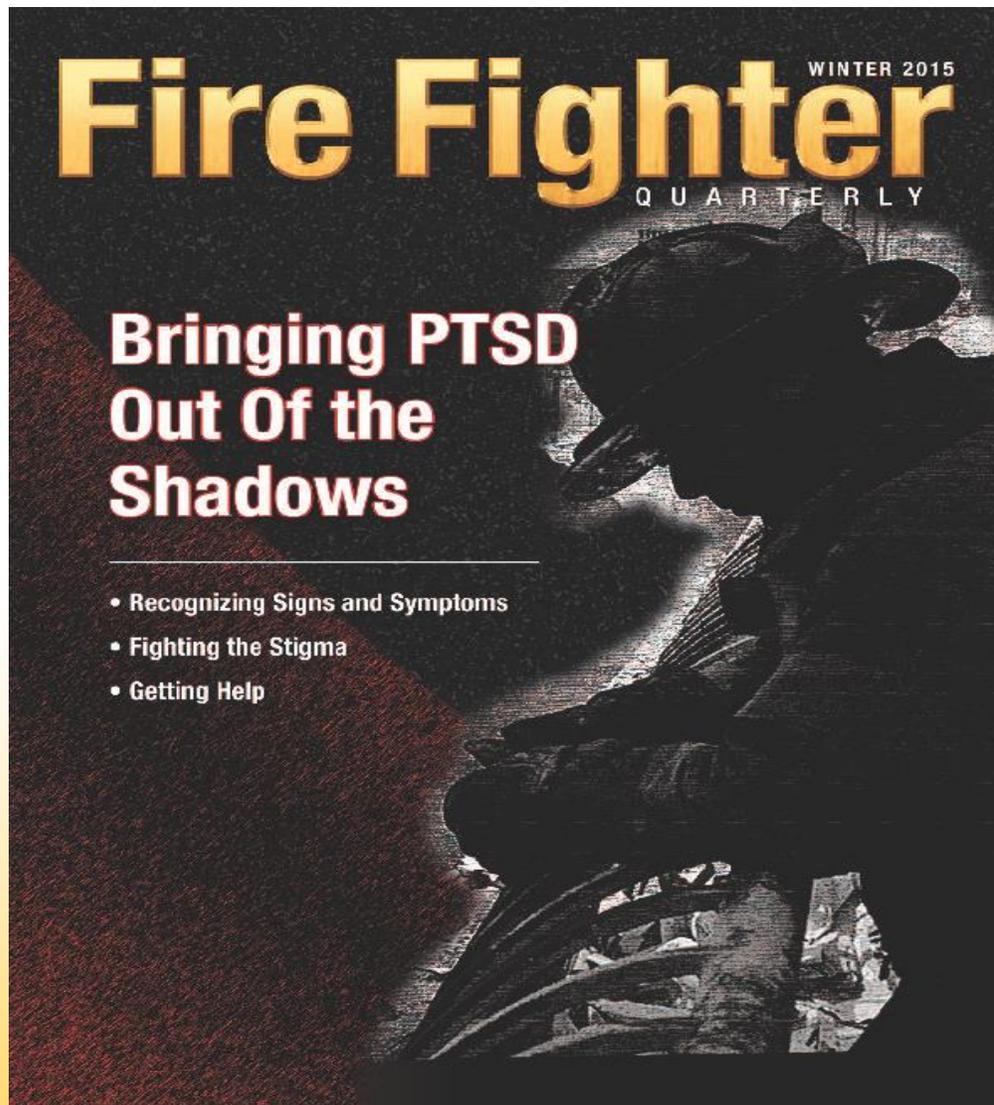
May 15, 2019

Fire Fighter

WINTER 2015
QUARTERLY

Bringing PTSD Out Of the Shadows

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



What the Research Says

- Approximately **22%** of firefighters will meet criteria for **PTSD** during their career
- Between **7-11%** of fire fighters suffer from **clinical depression**
- In one FEMA study, **50%** of fire fighters report **binge drinking** in past month
- Individuals with PTSD are **six times** more likely to **attempt suicide**



What are IAFF Members Telling Us?

- NBC collaborated with the IAFF on a nationwide survey
- Explored behavioral health concerns in the fire service
- Nearly **7,000** IAFF members responded

