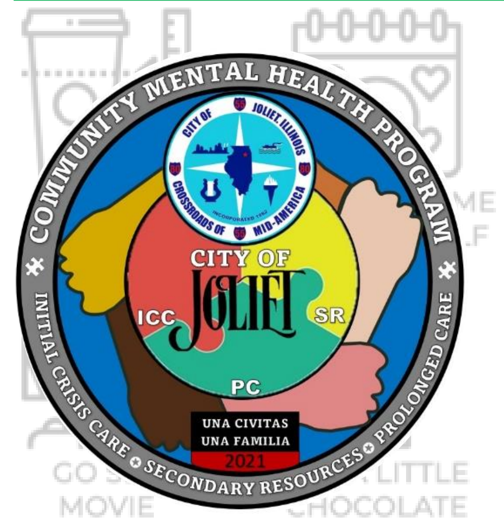
STUDENT GUIDE

City of Joliet Community Mental Health Program & Crisis First Aid for Paramedics (CFA-P)

2021/22 GUIDELINES



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PURPOSE

The purposes of this manual are to reinforce instruction regarding the Joliet Community Mental Health Program and serve as a reference for those working in the field.

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DISCLAIMER

Every reasonable effort has been made to ensure that this manual adheres to best practices in mental health and psychological first aid precepts. These precepts change over time, however, and this manual may become outdated. Additionally, due to the unpredictable nature of incidents, this manual cannot address every possible situation that may be encountered in the field. The Paramedic should always practice scene safety and use their best judgement at all times.

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FULL STUDENT MANUAL

CRISIS FIRST AID FOR PARAMEDICS (CFA-P)

This document contains the program description for the City of Joliet Community Mental Health Program and Crisis First Aid for Paramedics. Students should familiarize themselves with the entire program to understand the rationale for its use and to learn specific techniques.

This manual contains a synopsis of the mental health challenges in the City of Joliet, the challenges experienced by the Joliet Fire Department (JFD), the Crisis First Aid for Paramedics Program (CFA-P), and the general guidelines of the mental health care process to be adopted within the City of Joliet.

The companion materials to the Program Manual include:

- Instructional video presentations, lasting about 1.5 hours;
- A comprehensive workbook to facilitate understanding of the material;
- Course Pretest;
- Practical Evaluation Form;
- Resource Guide;
- Course Evaluation.

These materials will be attached to your assignment email, along with the link and instructions to access the class.

SECTION 1: THE NEED

For decades, the need for readily accessible and effective community mental health has been present. This need has become increasingly apparent and has come to the forefront of the public consciousness. While mental and emotional health challenges are not new, the social contexts of individuals within the community and the need for robust care have entered mainstream awareness. There are many components to such care and creating programs from scratch can be a complex task.

There are many potential solutions to community mental health care problems and different methods are already in use throughout the country. While there are many valid and aggressive ideas in circulation that describe care for those in need, local leaders must face certain realities. Budgetary constraints plague many villages, towns, and municipalities, making large-scale programs costly and impossible to maintain long term. Additions of personnel such as social workers or other mental health care professionals require great expenditures for salaries, benefits, and training.

This cost is to say nothing of certain inherent risks of sending mental health professionals into the field where injury and other dangerous events are a distinct possibility. Mental health professionals may be inexperienced in managing behavioral issues in the home environment and may be unaware of potential dangers. Further, monies attained through grants require thorough documentation and, by definition, are temporary, meaning that communities must bear costswhen the grant funding ends.

The purpose of this document is to introduce an alternative method for community mental health care that is comprehensive and sustainable using, in many cases, resources that already exist within the City of Joliet and surrounding areas.

This program involves three separate tiers that will better meet the needs of those with mental and emotional problems and those exposed to traumatic stress-inducing events.

The three tiers addressed within this program include initial response, secondary

support, and definitive and clinical care. The members of the Joliet Fire Department will complete the initial response. This Department consists of approximately 200 personnel, most of whom are trained to the Emergency Medical Technician-Paramedic (EMT-P) level. The training that these Paramedics already possess makes them ideal responders to both physical and mental calls for service.

With a short training program specific to this group, the Paramedics will learn to better communicate with those experiencing traumatic stress, mental illness, and emotional challenges, allowing for the potential for better long-term results. This training will be provided by members of the Joliet Firefighters Peer Support Group and may, in time, decrease hospital transports.

Secondary support has long been a significant challenge for traumatic stress sufferers and mental health patients in many locales. While not all patients will require transport to the hospital, some may require secondary support through communication with trained counselors who operate off-site. This support allows Paramedics to leave the scene and return to service knowing the patient is still communicating with a trained counselor.

The support mentioned in this program and listed in the Resource Guide includes one 24-hour crisis resource (the Crisis Text Line) and many other non-24-hour resources. The Crisis Text Line is a national 24-hour texting crisis support service that uses trained counselors. The Resource Guide will be given to the help-seeker during all behavioral and traumatic stress calls for service.

Finally, the definitive and clinical care aspect of the program includes the local hospitals to which the Joliet Fire Department transports patients and a variety of clinical mental health care resources. The hospitals include St. Joseph Medical Center and Silver Cross Hospital. While these facilities may not be ideal for long-term mental health patients, they provide a safe environment for those with substantial needs until clinical mental health care can be arranged. The true endpoint is securing clinical mental health care for the person if required.

This Guide will detail the program that the Joliet Fire Department will adopt in cooperation with their partners. Combining these resources is the best current method to provide cost-effective and reliable support to those experiencing

behavioral and emotional difficulty.

This Guide is separated into six sections. Section One serves as an introduction to the proposed process. Section Two discusses the responses to mental health challenges that test the members of the Joliet Fire Department and the current system that they employ regarding mental health. Section Three describes the Crisis First-Aid for Paramedics (CFA-P) Program that will be taught to the members of the Joliet Fire Department by the Joliet Firefighters Peer Support Group to enable Paramedics to better communicate with those in distress. Section Four discusses secondary resources. Section Five examines the definitive care aspect of the program. Section Six will survey the entire process that will be followed in this new program and reveal new policies of the program.

There are several goals contained within this Guide. The primary goal is to provide the public with appropriate care for behavioral health issues they may be experiencing or traumatic stress that they have encountered. The appropriate care for patients in these conditions is not always transporting to the emergency department (ED). There are often times when patient health and safety concerns require transport to the hospital; this will not change. However, what this program attempts to accomplish is potentially to aid the help seeker in beginning to learn how to manage their issues and refer them to other forms of care, so they are not lost in the shuffle.

SECTION 2: THE JOLIET FIRE DEPARTMENT

The Joliet Fire Department (JFD) serves the citizens and visitors to the City of Joliet. The population of Joliet nears 150,000, and the Joliet Fire Department responds to over 21,000 calls for service annually from nine strategically located fire stations. Of the 21,000 calls for service, approximately 18,000 are for emergency medical services (EMS), of which approximately 2,500 calls are for behavioral issues. These behavioral issues can take many forms, from suicidal patients to anxiety and loneliness and isolation to depression.
Joliet maintains nine advanced life support (ALS) ambulances staffed 24 hours a day, seven days a week. These ambulances are staffed with both firefighters trained to the EMT-P level in most cases. The JFD operates fire apparatus at each station, including fire engines and trucks.

Current Emergency Medical Services (EMS) System
The JFD operates within Region 7 of the State of Illinois EMS system. Each region within the state has unique policies, procedures, and standing medical orders (SMO) that they maintain and to which EMS personnel within their regions must adhere. 11 hospitals (some with Resource and some with Associate designations) and six EMS systems are affiliated with Region 7. The JFD currently operates within the Silver Cross EMS System and uses Silver Cross Hospital located in New Lenox, Illinois, as its resource hospital.

Level of Behavioral Training for JFD Paramedics
As Paramedics, the members of the Joliet Fire Department have acquired certain competencies through training, education, and experience. Most of the JFD Paramedics are trained by the Silver Cross Emergency Medical Services (SCEMS) System Paramedic Program. They must complete continuing education credits to maintain licensure. The SCEMS Paramedic program follows National Registry of Emergency Medical Technicians (NREMT) standards for licensure within the State of Illinois. The NREMT uses the National Emergency Medical Services Education Standards Manual (NEMSESM), published by the National Highway Traffic Safety Administration (NHTSA), to compile their educational materials.

