

Callback Documentation Forms

The callback is one of the defining principles of this program and is required with each person on which CFA is used. At least one follow-up notification must be made. Follow department policy.

- ✓ Note: Please make sure you have the Resource Guide, full version and the 1-page handout with you when you call.
- ✓ In a general sense, the caller will review the 7 Rs with the help seeker while ascertaining their current state and providing education about various strategies to manage potential issues.

There is a separate review form for behavioral and traumatic stress sufferers as many of the related challenges may be different. The caller should refer to the correct review form and take notes as appropriate. Remember the information discussed during this phone call is confidential and should not be shared outside official and accepted channels. Remember that mandated reporter rules apply.

If the help-seeker may benefit from subsequent contacts, it is permitted to do so.



Review Form: Behavioral

For those with diagnosed behavioral disorders it is critical that professional clinical care be sought. If the help seeker does not have a regular clinician the caller may help them find one using the Resource Guide.

Assigned Dept. Caller Name: _____ Name: _____

Date: _____ Call Made Time: _____ Call Terminated Time: _____

Spoke to person

Left Message: Complete form on callback.

✓ Rapport

- Introduce self
- Explain why the call is taking place.
 - I am calling to check on your well-being and make sure you are beginning to cope with the event you witnessed
- How are you feeling right now?
 - Are you better/worse than before?
- Are basic needs being met? Are you taking care of yourself?
 - Food, shelter, support

Script:

“Hello, this is Chief/Captain/Lieutenant/Chaplain _____ of the Fire Department. I am calling to follow up with you regarding an incident that occurred several days ago. We at the Joliet Fire Department want to make sure that you are receiving the care and support you need to effectively manage your condition and would like to aid if you require help. People who experience behavioral issues may require assistance in securing professional mental health care or may just need to talk to someone..

Would you be willing to share with me how you are doing right now? Are you feeling better, the same, or worse than a few days ago?

Are you ensuring that all of your basic needs are being met including shelter, food, medication, sleep, exercise, and other issues that affect your general well-being? Do you need anything from us?"

Notes: _____

✓ **Reflect**

- Open ended questions
- Listed nonjudgmentally
- Reflect
- Summarize

"We believe that it is particularly important to contact those in our community who experience behavioral emergencies to ensure that they are managed early and do not develop into more serious mental health related issues. Is there anything you would like to discuss?"

Notes: _____

✓ **Reassure**

- Normalize
- Affirm
- Encourage

"We want to assure you that negative reactions to behavioral emergencies are completely normal and are to be expected - for a time. If you are concerned about a specific reaction you may be experiencing we may be able to refer you to

more definitive clinical care to talk to a mental health professional if you do not already have one. It is important for you to know that we are there for you in your time of need. If, at any time, you have concerns, questions, or require information, please call us at _____.”

Notes: _____

✓ Resilience

- Coping
- Social Support

“In addition to our services, we would like to ensure that you have developed effective coping mechanisms for dealing with behavioral issues and have a network of people who could provide social support in times of crisis. These may be of benefit to you in the future should experience another behavioral emergency.

When we discuss coping, we discuss how people manage stress in their lives. This may include a wide array of activities. Examples of effective coping mechanisms are as varied as the people who use them and may be classified as productive and nonproductive.

Examples of productive coping include improving relationships, compartmentalizing the problem, humor, focusing on positive aspects of the problem, and healthy distraction. Examples of nonproductive coping include dwelling on the negative, self-blame, worry, and substance use. Productive methods are more conducive to health, and nonproductive can be damaging.

If you have not already, it may be beneficial for you to think about what coping techniques have helped you in the past and apply them to the current situation. We know that interpersonal support is one of the most effective mechanisms by which people manage traumatic stress reactions. Sources for social support include friends, family, coworkers, neighbors, and church/religious groups. Have you made use of these people for help? Do you plan to? Do you need assistance?”

Notes: _____

✓ **Resources**

- Crisis Lines
- Support Groups
- Clinical Care
- New Normal

“Some emotional and psychological issues are outside of our ability and training to manage. For this reason, we can help you access resources which may be able to help if you need it. Some commonly used resources to those in your position are clinical care, crisis lines, support groups, and information on general extended health and the new normal.

You should have received a resource sheet from firefighters on the scene. If you have misplaced it, I can send you another. On the front of the resource sheet, you will see a QR code printed on the top left corner. This will give you access to a larger, more comprehensive Resource Guide that is filled with resources.”

Crisis Lines

Crisis telephone and texting lines exist for traumatic stress, suicide, general conversation, spiritual care, grief, substance abuse, and a host of other potential traumatic stress reactions and mental issues. The logic behind the crisis line is that a compassionate and knowledgeable person is available when required. The Resource Guide lists several many of these numbers.

Support Groups

Similar to the rationale of crisis lines, support groups help people manage all sorts of issues. These groups meet in person and, in some cases, online to lend support to those in need. The Resource Guide contains information related to accessing these services.

Extended Health & New Normal

Sometimes, people who experience issues may not seek to maintain or improve their health post-incident. For this reason, the Resource Guide contains information reminding the person to manage their health appropriately. Issues such as sleep, diet, establishing and maintaining a routine, exercise, and the dangers of self-medication and substance abuse are addressed. While it may be true that the person may never be "normal" again, the event will develop into a "new normal" from which the person may begin anew.

Emergency Department (ED)/Clinical Care

There may be times where they help seeker is insubstantial distress. In this case, the caller must ascertain whether an ambulance should be sent to their location.