Video link on the NBC study: https://youtu.be/80K7usDs_8k



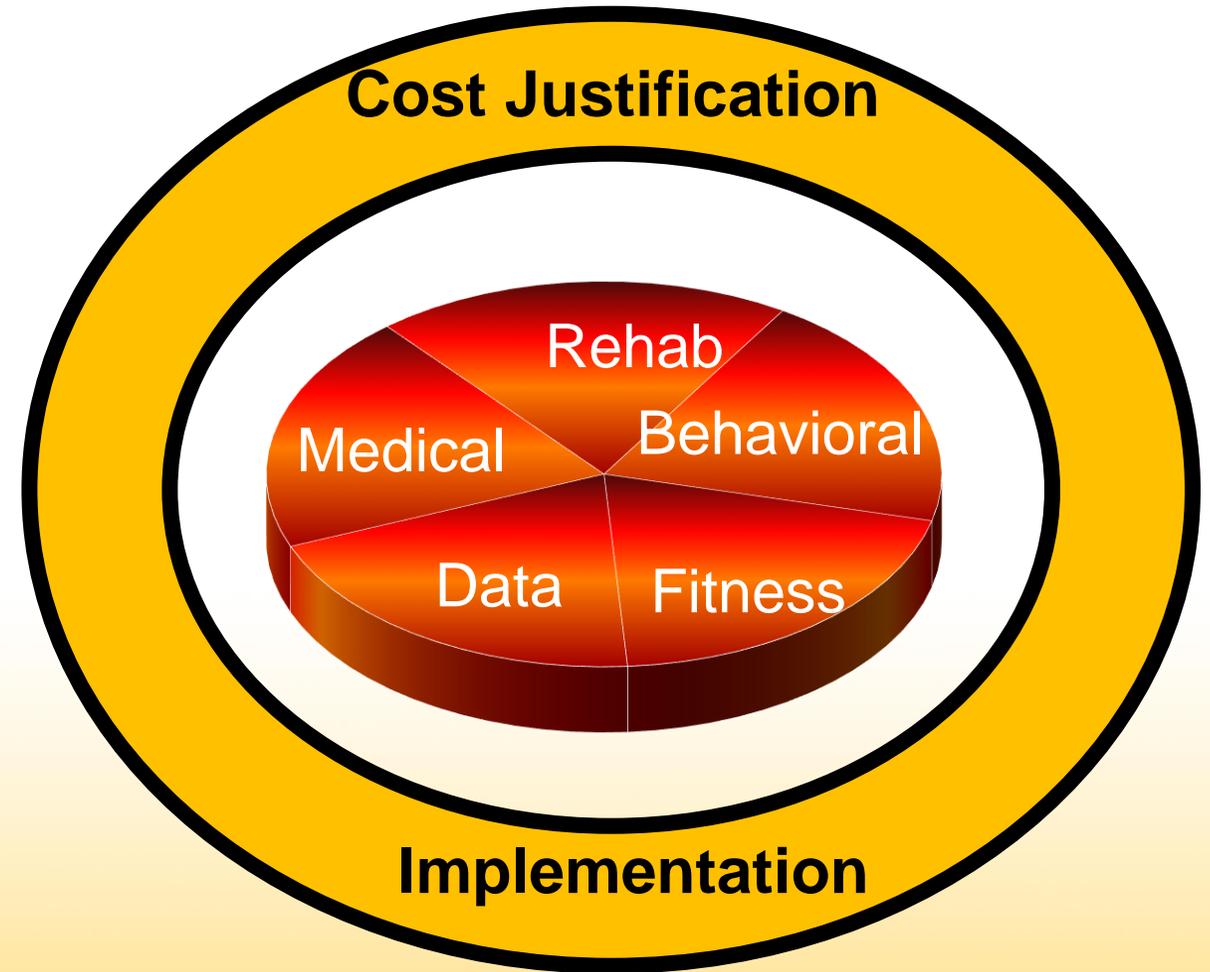
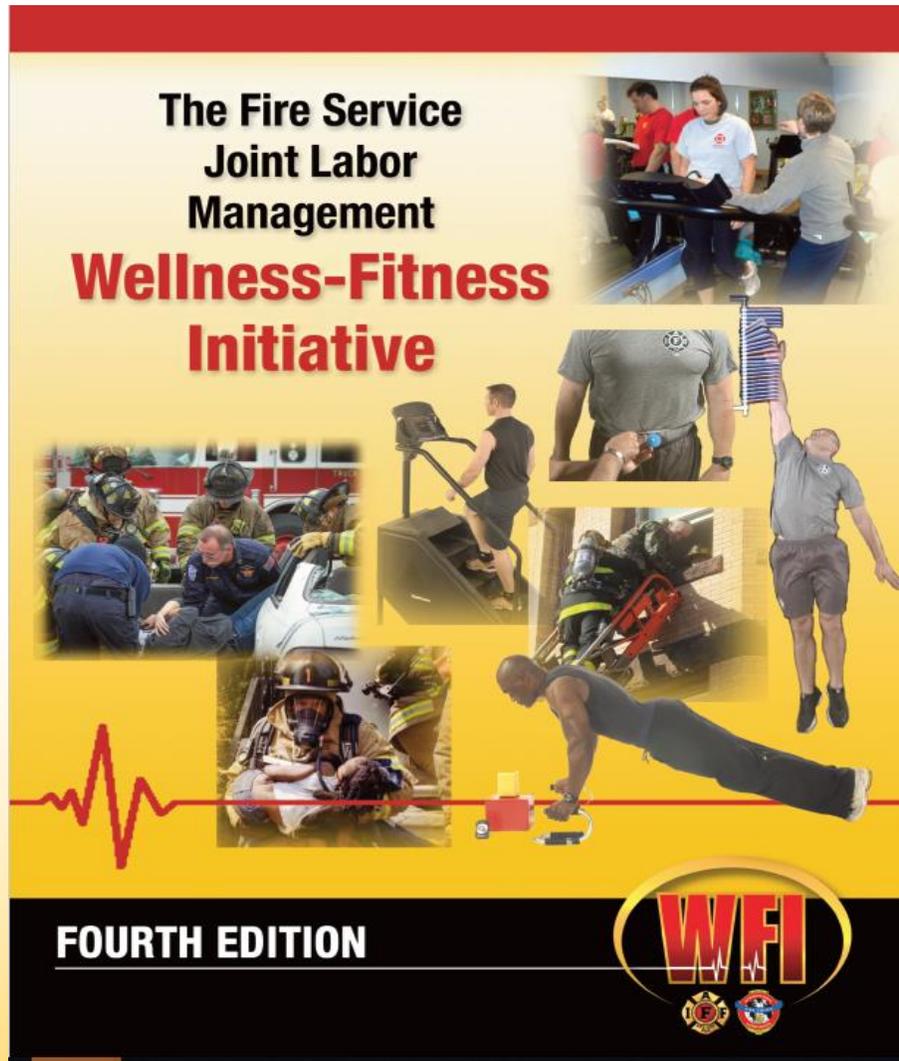
Utilization of Behavioral Health Services

- Despite high rates of stress, **71% have not used EAP**
- Of those that have used EAP, **64% found it not helpful**
- While most have participated in CISM, **51% found it unhelpful**
- Behavioral health awareness education is lacking, **78% received none**
- Training on behavioral health services available through department is lacking, **51% have received none**

81% fear they will be seen as weak or unfit for duty



IAFF Wellness Fitness Initiative (WFI)



What is the IAFF doing in Behavioral Health?