Within the NEMSESM are guidelines for behavioral health education for EMTs. Included are several areas related to behavioral health and geared to Paramedics, including anatomy, physiology, epidemiology, pathophysiology, presentations, prognosis, acute psychosis, agitated delirium, cognitive disorders, thought disorders, mood disorders, neurotic disorders, substance-related disorders, addictive behavior, somatoform disorders, personality disorders, and patterns of violence. The Paramedics of the JFD are well-versed in behavioral health through this initial training and must undergo regular continuing education (CE) training regarding behavioral disorders. Further, as part of their initial training and education, Paramedics are trained in calming and communication techniques which they use every day.

While Paramedics do not possess the training, skills, or licensure to operate at the clinical level, it is possible for these Paramedics, with appropriate training, to manage the initial care of a patient who has been party to a traumatic stress-inducing event or is experiencing a behavioral issue. This training may be referred to as psychological first aid (PFA), Mental Health First Aid (MHFA), or crisis first aid (CFA) and can be likened to physical first aid that is commonly used by the general public.

Paramedics already possess many of the skills and abilities necessary to perform psychological first aid in the field. They are experienced at eliciting patient information, calming anxious patients, and managing complex scenes. Further, they respond at all times of the day and night in hostile environmental conditions and other adverse settings. Additionally, firefighters are well respected in the community and are seen by the general public as desiring to help.

Current Level of Care (Behavioral and Traumatic Stress)

The typical care method for behavioral patients within the City of Joliet usually includes initial care, assessment, and transport to the hospital. With only some variations, Paramedics do not generally speak in-depth with the patient regarding their behavioral issues. This may not be due to lack of education but a combination of factors such as culture, the perception that they cannot effectively care for those with behavioral issues, and challenges in communication. In short, Paramedics may have been culturized to believe they

are unable to help and may not be trained to ask the correct questions to help their patients in the best way possible. This course will improve both.

The method of care for traumatic stress reaction is an area of even more weakness for the Paramedics of the JFD. All members of the JFD understand that responses which may cause traumatic stress reactions are quite common. The current care method for affected people is largely nonexistent, and if any care is provided, it is highly variable. This program will help the Paramedic be better prepared to comfort those experiencing traumatic stress.

SECTION 3: CRISIS FIRST AID FOR PARAMEDICS (CFA-P)

The Joliet Firefighters Peer Support Group (JFPSG) has created a comprehensive Crisis First-Aid for Paramedics (CFA-P) program customized for the JFD. The program considers many of the Paramedics' current skills and past education, minimizing the duplication of learning. Firefighters and Paramedics are expected to be competent at many tasks, including firefighting, search and rescue, hazardous materials response, water rescue, and all forms of medical and hazardous condition responses. Being trained in CFA-P will become part of the standard of care for many different responses, not simply mental and emotional. Firefighters respond daily to calls for service that include death, injury, natural disaster, and other abnormal events that occur in the lives of those in the community. CFA-P can not only be effective at managing those types of events but also incidents within the Paramedic's family. This section contains the full course manual for the JFPSG CFA-P Program.

The core skills necessary for effective CFA-P may be taught quickly to previously trained Paramedics. This will enable more Paramedics to learn the basic skills necessary to aid those in emotional and psychological distress. It is accepted that the elements that compose CFA-P are evidence-based interventions that may be considered best practices. Paramedics require a program that considers knowledge already gained through training, experience, and education coupled with new information and skills that will make them more effective at recognizing and managing people with mental disorders in the field. This program is designed to be incorporated into the existing emergency response structure and may be used with fellow Paramedics and family members as well.

The CFA-P program was developed by a counseling doctoral candidate using Psychological First Aid (PFA) precepts coupled with real-world experience in EMS. It is a form of initial and transient crisis care that may be likened to physical first aid. Physical first aid seeks to perform minor to potentially life-saving interventions for a person in distress to stabilize them until they can receive definitive care, if necessary. CFA-P uses a similar model but is designed to stabilize a person in an emotional or psychological crisis.

At times during emergency response, the Paramedic will come in contact with people who may require CFA-P for various reasons. These include behavioral patients and witnesses, bystanders, and victims of traumatic stress-inducing events. These people may not necessarily require transport to the ED but may require assistance and education to help stabilize them on the scene.

Program Rationale

Paramedics are representatives of the helping professions and are stewards of their departmental missions. The Joliet Fire Department's mission is "to provide a range of programs to protect the lives and property of the residents and visitors of the City of Joliet from the adverse effects of fires, sudden medical emergencies, and dangerous conditions created by either man or nature." This mission statement suggests that the JFD exists to protect citizens and visitors from the effects of negative events. These effects may result from both physical and mental events and illness. In short, CFA-P is consistent with the Joliet Fire Department's stated mission and the missions of most Paramedic agencies.

Program Fundamentals

CFA-P is a multi-stage, comprehensive program based on existing information coupled with the individual experience of the author gathered during thousands of responses for fire, emergency medical services (EMS), hazardous materials response, and fire/arson investigation. It considers the training and skills that a person acting in these capacities already possesses and adds to their knowledge base to make them more effective at recognizing and managing behavioral issues in the field.

The program is designed to be used by Paramedics in many different situations. It benefits loved ones and bystanders at responses, certain patients, prisoners, and other Paramedics. The primary use will involve those with minor psychological challenges not requiring transport to the Emergency Department (ED), family, loved ones, and others present who may or may not be patients and anyone else in crisis. Examples include but are not limited to:

- Bystanders/family at full cardiac arrest or another critical incident such as disaster,
- Bystanders/family at responses involving children,
- Bystanders/family at responses involving domestic violence,
- Those suffering from behavioral or emotional crises,
- Suicidal, homicidal, or psychotic patient responses (coupled with ED transport),
- Victims of crime,
- Medical patients.

Program Goals

The goals of the CFA-P Program are as follows:

1. To explain to Paramedics the basic techniques to interact with a person in psychological distress or crisis using already possessed skills and newly taught techniques.
2. To Integrate CFA-P into the normal routine of Paramedics to provide seamless care.
3. To better manage individual crises in a kind and compassionate manner.
4. To perform proper CFA-P techniques in a group or individual scenario setting.

Program Objectives

The specific objectives of the CFA-P Program are:

1. Upon completing the course, the student will accurately define the concepts of support partnership, congruence, unconditional positive regard, and empathy.
2. Upon completion, the student will describe the purpose and components of the 7 Rs.
3. To continue to the practical portion of the course, the student will achieve a score of 80% on a written examination.
4. The student will successfully participate in a supervised and graded role-play and use all aspects of the program.

Program Components

While there are many components to general PFA programs, the JFPSG CFA-P has been simplified due to previous education and experience of Paramedics. There are only four main instructional components and two practical components to the program. The instructional components include a brief description of traumatic stress and other common mental health disorders, the Support Partnership, and the 7 Rs. The practical component includes a brief written test and a proctored scenario to verify that the material has been learned and properly applied.

Mental Illness and Traumatic Stress Overview

CFA-P may be effective in a host of situations to promote emotional stability in a person. The principles are most applicable for those experiencing non-psychotic mental challenges, those with and without previously diagnosed mental illness, and those who are experiencing a traumatic stress response; but may be used with practically anyone. Examples of potential diagnosed disorders include anxiety, depression, eating disorders, schizophrenia, posttraumatic stress disorder (PTSD), or other mental health issues. Most patients, even those who do not appear to be in crisis, can benefit from the techniques presented in this program.

Mental Illness and CFA-P

Some forms of PFA require an in-depth educational component discussing various mental health disorders to achieve course completion. For the Paramedic, initial Paramedic training and continuing education have provided sufficient information on mental health disorders. The important aspect of CFA-P is how the Paramedic ascertains the problem, develops a relationship with the person, and helps them navigate their thoughts and emotions. The basic structure of the curriculum, namely the support partnership and the 7 Rs, is a constant in the program. That is, they will be used with all people who receive CFA-P.

Diagnosed mental illness is a significant problem in the United States. Substantial portions of the populace are diagnosed with mental illness annually. Some of the most common mental illnesses present in the population include depression, substance use disorder, and anxiety. It is important to understand that over 100 diagnosable mental disorders are contained in the accepted literature. As always, the Paramedic does not diagnose; they provide support and resources.

