EMOTIONAL RESCUE

For the past several years, firefigter suicides have been on the rise. A shift in inter-department culture could be the key to suicide prevention.

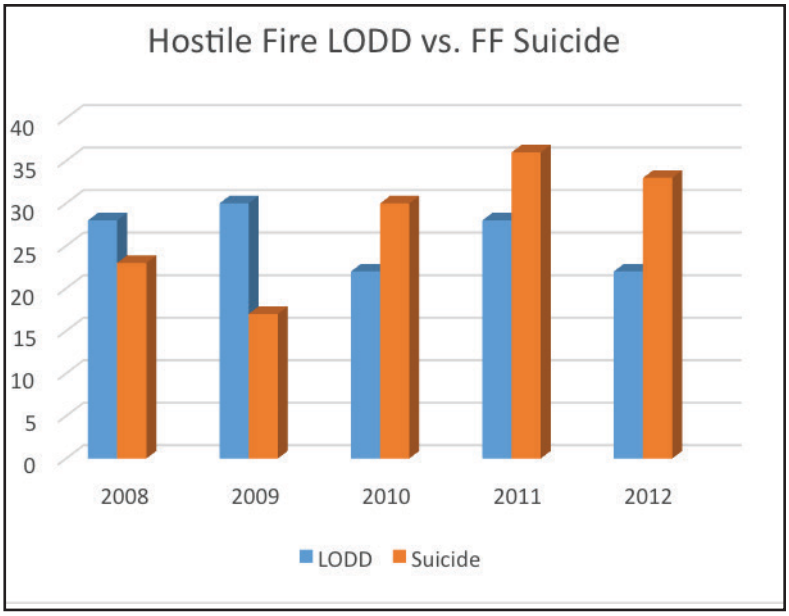
By Tim W. Dietz, MA, LPC

I received a phone call from a lady representing the newspaper in a large city. She had received my name from a local fire department I was working with that had recently endured a firefighter suicide. She told me the fire department in her city had experienced multiple firefighter suicides in a short period of time, and she wanted to know my thoughts on what organizations could do to help prevent these tragic events. Although I did not know the dynamics of her local organization, I told her I help fire departments "create the culture" for behavioral health—"culture" being attitudes that exist from the top down in an organization. What this means, I explained, is that if an employee comes forward and states they are struggling with something, the organization has resources in place to assist the employee. Struggling is NOT a sign of weakness, I told her. It does not mean a person chose the wrong occupation. Struggling is a sign of being human. The reporter told me she would call me back. When she phoned a few hours later, she described the conversation she just had with the fire chief. "He stated he is not the person who will come forward and let anyone know he is having difficulty." If I were a firefighter working for this chief, I wouldn't step forward if I were having problems if my boss thinks it might be a sign of weakness.

We Have a Hard Time Helping Ourselves

Historically, the fire service is very good at incident preparation and mitigation. The problem is, we sometimes forget about our people. The sad statistic is that in the past few years, firefighters are more apt to die from their own hand than during hostile fireground operations (see graph, right).

Firefighter suicides have become a serious problem that take an enormous toll on organizations and individuals. Studies show the rates of firefighter Post Traumatic Stress Disorder (PTSD) can range from 7 percent to 37 percent throughout a career. This is important because nationally, at least 90 percent of all people who have committed suicide were suffering from an underlying mental issue. PTSD is a stress injury with symptoms that can be so frightening/exhausting that a responder believes they would be better off dead. The important thing to know is that *PTSD is a treatable injury*. Therefore, organizations should have systems in place to not only recognize its causes and symptoms but also to treat it.



LODD statistics: US Fire Administration FF LODD "while engaged in activities at the scene of a fire." Suicide statistics: Jeff Dill, MA, LPC. Founder, Firefighter Behavioral Health Alliance.