IAFF Online Behavioral Health Awareness Course



IAFF Center of Excellence in Behavioral Health Treatment and Recovery



IAFF Peer Support Training Program



Revising NFPA 1500 and NFPA 1582 Standards



Disaster, Suicide, and LODD Deployments



IAFF Peer Support Disaster Response Training



Education, Technical and Legislative Assistance



IAFF Resiliency Training



Peer Support: Another Bridge to Help



What is Peer Support?

- One fire fighter helping another fire fighter
- Peers are educated on critical behavioral health problems that impact the fire service
- Peers are trained to use active listening, assessment, and crisis intervention skills
- Peers provide a trusted bridge to services
- One more tool in the toolbox



Why do peer support teams need a clinician?

Peer support teams should not function without clinical oversight. A good clinician will play a variety of critical roles:

Provide ongoing clinical supervision to peer teams

Provide periodic education on relevant behavioral health topics

Help vet other local clinicians and treatment facilities

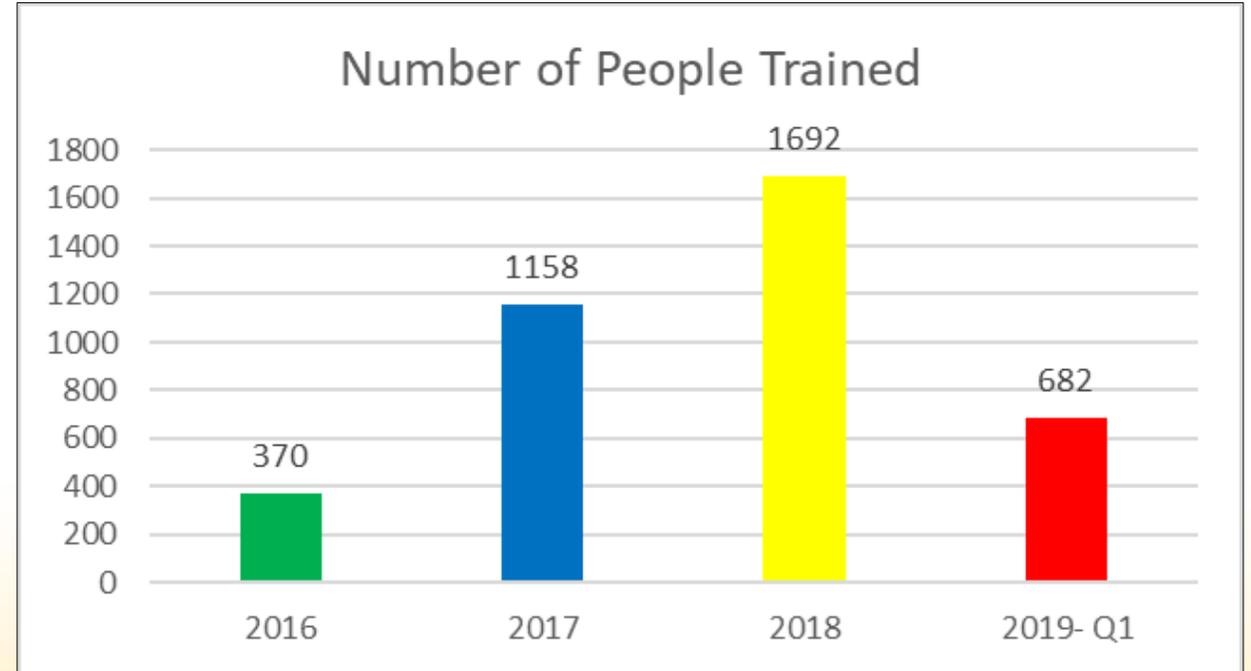
Review relevant standard operating procedures (SOPs)

Accept client referrals from trained peers



IAFF Peer Support Training

- 39 IAFF Master Instructors
- 148 classes delivered
- 3,902+ people trained
- Members from 720 locals
- 2019: On pace for 100 classes this year



Screening a Clinician

- Clinician Must Haves
- Understand fire service culture
- Embrace the peer support model
- Trained in evidence based practices
- Be accessible

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 individual 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, EBT 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 vs. 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.

If you need support:

May 12, 2018

(See guide at <http://www.iaff.org/behavioralhealth>)