Traumatic Stress and CFA-P

Stress, trauma, and traumatic stress have many evolving definitions and account for some of the population's diagnosed mental health issues. The term stress itself was not in common use until the latter half of the 20th century. Noted psychologist Dr. Richard Lazarus tells us that "stress occurs when an individual perceives that the demands of an external situation are beyond his or her perceived ability to cope with them." Another way to look at stress is seeing it as the body's mechanism to maintain homeostasis through physical response. Trauma may be defined in simple terms as an event that is painful or distressing and may include both physical and emotional components. Traumatic stress may be defined as stress caused by an event that is so severe that it overwhelms the coping ability of those who experience or witness it.

Depending on the definition one uses, it is estimated that between 50% and 90% of people experience some sort of traumatic event in their lifetime. Additionally, only about 8% develop the debilitating condition of Post-Traumatic Stress Disorder (PTSD). This begs the question, why do such a small percentage of people who experience traumatic stress develop extreme stress-related disorders such as PTSD? A component of the answer may lie with some of the concepts in CFA-P.

There is a profound difference between normal stress that we feel every day and traumatic stress. Most people manage normal daily stress using established coping mechanisms and existing protection mechanisms. Traumatic stress, however, is a complex subject and may have many effects on the person.

Expected Effects of Traumatic Stress

The effects of traumatic stress may affect many aspects of the whole person. These effects may involve emotional, physical, behavioral, and cognitive areas and are highly individualized in nature. However, Paramedics must remember that some of the expected responses to traumatic stress listed below can be identical to several serious physical disorders. Paramedics must always evaluate chest pain, difficulty in breathing, dizziness, or lightheadedness to rule out potentially life-threatening conditions and pay heed to their acquired instincts during the assessment process.

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 (auditory exclusion, tunnel vision)
- Guilt
- Confusion
- Concentration difficulties

Age, Disability, & Traumatic Stress Overview

As discussed previously, traumatic stress reactions may encompass a wide range of behaviors. In addition to the reactions described in the previous section, Paramedics must address special populations and potential atypical reactions.

Children
We must remember that children observe adults and may take on their coping strategies. We must also be aware that coping strategies will most likely vary depending upon the stage of development in which the child experiences traumatic stress. There are four generally recognized stages of child development, each with its benchmarks. These include birth to 2 years; age 3-6; age 7-11; and age 12-18. The birth to 2 years group generally remains unaware of the trauma but may respond later to certain physical sensations such as sight and sound. They usually present as irritable and want to be close to caregivers.

The 3-6 age range will most probably be unable to cope with the event without the direct aid of the caregiver. They may experience regressive symptoms such as bed-wetting and thumb-sucking.

At age 7-11 years, children are beginning to arrive at the stage where they seek to understand the event in more detail. They may experience irritability and regressive behaviors as well.

The 12-18 age group may manage traumatic stress at times like an adult and at times like a child. It is common for people in this age group to withdraw from friends and family.

Paramedics have already been trained to communicate with children effectively. They will use the same concepts during CFA-P use.

Older Adults
Older adults may have cumulative life experience that exacerbates the effect of traumatic events. This may manifest itself in many ways. Common ways include memory issues and physical discomfort.

People with Disabilities
We must remember that special care must be taken when communicating with those with special needs. This may include everything from physical to developmental disabilities. Some tips below may be used for communication.

- Use parents/caregivers as a resource
- Use "person-first" communication (e.g., person living with a disorder)
- Needs and abilities vary, be patient
- Avoid assumptions
- Introduce yourself
- Communicate clearly
- Use appropriate eye contact
- Speak directly to the person, not the companion
- Do not touch or distract service animals

The Support Partnership Overview

First and foremost, to provide effective CFA, the Paramedic must establish themselves as part of a trusted team with the person requiring intervention. Both team members (i.e., the Paramedic and the person) must have a similar goal. Since we cannot expect one in crisis to have a well-articulated endpoint, the Paramedic must help the person understand their discomfort and provide them with needed support.

Congruence, Unconditional Positive Regard, and Empathy

The support partnership is based on the therapeutic alliance in professional counseling espoused by mental health practitioner Carl Rogers and Miller and Rollnick. This refers to the necessity for the Paramedic to demonstrate three key elements while interacting with the person. These three elements are congruence, unconditional positive regard, and empathy. Congruence refers to the genuineness with which the Paramedic approaches the situation - focusing on the person's well-being.

Unconditional positive regard refers to the understanding that the person is an individual with thoughts, ideas, and feelings who are doing their best to manage their situations. In short, the Paramedic must accept them as an individual, keeping in mind that they do not have to agree with what the person says.

Empathy is possibly the most important concept of this program. When the Paramedic practices empathy, they essentially put themselves into the person's situation. This is different than sympathy in which the Paramedic "feels sorry" for

the person. Empathy allows the Paramedic to attentively listen to the person and better reflect their feelings. Quickly accomplishing these tasks will enable the Paramedic to build the trust necessary to discuss the traumatic event.

Countertransference, Compassion Fatigue, Burnout, and Vicarious Traumatization

The danger of countertransference, compassion fatigue, burnout, and vicarious traumatization, are ever-present to the Paramedic. The Paramedic must be vigilant against these issues due to the type of work in which they engage. Still, there are added dangers in attempting to build the support partnership. When a support partnership is formed, the Paramedic may have some residual effects after contact with the person. Countertransference refers to the Paramedic's influence on the patient and the patient's influence on the Paramedic. This is a natural event and is part of being human.

Compassion fatigue, also referred to as secondary traumatic stress, is a natural event when Paramedics interact with people under stress. Occasionally, the Paramedic may be traumatized by the event that traumatized the person seeking help.

Burnout is another serious problem. While there is no accepted consensus on the true definition of burnout, experts agree that it is characterized by exhaustion and loss of interest in the job. Finally, vicarious traumatization is present when those who work in human services express empathy. This empathy may cause changes in the firefighter's mindset and personality. The mental health of the Paramedic must be monitored, and self-care must be performed.

Self-Care

Firefighters and Paramedics are known for their desire to help others during difficult times. Unfortunately, just as in the other helping professions, the same firefighters and Paramedics often neglect their mental health to provide that care. For this reason, the Paramedic must practice effective self-care and have robust coping strategies. One important key is the social support of coworkers, friends, and family. Periodically, the Paramedic should physically, emotionally, and spiritually assess themselves to ensure that they remain well in all these areas.

The Paramedic may utilize many of the techniques presented later in this guide to help them manage their mental health.

The 7 Rs of CFA
Overview
The basis of the CFA-P Program is the 7 Rs. The 7 Rs represent a comprehensive and easy to recall method to help the person manage traumatic stress reactions and stabilize those with mental health issues that may be in crisis. When Paramedics follow this method, they can be confident that the person's most important needs have been addressed. The 7 Rs are:

1. RAPPORT
2. REFLECT
3. REASSURE
4. RESILIENCE
5. RESOURCES
6. REVISIT
7. RETRAIN

It is important to note that only the first 5 Rs will be used in the field. The remaining two will be used by staff at a later time. See the Revisit and Retrain Sections for more information.