If the help-seeker is suicidal, homicidal, or otherwise out of control, the caller must send ambulance and police resources. Keep the person on the line as long as possible and discuss whether they have means and/or a plan (and communicate that to the dispatcher). If the help seeker threatens violence or is acting erratically, immediately communicate that information to the dispatch center so police and fire crews may be prepared.

If an ambulance is not necessary in the caller's opinion (not suicidal, homicidal, or out of control), then they should refer the individual to clinical care, found in the Resource Guide.

Notes: _____

✓ **Psychoeducation: Behavioral**

For diagnosed psychological disorders we recommend that psychoeducation regarding your specific condition be done at the professional clinical level. If you do not have a mental health provider, you may visit your primary care provider for help, or we may help you find a local

✓ **Coping Strategies**

- Coping skills are critical when managing stressful situations. There are two distinct types of coping skills, productive and nonproductive.
- Productive coping strategies contribute more to good mental health than nonproductive coping strategies.

✓ **Productive coping strategies:**

- ✓ Positive thinking:
“Things will be ok.”
- ✓ Maintaining social support:
Contact loved ones.
- ✓ Compartmentalizing the problem:
Putting it out of your mind
- ✓ Humor:
- ✓ Laughter can be good medicine.
- ✓ Spiritual support seeking
- ✓ Relaxing, healthy diversions

“It won’t work out.”

- ✓ Self-blame:
“It’s my fault.”
- ✓ Worry:
Inability to stop thinking about the event.
- ✓ Tension reduction:
Drugs or alcohol.
- ✓ Not coping to the point of illness

Is there anything else we can help you with?

May I send a text link to our satisfaction survey?

- ✓ **Nonproductive coping strategies:**
- ✓ Negative thinking:

Review Form: Traumatic Stress

Assigned Dept. Caller Name: _____ Name: _____

Date: _____ Call Made Time: _____ Call Terminated Time: _____

Spoke to person

Left Message: Complete form on callback.

✓ Rapport

- Introduce self
- Explain why the call is taking place.
 - I am calling to check on your well-being and make sure you are beginning to cope with the event you witnessed
- How are you feeling right now?
 - Are you better/worse than before?
- Are basic needs being met? Are you taking care of yourself?
 - Food, shelter, support

Script:

“Hello, this is Chief/Captain/Lieutenant/Chaplain _____ of the Fire Department. I am calling to follow up with you regarding an incident that occurred several days ago to which you were a witness/involved party. We at the Joliet Fire Department want to make sure that you are managing the effects of traumatic event exposure effectively and would like to provide assistance if you require help. People who are exposed to traumatic stress may have many different reactions depending upon numerous personal factors and personality traits, and some find it helpful to discuss events after some time has passed.

Would you be willing to share with me how you are doing right now? Are you feeling better, the same, or worse than a few days ago?

Are you ensuring that all of your basic needs are being met including shelter, food, medication, sleep, exercise, and other issues that affect your general well-being? Do you need anything from us?”

Notes: _____

✓ **Reflect**

- Open ended questions
- Listed nonjudgmentally
- Reflect
- Summarize

“We believe that it is particularly important to contact those in our community who experience traumatic stress inducing events to ensure that these reactions do not develop into more serious mental health related issues. Is there anything you would like to discuss regarding the incident that took place a few days ago?”

Notes: _____

✓ **Reassure**

- Normalize
- Affirm
- Encourage

“We want to assure you that negative reactions to traumatic stress inducing events are completely normal and are to be expected - for a time. If you are concerned about a specific reaction you may be experiencing we may be able to refer you to more definitive clinical care to talk to a mental health professional. It is important for you to know that we are there for you in your time of need. If, at

any time, you have concerns, questions, or require information, please call us at _____.”

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✓ **Resilience**

- Coping
- Social Support

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When we discuss coping, we discuss how people manage stress in their lives. This may include a wide array of activities. Examples of effective coping mechanisms are as varied as the people who use them and may be classified as productive and nonproductive.

Examples of productive coping include improving relationships, compartmentalizing the problem, humor, focusing on positive aspects of the problem, and healthy distraction. Examples of nonproductive coping include dwelling on the negative, self-blame, worry, and substance use. Productive methods are more conducive to health, and nonproductive can be damaging.

If you have not already, it may be beneficial for you to think about what coping techniques have helped you in the past and apply them to the current situation.

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Notes: _____

✓ **Psychoeducation: Common Signs of Traumatic Stress**

There are several ways in which traumatic stress may manifest itself in your life. Several of these ways include emotionally, physically, behaviorally, and cognitively. Please be aware of the following potential responses.

Emotional Responses (Feeling)

- Disconnected feeling
- Anxiety
- Irritability
- Sadness
- Depression
- Anger
- Grief
- Disbelief

Physical Responses (Discomfort)

- Nausea,
- stomach upset
- vomiting
- Hyperventilation

- Tachycardia
- Lightheadedness

Behavioral Responses (Acting)

- Alcohol/drug use
- Excessive eating
- Withdrawal
 - 1000-yard stare (dissociation)

Cognitive Responses (Thinking)

- Sensory distortion
- Guilt
- Confusion
- Concentration difficulties

✓ **Coping Strategies**

- Coping skills are critical when managing stressful situations. There are two distinct types of coping skills, productive and nonproductive.
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✓ **Productive coping strategies:**

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✓ **Nonproductive coping strategies:**

- ✓ Negative thinking:
“It won’t work out.”
- ✓ Self-blame:
“It’s my fault.”
- ✓ Worry:
Inability to stop thinking about the event.
- ✓ Tension reduction:
Drugs or alcohol.
- ✓ Not coping to the point of illness

Notes: _____

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