IAFF Center of Excellence





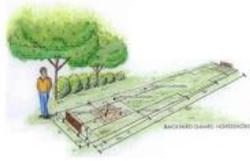
EXISTING CONDITIONS



SITE FURNITURE



GRASS VOLLEYBALL COURT



HORSESHOE COURT



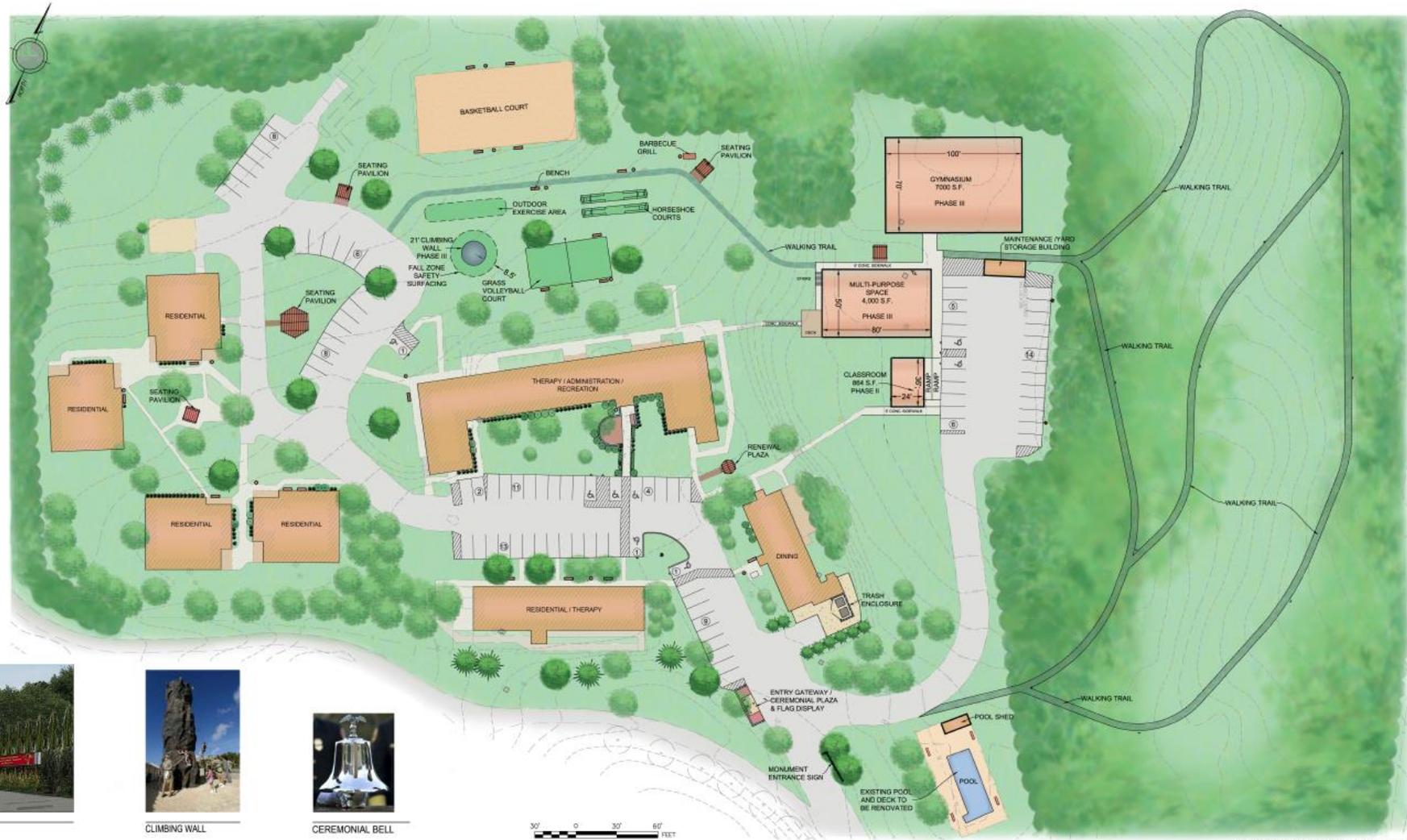
ENTRYWAY DESIGN



CLIMBING WALL



CEREMONIAL BELL



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SITE PLAN



IAFF CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH TREATMENT AND RECOVERY
 INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
 ADVANCE RECOVERY SYSTEMS
 15401 EDENHURST ROAD
 UPPER MARYLAND, MARYLAND

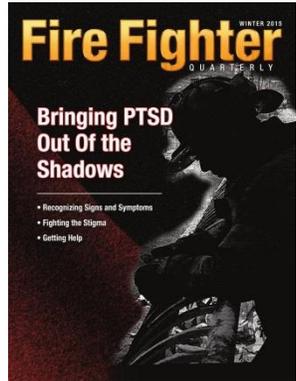
ADVANCED RECOVERY
 an advanced approach to patient care
 OCTOBER 2016

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NO.	DATE	REVISION	BY	CHK.	DATE	REVISION	BY



IAFF Behavioral Health



Summer 2015
Peer Support
Course
Development

Spring 2016
Launch Peer
Support



April 2017
Mental
Health
License

Spring 2015
Online Awareness
Course

January 2016
Beta Classes
Hired
Behavioral
Health
Specialist



March 2017
Grand
Opening



IAFF Behavioral Health Part 2



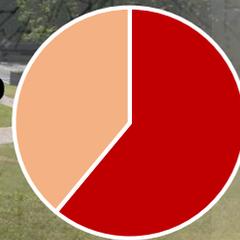
The IAFF Center of Excellence

Fire Fighters experience a range of behavioral health problems, not only PTSD.

Total Members Treated at the IAFF Center of Excellence to Date: 750

PTSD= 283

40%



60%

Other Clinical Issues

- Major Depressive Disorder
- Bipolar Disorder
- Substance Use Disorder
- Social Anxiety Disorder
- Personality disorders
- Other compulsive behaviors

Admissions as of 5/15/19



Expanding IAFF Behavioral Health Training

- IAFF Resiliency Training- Available Fall 2019
- IAFF Disaster Response Peer Training- Available Fall 2019
- IAFF Clinician's Awareness Course – coming in 2020
- IAFF Peer Recovery Mentor Course – coming in 2020
- IAFF Suicide Intervention Training- coming in 2020



New Course Offering: IAFF Resiliency Training

Course Format and Delivery

- One day 8-hour in-person course
- 6.5 hours of lecture, discussion, and skill building
- Two components of online pre-course content
 - Individual Assessments (CD-RISC & PANAS)
 - Organizational Resilience Videos
- Will be adapted to train-the-trainer

IAFF Resiliency Training



IAFF Resiliency Training

Define Resiliency

Assess Personal Resiliency

Understand the Importance of Resiliency

Explore Accountability for Organizational Resilience

Identify Factors that Predict Resiliency

Explore Six Critical Concepts to Build Resilience

Gain Practical Skills to Build Resiliency at Work and Home

PROGRAM OBJECTIVES



IAFF Behavioral Health Resource Guides

Building a Comprehensive Behavioral Health Program

CHECKLIST

Use the following Record next step

Program Comp

- Employee Assistance
- Member Assistance P
- Behavioral Health Sta
- Behavioral Health Spa
- Peer Support Program
- Family Services/ Outr
- Retiree Services/ Outr
- Chaplain