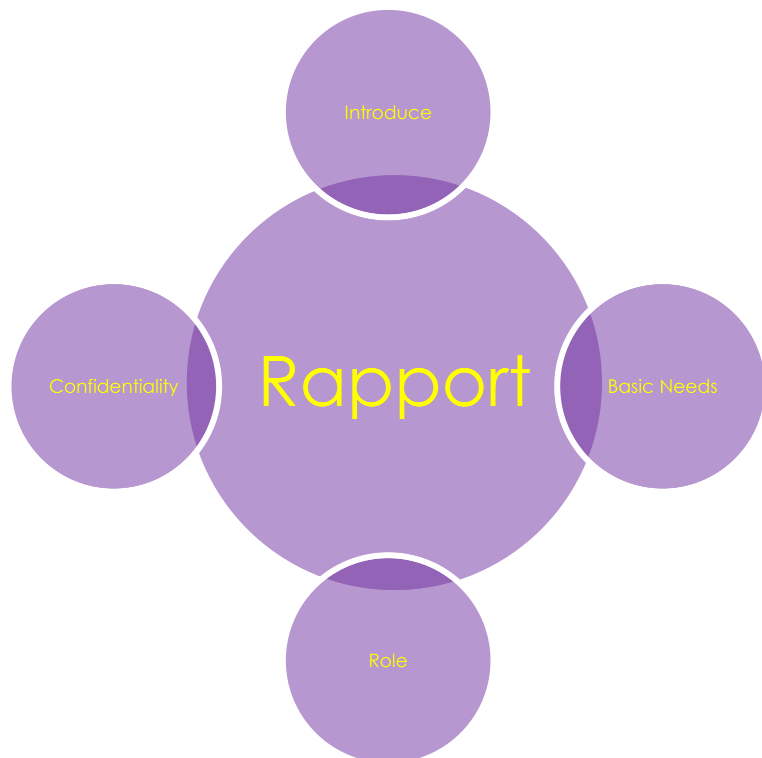
SPECIAL NOTE ON SUICIDE
It may seem like common sense, but it bears mentioning.
For the purposes of this program, if the person in crisis states that they are suicidal, the Paramedic will follow their standard operating procedures (SOP) or standing medical orders (SMO).

Please remember, as Paramedics, you already perform many of these skills on every patient with whom you make contact. The process of CFA may add some new perspectives to skills that you already possess. The purpose of mentioning them here is to put them into their proper context within the CFA-P communication process and remind the Paramedic that they are items that need to be addressed. The companion video presentations provide examples of the 7Rs in practical use.

Rapport

Overview

Rapport refers to the ability to put the Paramedic Support Partnership into effect by establishing congruence, unconditional positive regard, and empathy. The four primary components to the rapport-building process are the introduction, ensuring basic needs are met, explaining your CFA role to the person, and explaining the limits of confidentiality.

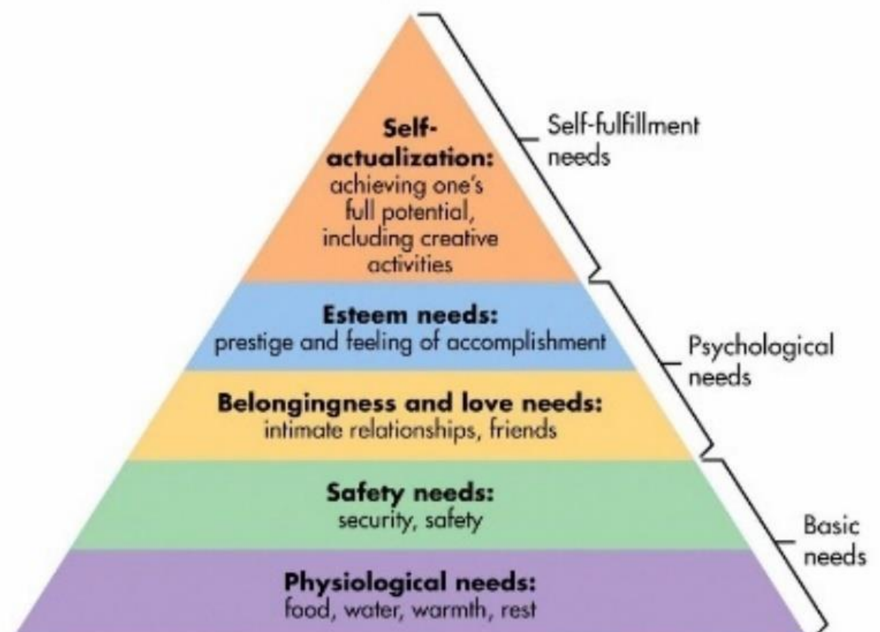


Introduce
While considering the components of the Paramedic Support Partnership, it is important that the Paramedic calmly and confidently introduce themselves to the person by name, department, and rank. During a crisis event, there may be multiple responders from various agencies present. The person may be overwhelmed and disoriented. A proper introduction may help reorient them to the present place and events.

Basic Needs
After the Paramedic introduces themselves to the person, they should remove them to an area as comfortable as possible, away from stressful stimuli. Consider the conditions at the scene, such as time of day, weather, and bystander presence.

During this time, ensure basic needs are being met. For instance, If the person just experienced the loss of their home due to fire, the Paramedic could discuss possible solutions with the Incident Commander (IC). In larger incidents such as disasters, this may include food, water, shelter issues, or other basic need concerns.

A common way to express the needs of the individual is through Maslow's Hierarchy of Needs. The needs on the lower portions of the triangle must be met before moving to the next level up. For example, if a person is out in the elements (rain, cold, etc.), they will not be able to focus on establishing a partnership with the Paramedic.



Source: http://bakersfieldcert.blogspot.com/2018/11/cert-disaster-psychology-hierarchy-of.html

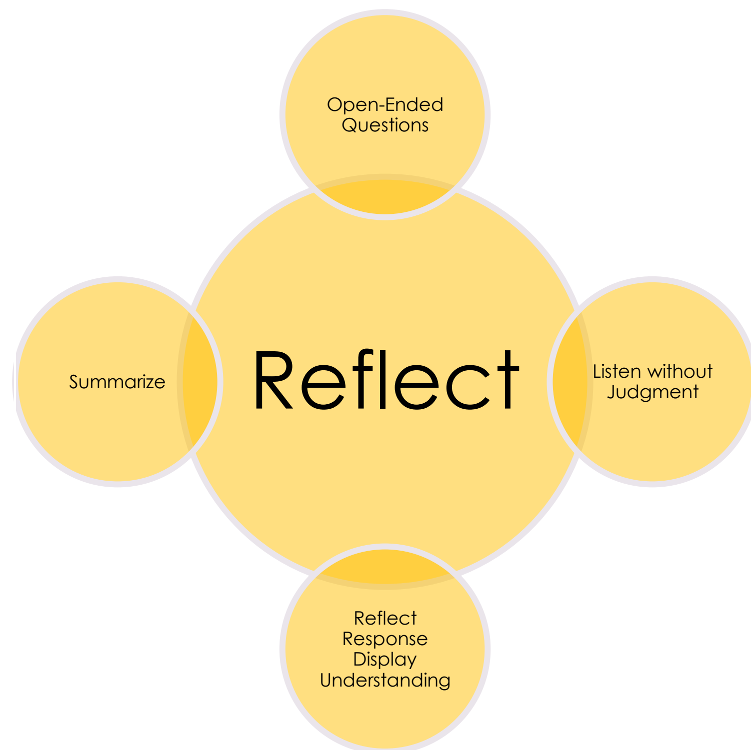
Role

In the event of traumatic stress, after the introduction and after basic needs are met, the Paramedic must discuss the role of the CFA provider with the person. At this time, the Paramedic separates the role of the CFA provider from the role of the Paramedic. For example, if a firefighter is acting in the CFA role, they should not be performing other tasks simultaneously. Doing this may confuse the person and diminish the rapport function. The person must feel that the Paramedic is focused on them and their problem. In the case of a behavioral patient, the Paramedic will act in their normal role throughout the response.

Confidentiality and Mandated Reporting

If the Paramedic is required by law to report, they must do so. Firefighters and Paramedics are already well-versed in this concept due to HIPAA regulations. However, since Paramedics are mandated reporters, this may not always be possible. The responsibility of mandated reporting always takes precedence over the person's confidentiality.

Reflect (Reflective Listening)
Overview
By virtue of their training, Paramedics already have excellent listening skills. The following are some mental health-related best practices to help the Paramedic communicate better with someone in crisis or with a mental health disorder.



Reflection refers to reflective listening and is used when communicating with a person in crisis. It is a technique updated by Miller and Rollnick and is a critical part of a well-known communication method known as Motivational Interviewing (MI).

When reflecting, the Paramedic asks open-ended questions and nonjudgmentally listens to the other person's response. We are not directing, advising, or expressing meaningless platitudes when reflectively listening. We attempt to understand how the person is feeling now and formulate a plan to support them during a difficult time. An age-old adage applies here; in many instances, those left behind will not remember what you said or did. They will remember how you made them feel.

Open-Ended Questions
When seeking understanding, one of the best methods of enquiring is the open-ended question. An open-ended question seeks to have the person expand on their thoughts, using more than one word or short phrases to provide an answer.

The opposite of the open-ended question predictably is the closed-ended question and is usually best demonstrated by a yes or no answer. Firefighters and Paramedics are well acquainted with these types of questions.

An example of a closed-ended question: "Are you sad?"

An example of an open-ended question: "You seem sad…can you tell me about what's bothering you?"

You can see that the answer to the first question may be answered by a single word, yes or no. The second question asks more of the person and is potentially much more revealing about their mental state.

Non-Judgmental Active Listening

Another critical element of listening reflectively is to be non-judgmental. Remember that Paramedics are not there to pass moral judgment on others. This does not mean that they must agree with what the person says or their lifestyle choices; it simply means that they must realize that everyone has different life paths that bring them to the current moment. Paramedics must accept this and focus on the task of listening and reflecting. A key component to this is maintaining unconditional positive regard.

Reflection

We should note that many Paramedics already do this regularly with patients and bystanders. Paramedics mirror the person's thoughts back to them within the context of their cultural norms (if known), enabling them to both say and hear their perception of their feelings which may give them a better understanding or perspective. This facilitates a positive relationship with the person, showing that someone cares.

An example of a statement: Person: "I feel like there is a weight on my shoulders, I am so sad."

An example of associated reflection: "…so you are saying you are depressed; can you tell me more?"

When this reflection is done, the person can correct the Paramedic if they are not reflecting proper information. This facilitates a true understanding of the problem.

Summarize

When the person is finished talking, the Paramedic should summarize the general message that the person was trying to convey. This puts the Paramedic on the path to knowing the primary problem and enables them to help most effectively.

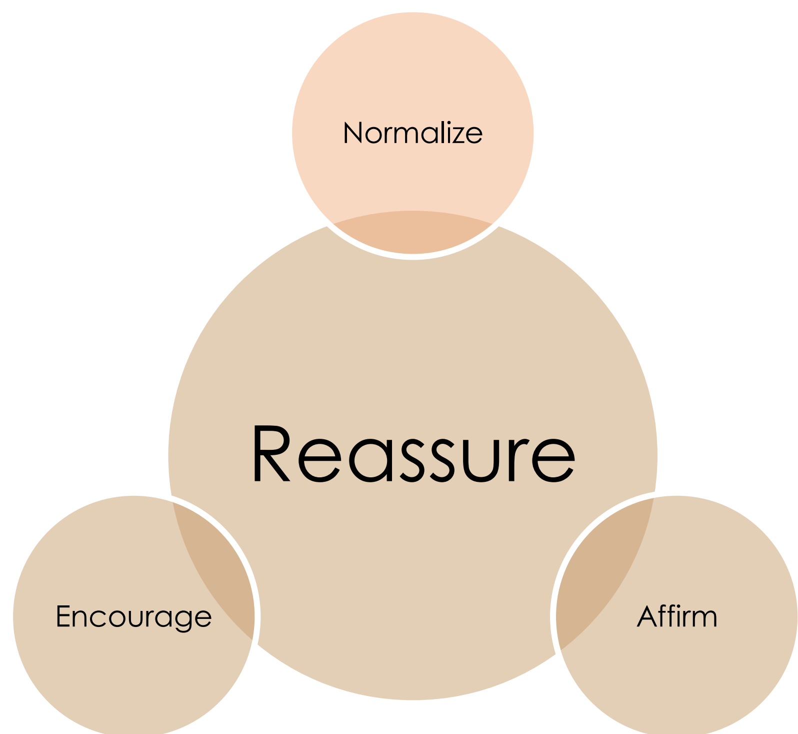
Reassure

Overview

The process of reassurance focuses on the feelings that the person is experiencing. Components of the reassurance process include the attempts to normalize, affirm, and encourage.

Normalize

A key concept in the reassurance process is to communicate to the person how they feel now is natural and provide support. The act of "normalizing" is of great value in crisis communications. People may exhibit many different reactions after traumatic events. This may range from anger to depression and anything in between. Normalizing lets the person know that they may feel any way they wish when an event occurs, and it is an expected response. However, one caveat to remember is not normalizing unusual behavior, such as violence or self-harm.



Affirm

Affirming is recognizing the strengths in the person as you find them. An example of this may be found by observing how the person responds to the event. In the event someone is showing emotion, the Paramedic may note the courage of the person to be open. Conversely, if the person shows no emotion, the Paramedic

may note the strength they are showing. The key is to find what the person may be doing right and reply with positivity.

Encourage

The key to this activity is to try to provide hope for the future and to ensure the person understands that they are not alone. The Paramedic must be cautious not to dismiss the person's feelings while encouraging them and reminding them that help, and support are available.

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Resilience

Overview

There are many ways in which a person may manage stress. In this program, resilience refers to the ability of a person to "bounce back" from a traumatic event. The Paramedic will discuss coping and stress management strategies with the affected person.

Coping

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. As you probably recognized, productive methods are more conducive to health, and nonproductive can be damaging.

One of the most effective ways to discuss this concept is to ask the person what they have done to successfully manage stress reactions in the past. When this is done, the person may have a list of possible strategies from which to draw in the future.

Social Support (Relationships)

We know that the concept of robust social support is a critical aspect of the CFA-P process. It is known 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. A good practice in which the Paramedic may engage is to ask the person if they would like to have a call placed to a support person.

Resources

Overview

There is only so much that a CFA practitioner can accomplish, especially in a compressed time frame. In addition, some emotional and psychological issues are outside of the ability and training of the Paramedic. For these reasons, the Paramedic must have access to resources that they may present to the person that may help with continued improvement or severe reactions. Some commonly recommended resources to those in crisis are clinical care, crisis lines, support groups, and information on general extended health and the new normal. Resources will be listed in the Resource Guide and distributed to those in need after the event.

Resource Guide

Each jurisdiction has resources that are available to help manage traumatic stress and behavioral issues in the long term, and the City of Joliet is no exception. This includes locally available clinical care, appropriate crisis lines, and various support groups dedicated to various mental and emotional issues. The Resource Guide will

have information related to accessing these services. Also, simple things (e.g., how to get to the hospital, phone numbers, what to bring with them) are all things the person needs to know. Also, if the person is a hospice patient or DNR, the person may require aid to contact resources. Other resources that may provide support, such as faith-based institutions, hospice, and county health departments, are listed in the Resource Guide.

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 will list 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 will have 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. It should be stressed that the person may never be "normal" again. While this may be true, the event will likely develop into a "new normal" from which the person may begin anew.

Emergency Department (ED)/Clinical Care

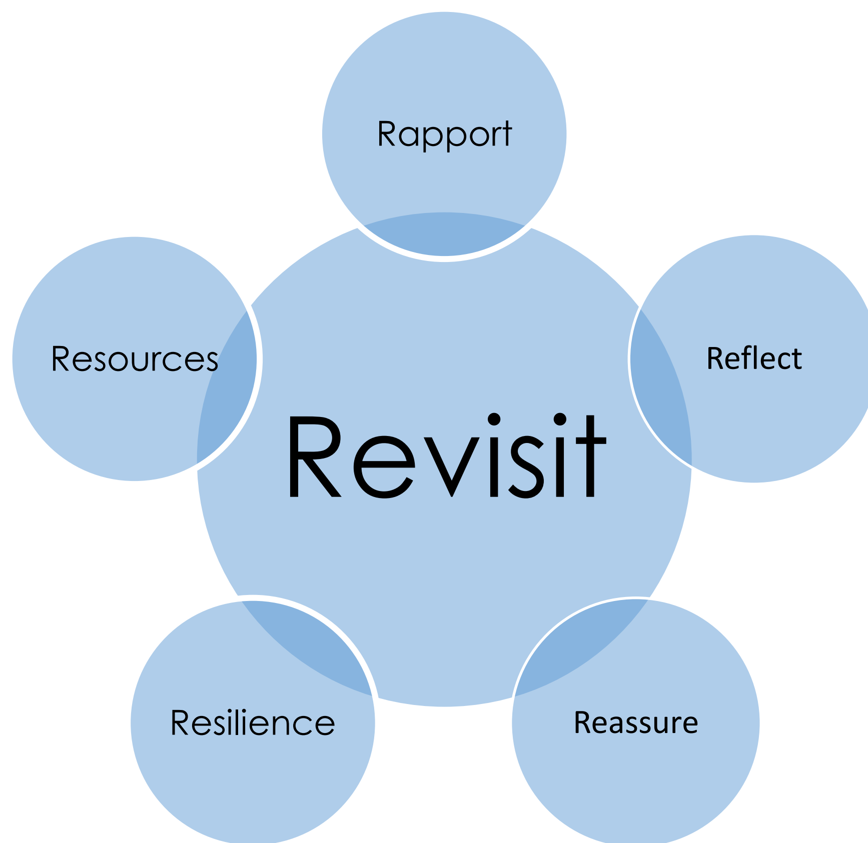
An important facet of CFA is to establish whether the person may effectively continue with daily life functions. As the Paramedic interacts with the person, they will have a general feel for the severity of the reaction. In certain circumstances, the Paramedic may feel that the reaction that the person is

experiencing is severe. In these cases, the Paramedic should refer the person to the clinical section of the resource handout or, if unsure, transport them to the ED. In the event the person indicates they are suicidal, homicidal, or acts uncontrollably, the Paramedic will follow the standard medical orders that are in place for that issue. If the Paramedic is unsure or not comfortable leaving the patient, they always have the option to discuss transport to the emergency department.