Program Referr

- List of vetted outpati
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- List of vetted inpati
- List of vetted 12 step

Critical Questio

- Do you survey your m and utilization of cur
- Do you currently offer both members, recr
- Do you conduct annu health evaluation or a
- Do you have a griev procedure?
- Do member insuranc substance abuse trea
- Are there SOPs in plac

10 Steps to Build Your Peer Support Program

A robust peer support program is the 10 steps out

1. OBTAIN I

Identify the support needed and behavioral health resources to help make the ca

2. IDENTIFY

Lead a team of health professionals to identify the support needed and behavioral health resources to help make the ca

3. RECRUIT

Once you have a team in place, you need to recruit a broad base of support to help make the ca

4. DEVELOP

Identify the support needed and behavioral health resources to help make the ca

5. IDENTIFY TO PROVIDE

Once you have a team in place, you need to identify the support needed and behavioral health resources to help make the ca

Coping with Grief: Fire Fighters

What is grief?

Grief is a normal response to the loss of someone or something. For firefighters, the loss can be a fellow firefighter or a loved one.

What should I expect?

Grief is not a linear process. It can be a roller coaster of emotions. Common feelings include sadness, anger, and guilt.

How can I cope?

Seeking support from family, friends, and colleagues can be helpful. Engaging in activities you enjoy and taking care of yourself are also important.

When should I seek help?

If your grief is interfering with your daily life, it's important to seek professional help. A therapist can provide strategies to manage your grief.

Resources

IAFF Behavioral Health Resources: iaffbehavioralhealth.org

Peer Support

Peer support programs provide a safe space for firefighters to share their experiences and receive support from those who understand.

Self-Care

Regular exercise, a healthy diet, and adequate sleep are essential for maintaining good mental health.

Professional Help

Therapists can help you understand your grief and develop coping strategies. Some therapists specialize in working with firefighters.

Support Groups

Support groups provide a chance for firefighters to connect with others who have similar experiences and share their coping strategies.

Conclusion

Grief is a natural part of life, and for firefighters, it can be particularly challenging. Seeking support and taking care of yourself are key to managing grief.

Finding the Right Clinician: 7 Questions to Ask

1. What is your background and experience with firefighters?

Firefighters face unique challenges, so it's important to work with a clinician who understands your profession. Ask about their experience with firefighters and how they tailor their treatment.

2. How do you approach grief and trauma?

Understanding your clinician's approach to grief and trauma is crucial. Ask about their theoretical orientation and how they integrate it with your needs.

3. What are your credentials and certifications?

Ensure your clinician has the necessary credentials and certifications. This includes a master's or doctorate degree and licensure in your state.

4. How do you measure progress and outcomes?

Effective treatment should include regular assessment of progress. Ask how your clinician measures outcomes and how they adjust treatment based on your progress.

5. What are your availability and logistics?

Practical considerations like location, hours, and insurance are important. Ask about your clinician's availability and how they handle insurance billing.

6. How do you handle confidentiality and privacy?

Confidentiality is a top priority in mental health care. Ask about your clinician's policies on confidentiality and how they ensure your privacy.

7. What are your fees and payment options?

Understanding the cost of treatment is essential. Ask about your clinician's fees, payment options, and whether they accept your insurance.

Final Thoughts

Choosing the right clinician is a critical step in your recovery. Take your time, ask questions, and trust your instincts to find the best fit for your needs.

Resources

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Peer Support

Peer support programs provide a safe space for firefighters to share their experiences and receive support from those who understand.

Post-Traumatic Stress, Acute Stress Disorder

How to Support a Crew Member Returning

Tough Talk: How to Talk to Your Kids About Tragedy

Tough Talk: Talking to Your Spouse About Tragedy

When Disaster Strikes: Self-care for Deployed Members

Telling Kids the Truth

As a firefighter or EMT, it's your job to help others in need. But when it comes to your own family, it's important to be honest and supportive.

Consider the Age

The developmental stage of your children affects how they understand and cope with tragedy. Tailor your communication to their age and maturity.

Be Honest and Supportive

Children need to know the truth about what happened. Provide support and reassurance as they process the information.

Offer Reassurance

Reassurance is crucial for children coping with tragedy. Let them know you are there for them and that they are safe.

Encourage Open Communication

Encourage your children to express their feelings and ask questions. Create a safe space for them to talk about their experiences.

Seek Professional Help

If your child is struggling significantly, seek professional help. A therapist can provide strategies to help them cope.

Resources

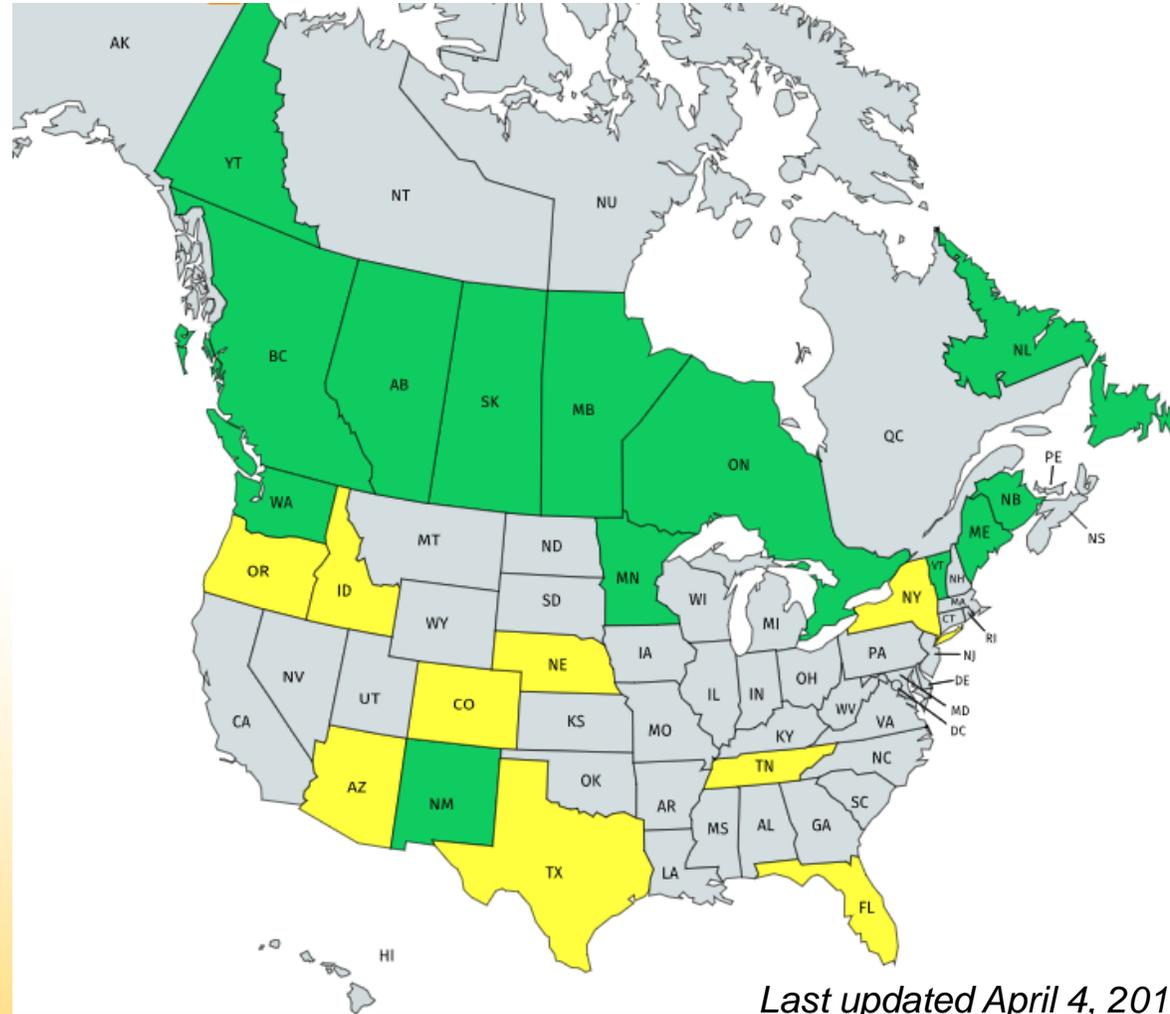
IAFF Behavioral Health Resources: iaffbehavioralhealth.org

New Resources Available at iaffbehavioralhealth.org



PTSD Presumptive Laws

-  PTSD/MH Presumption
-  PTSD/MH Benefit Eligibility



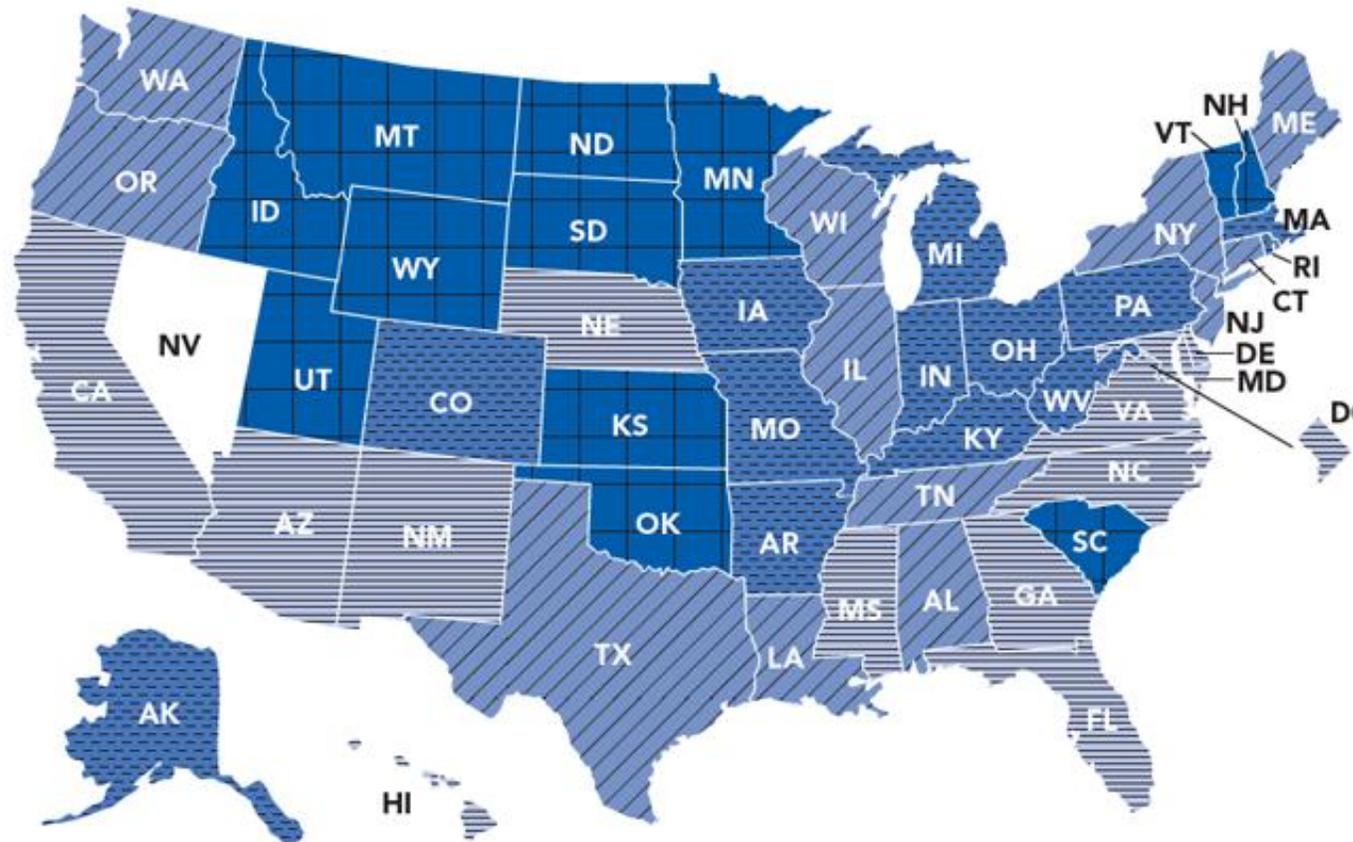
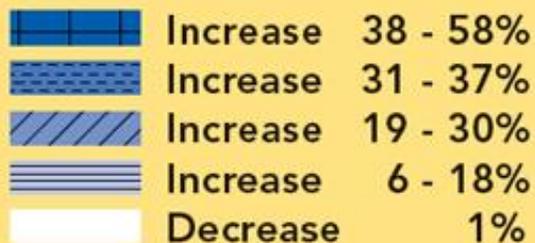
Leading Causes of Death, United States, 2016