Revisit (Follow-Up)

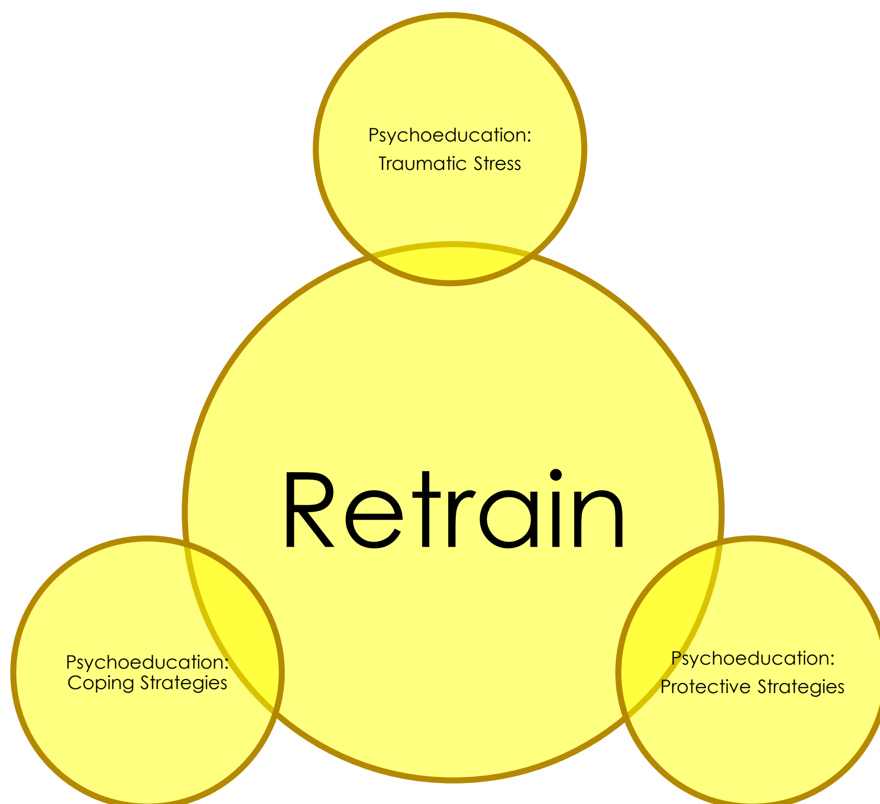
Overview

At least one follow-up must be completed with the person post-event if no transport is made to the ED. During this process, JFD staff or the JFD Chaplain will contact the person to review their steps for coping. They will discuss relationships and resources within the context of the problem. In essence, they will review the 7 Rs and finish with retraining. This follow-up should be completed no later than 48-72 hours post-event.



Retrain (Psychoeducation) Overview

Retraining involves discussing the signs of traumatic stress or symptoms of their disorder, protective strategies, and coping strategies. Handouts and other resources regarding the particular issue for the person will be available to learn more about their issue.



Paramedic Training Program

Overview

The training time of Paramedics is valuable. For this reason, the program has been designed to be as short as possible, with some elements completed at the convenience of the Paramedic. The training for this program has four components, plus a course pretest. The recommended procession through the material is as follows. After completing and submitting the pretest, the Paramedic will read this CFA-P Guide in its entirety to establish a base of knowledge. Next, the Paramedic will watch three video presentations reviewing the core principles of the program and review the Resource Guide. A workbook is available to help with information retention. Finally, the Paramedic will participate in a practical session role-play exercise before which they must pass a written exam.

Components:

1. Pretest

2. Written materials

3. In-person written exam

4. In-person practical scenario

5. Instructional Video: 1.5 hours
   Overview and Rationale
   Mental Disorders
   Traumatic stress
   The Support Partnership
   The 7 Rs
   Procedures
   Simulations

6. In-Person Training: Approximately 1-1.5-hour

Question & answer, review session (10 minutes):
The question-and-answer session is designed to address any student questions before the written exam.

Written Test Exam: Student must score 80% to continue to practical (20 minutes)

Brief demonstration with commentary (10 minutes)

Practical scenario (50 minutes): Individual participation

It is expected that the student has read and understands all materials and has practiced with their individual companies before the practical exam is attempted. Company officers should ensure that all crew members and floaters passing through their stations have practiced and are proficient. This ensures that the testing process goes as quickly and smoothly as possible. The test is an individual effort, not a company effort. Each student will be tested.

This course represents an abbreviated training method that requires that the Paramedic devote time to adult self-learning, thereby reducing in-person training time and time away from other duties.

Successful completion of the program includes passing the written exam. The practical time does include a brief question and answer portion, but this is to clear up minor misunderstandings, not teach the course. The student's responsibility is to read this manual and view the video presentations before arriving for the practical. If there are questions, please contact (855) JFD-PEER.

A workbook has been developed as part of this program and is available, it is recommended that the student complete the workbook in its entirety.

SECTION 4: SECONDARY RESOURCES/RESOURCE GUIDE

The secondary resources will be given to the person as a hard copy in booklet form (Resource Guide), with an option to scan a QR code to access online information. It will be bilingual to help expose a larger segment of the population to available services.

The pages of the Guide are color-coded (similar to the ERG for Hazardous Materials) to help the Paramedic more rapidly locate desired information.

Contained in the Resource Guide is a wealth of information on self-care, further supportive care, and sources of prolonged care, as well as other useful information for patients and sufferers of traumatic stress.

The Resource Guide is provided as a separate booklet. Please review the Guide in its entirety to understand its contents.

SECTION 5: PROLONGED/DEFINITIVE CARE

Prolonged Care

As discussed in the CFA-P section, inevitably, there will be situations in which a patient cannot be left on the scene due to safety and liability reasons. In this case, the patient must be transported to a medical facility that has the ability to monitor the patient and ensure their safety. The Joliet Fire Department typically transports to two medical facilities, Silver Cross Hospital and St. Joseph Medical Center. While these facilities have policies and procedures regarding mental health care, they play an important role in the current and proposed Joliet Fire Department Community Mental Health Program.

When this program is implemented, there are only three instances where transport to the ED will be required. These include a patient who is a danger to themselves or others, a patient who has an altered mental status, and a patient who requests transport to the hospital.