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,816	Unintentional Injury 1,261	Unintentional Injury 787	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Short Gestation 3,927	Congenital Anomalies 433	Malignant Neoplasms 449	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	SIDS 1,500	Malignant Neoplasms 377	Congenital Anomalies 203	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Low. Respiratory Disease 131,002	Unintentional Injury 161,374
4	Maternal Pregnancy Comp. 1,402	Homicide 339	Homicide 139	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	Chronic Low. Respiratory Disease 17,810	Cerebrovascular 121,630	Chronic Low. Respiratory Disease 154,596
5	Unintentional Injury 1,219	Heart Disease 118	Heart Disease 77	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebrovascular 142,142
6	Placenta Cord Membranes 841	Influenza & Pneumonia 103	Chronic Low. Respiratory Disease 68	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	Bacterial Sepsis 583	Septicemia 70	Influenza & Pneumonia 48	Chronic Low. Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebrovascular 5,353	Cerebrovascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Respiratory Distress 488	Perinatal Period 60	Septicemia 40	Cerebrovascular 50	Chronic Low. Respiratory Disease 206	Cerebrovascular 575	Cerebrovascular 1,851	Chronic Low. Respiratory Disease 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Circulatory System Disease 460	Cerebrovascular 55	Cerebrovascular 38	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Neonatal Hemorrhage 398	Chronic Low. Respiratory Disease 51	Benign Neoplasms 31	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965



Increasing Suicide Rates

Suicide rates rose across the US from 1999 to 2016.

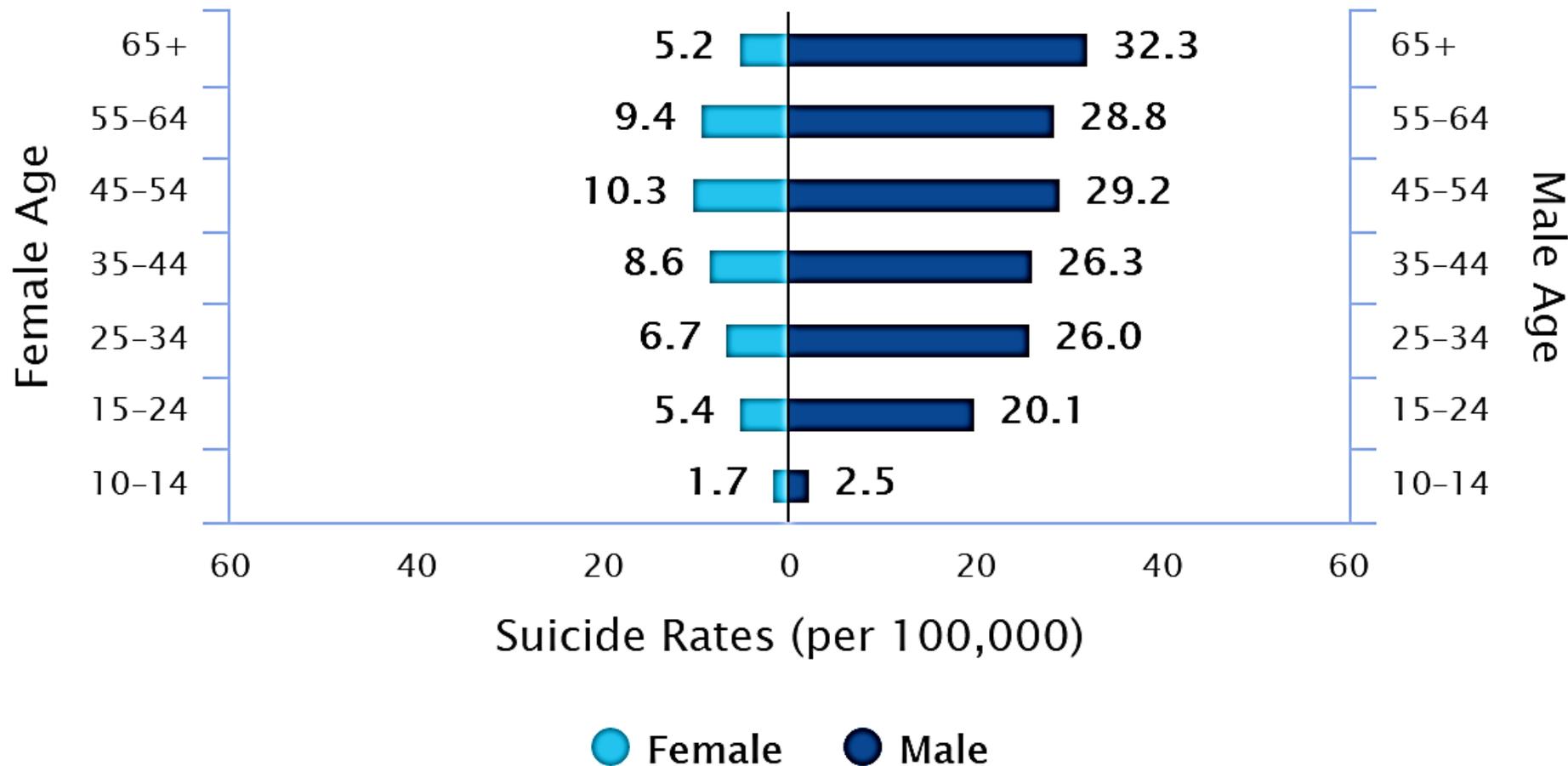


SOURCE: CDC's National Vital Statistics System;
CDC Vital Signs, June 2018.

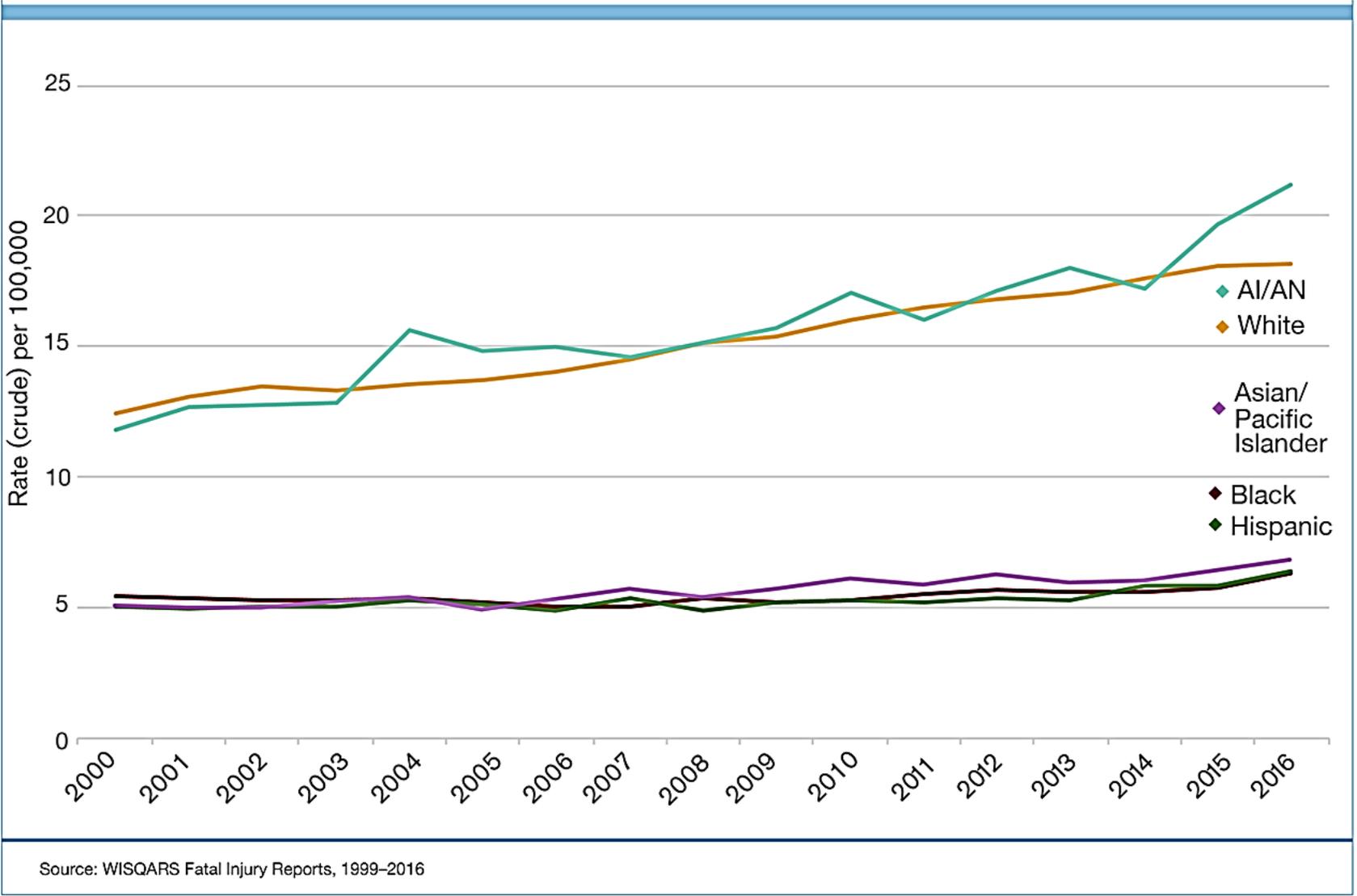


Suicide Rates by Age and Sex in the US (2016)

Data Courtesy of CDC



Rate of Suicide by Race, US 2000-2016



Helping Emergency Responders Overcome Act

- H.R. 1646, reintroduced in 2019
- Introduced by Rep. Bera (D-CA)
- Would develop system to collect data on first responder suicide; require annual report to Congress
- Would allow grant funding to establish or enhance peer-support programs



Thank You