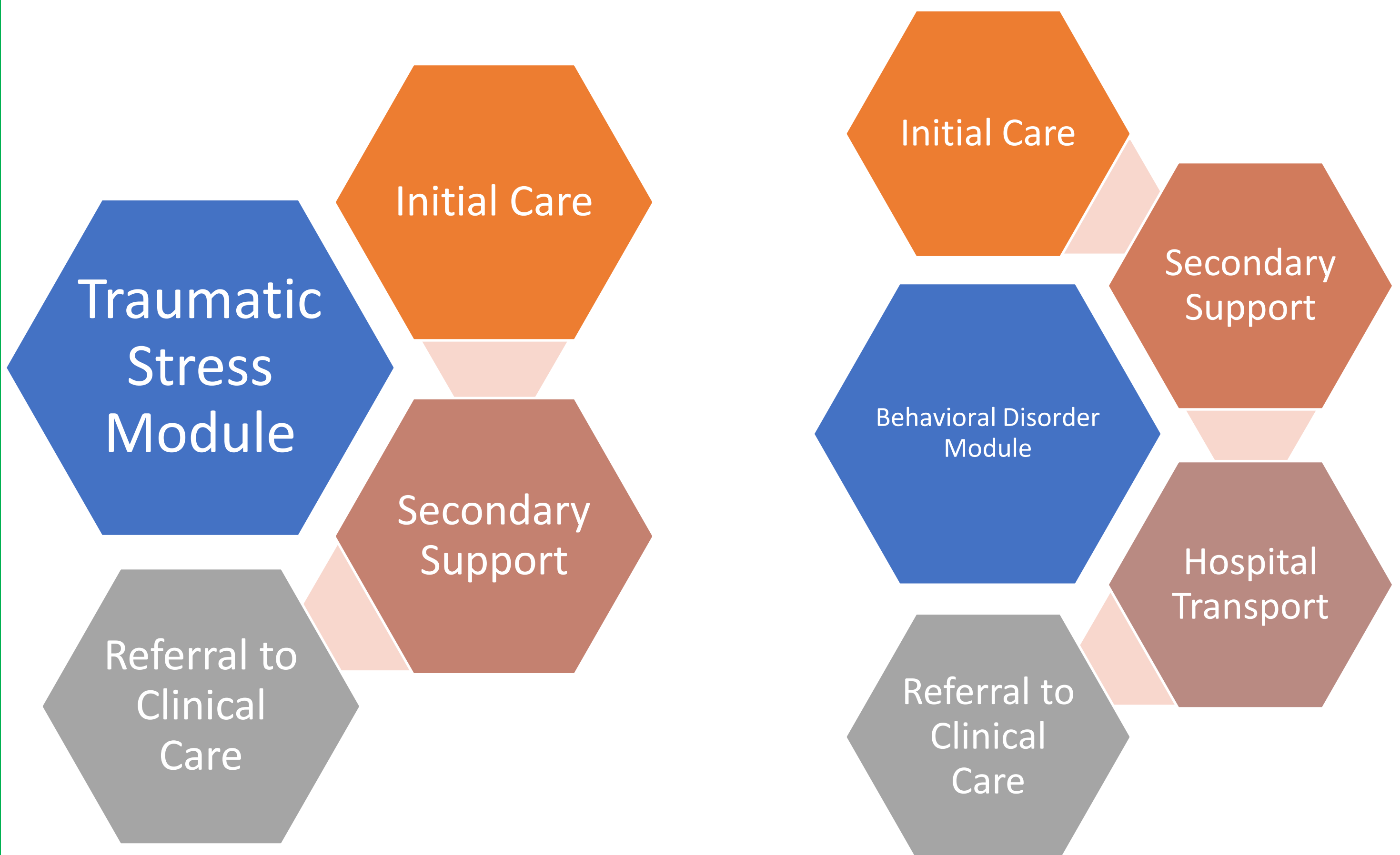
Definitive Clinical Care

It is understood that some patients will require not only prolonged observation but definitive mental and emotional care that usually comes in the form of counseling or other professional mental health services. In these situations, the Resource Guide will provide a great deal of helpful information.

Overview

There are two different modules that may be used in this program. They include the Traumatic Stress Module and the Behavioral Disorder Module.

Fortunately, the principles to be used are the same throughout both modules. The only differences are that fewer steps will be required for traumatic stress intervention than behavioral intervention, and traumatic stress intervention does not require a refusal.



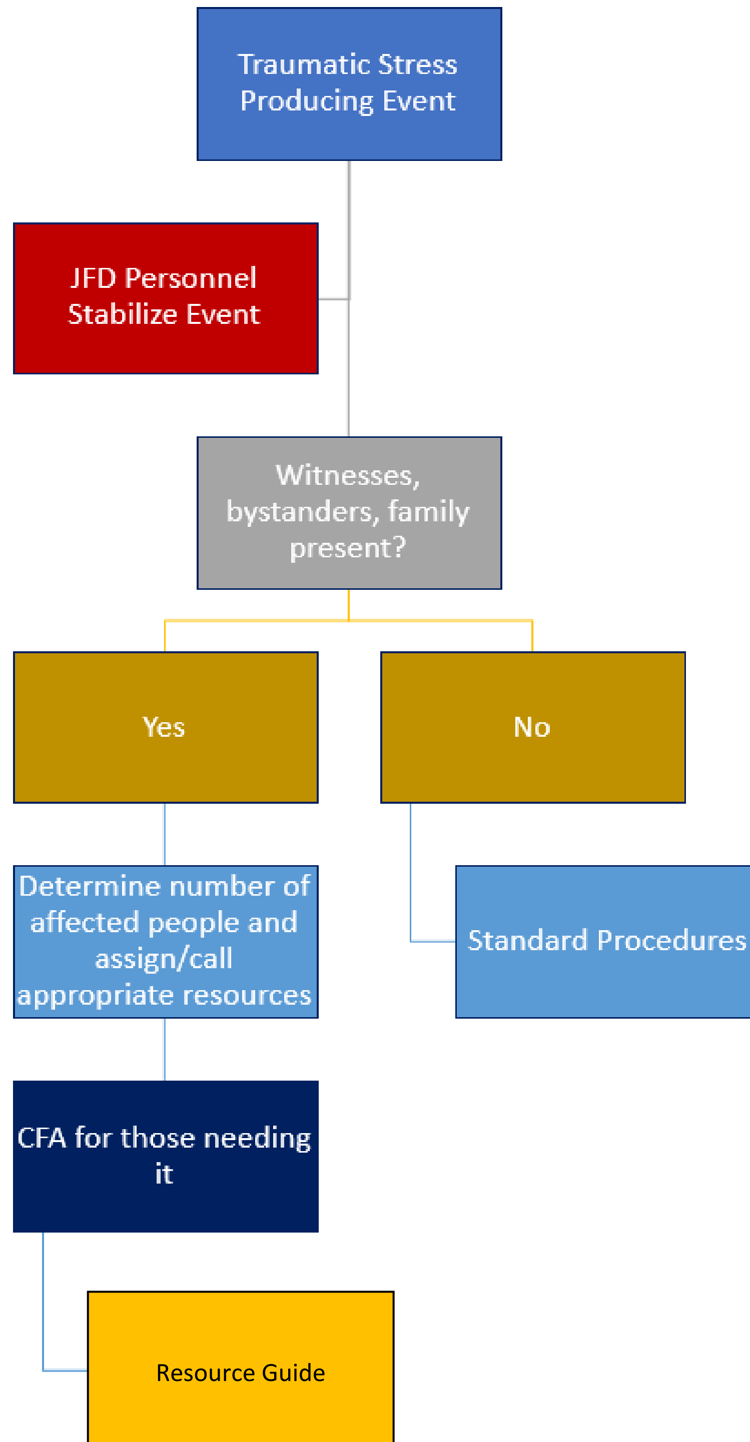
Traumatic Stress Module

Paramedics respond to traumatic stress-inducing events daily. These events include a wide variety of responses, including full arrests, DOA response, serious events involving children, and a host of others.

We do CFA knowing that it is a secondary intervention only completed when resources allow. As always, the scene management and protection of life, property, and the environment take precedence. Department policy will dictate what resources are to be used for CFA, however it may be acceptable to call for additional resources to the scene for this purpose if they are available. At a minimum, the crews remaining on the scene should distribute the Resource Guide.

Below is the flowchart for traumatic stress. When conditions and personnel allow, the Incident Commander (IC) will ascertain if there were any bystanders, witnesses, or family who saw the traumatic event. If the answer is yes, the IC will determine how many people were affected and ensure there are adequate resources to manage them. We should note that not all people will require CFA; most will be able to manage on their own. If they do not want help, offer them a copy of the Resource Guide and move on.

Traumatic Stress Module Flowchart



Mental Health Module
The mental health module is slightly more robust than the traumatic stress module, but the steps are similar, with an added focus on secondary and clinical care.

We can illustrate the need for better field care for behavioral patients by giving some statistics. In a randomly selected 28-day period, the JFD responded to 111 calls for behavioral patients. The Paramedic narratives of those responses were reviewed to ascertain if the potential for non-transport may have been a viable option had this proposed program been in place.

Of the calls for service, 88 (79.27%) resulted in transports to the hospital that were necessary in the reviewer's opinion. They included suicidal, dangerous, violent, and psychotic patients. The Paramedics also obtained ten refusals for service after they assessed the patient. This represented 9.01% of the total responses. Finally, there were 13 calls where the reviewer felt the patient could have potentially been left at home if they were provided the resources available in this program. This represented 11.71% of the responses. In total, the proposed program may have had a positive effect for, at a minimum, the refusal patients and the potentially stable patients, representing over 20% of the total responses.

The process for managing behavioral patients will include:

Step 1
The first step occurs when the Joliet Dispatch Center receives a 911 call for a psychiatric problem. Per department policy, the dispatcher will send an engine company and/or ambulance.

Step 2:
In all cases, the arriving apparatus will perform an initial and focused patient assessment per Standing Medical Order Protocol 1. This assessment will include, at a minimum: determining the level of consciousness, blood pressure, pulse, respiration, blood glucose level, oxygen saturation, end-tidal CO2, and SAMPLE history. If the patient has any physical complaints, they must be investigated, and

the patient may be advised to seek medical treatment at the hospital. Paramedics are encouraged to use any assessment tools necessary to gather a complete picture of the patient's physical condition. These tools may include but are not limited to 12 lead EKG or other diagnostic tests as the Paramedic sees fit.

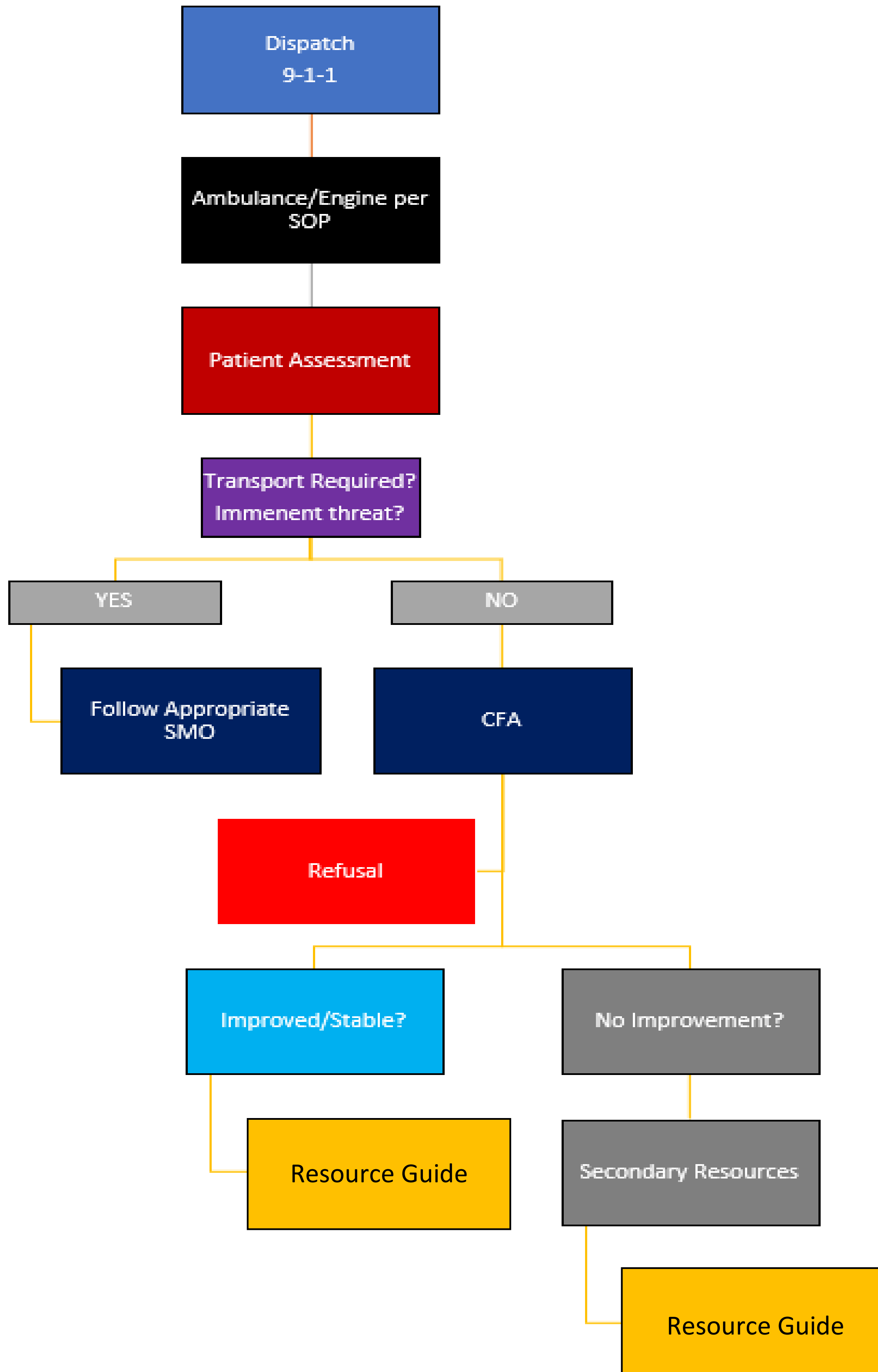
Step 3:
The crew on the scene will determine through assessment whether transport to the ED is recommended. When the patient is not a danger to themselves or others and is alert and oriented, transportation to the emergency department may not be necessary. The Paramedic will use CFA to stabilize the patient's mental and emotional state and chief complaints in these cases. A final decision will then be made regarding transport.

Step 4:
After the brief CFA process, the Paramedic will determine if the patient has improved and is stable enough to be left alone or if they should be advised to go to the hospital. If, in the Paramedic's judgment, they are stable and do not want to be transported to the ED, the patient will be given a Resource Guide. They will sign a refusal, and the resource hospital will be contacted for refusal approval.

If the Paramedic believes the patient has not improved but can be left alone, they will first acquaint the patient with the Resource Guide so they may contact a secondary resource if they desire. This may allow the patient to continue their discussion with trained counselors while the fire department apparatus returns to service.

Note: If the Paramedic believes that transport to the hospital is warranted or in the patient's best interest, they must follow the appropriate protocol. At no time will the Paramedic refuse to transport a patient who desires medical care in the ED. Regardless of the assessment, if the patient requests transport, the patient must be transported.

Behavioral Module Flowchart



Summary

In summary, the resources exist within this program that may help begin to manage traumatic stress and behavioral issues in the field. This will benefit those exposed to traumatic stress, helping to begin the healing process, and may reduce emergency department transports for behavioral patients.

It is hoped that this program will enhance the Joliet Fire Department's role in the community, provide for an existing need, and begin the journey for better mental health and crisis care in the City of Joliet. The program considers existing resources to help combat mental and emotional disorders, the difficulty of preparing a program from the ground up, and the budgetary and personnel challenges related to mental health. The key features of this program are that it can be readily applied with a minimum of training, and it is sustainable due to the nature of the resources used (i.e., the fire department, existing crisis lines, and area hospitals). Finally, the Program is modular, meaning additions and changes may be made to the program as best practices change or new resources become available.

Pocket Guide:

Cut out, fold, and carry with you as a resource if desired.

- Type of help seeker
  - Traumatic Stress
  - Behavioral/Mental
- Traumatic Stress
  - Stabilize Incident
  - Witnesses?
  - Determine Resource Need
  - Perform CFA-P (OVER)
  - Resource Guide
- Behavioral/Mental
  - Assessment/Vitals
  - Physical Complaints
  - Determine Transport
  - YES Transport
    - SMO
  - NO Transport
    - Refusal
    - CFA
    - Secondary Resources
    - Medical Control Call

- Support Partnership
  - Congruence – genuineness
  - Uncond..Pos. Regard- Acceptance
  - Empathy – In their shoes
- The 7 Rs
  - Rapport
    - Intro, Needs, Role, Confidential
  - Reflect
    - Open-end, listen, reflect, summary
  - Reassure
    - Normalize
    - Affirm
    - Encourage
  - Resilience
    - Cope
    - Social Support
  - Resources
    - Clinical, Crisis Line
    - Support Group
    - Health, New Normal

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