Create the Culture

Creating the culture for behavioral health—including suicide prevention—requires that we acknowledge three things. 1) Firefighting is one of America's most stressful occupations. In fact, it's the most stressful of the "civilian" careers, second only to the military. Fire-service employees are exposed to death, human suffering and fear of their own physical trauma. In addition, issues involving family, marriage, finances and other personal stressors may exacerbate workplace stressors. 2) The personality of those drawn to the fire service is somewhat predictable. In general, fire-service employees are action-oriented problem-solvers who need to be in control and need to be perfect or near perfect. They are internally motivated and think when their apparatus pulls up to a scene, regardless of what they see, things will get better! 3) Their high (and sometimes unrealistic) self-expectations can set firefighters up to have a bad day from a single event. These high expectations can also

create issues and symptoms later in their careers from the chronic, long-term stresses they endure. When the outcome of a horrible incident or tragedy doesn't fit what a firefighter believed should have happened, it's called *cognitive dissonance*. Cognitive dissonance, at its basic level, suggests the reality of a situation contradicts a responder's beliefs about themselves, e.g., "I am in control," "I can rescue people," "Things will get better when I arrive." If the belief and reality don't match up, the firefighter can blame themselves, as if they can control anything and everything. Cognitive dissonance can have a powerful impact on our behaviors and actions.

A Good Plan

In pursuit of keeping our firefighters healthy, a comprehensive behavioral-health program should include several components:

1. Pre-Incident Education—Long before fire-service personnel respond to any incident, it is imperative we teach them about stress—its sources and its impact on us—as well as tools that can enhance resiliency and aid in recovery. Firefighters are inherently resilient—otherwise none of them would live long enough to retire from this occupation. Pre-incident education enhances this resiliency, setting the stage for employees to take care of themselves and each other. Pre-Incident Education should help firefighters understand:

- Normal stress responses—If firefighters can recognize some of the usual stress reactions, they won't think they are going crazy if they begin to experience them.
- Exercise—Physical activity is the greatest reducer of stress. It has been shown to consume stress hormones in the blood stream and release endorphins. This helps reduce stress, ward off anxiety and depression, and improve sleep.
- Communication—Firefighters need to know not only that they should reach out if they are struggling, but which individuals they can talk to.
- Good nutrition—A healthy diet can help stabilize blood sugars, which can help keep emotions on an even keel. Simply: whole grains, fruits and vegetables, and foods that include protein.

Suicide Risks & Warning Signs

Learn to recognize suicide risks & how to intervene.

Suicide risk factors include:

- Psychological issues—PTSD may be the most prevalent reason for emergency-worker suicide;
- Alcohol or substance abuse/dependence;
- Previous suicide attempt;
- Family history of attempted or completed suicide; and
- Serious medical condition

Common Warning Signs Include:

- Talking about a specific plan;
- Feeling hopeless;
- Feeling trapped—needing to escape from an intolerable situation;
- Intense guilt—of doing something or not doing something—survivor guilt;
- Feeling humiliated;
- Losing interest in things;
- Becoming socially isolated;
- Acting irritable or agitated (more than usual); and
- Showing rage, or talking about seeking revenge

If someone exhibits any of these warning signs, take it seriously. Intervention with those you believe are considering suicide can be difficult. The International Critical Incident Stress Foundation (ICISF) offers three simple strategies:

1. Clarify—Ask the question, "Do you really want to die, or do you simply want to change the way you live?"
2. Contradict—Explain that the desired outcome will not be achieved, suicide will create more problems than it solves and creates an undesired "ripple effect" impacting others.
3. Delay—Try to talk them out of killing themselves now.

In addition, the American Foundation for Suicide Prevention suggests the following approach:

A. Tell the suicidal person you are concerned about them.
B. Tell them specifically what they have said or done that makes you feel concerned about suicide.
C. Don't be afraid to ask whether the person is considering suicide, and whether they have a particular plan or method in mind. These questions will not push them toward suicide if they were not considering it.
D. Ask if they are seeing a clinician or are taking medication so the treating person can be contacted.
E. Do not try to argue someone out of suicide. Instead, let them know that you care, that they are not alone and they can get help. Avoid pleading and preaching to them with statements such as, "You have so much to live for," or "Your suicide will hurt your family."

If you suspect someone might harm themselves, get them to the hospital for evaluation. And please remember, if a firefighter does follow through with suicide, remember it was most probably due to a psychological disorder. Even though we do take it personally, it wasn't our fault.

- Sleep—Restful sleep is restorative sleep. During this time, the brain processes and forms memory pathways that help us learn and remember information. The body repairs and heals itself, and the immune system gets to work battling foreign and harmful substances. Sleep also promotes a healthy balance of hormones.

2. Post-Incident Education—Post-incident education should address many of the same things covered during pre-incident education, such as communication, exercise and proper nutrition. In addition, post-incident education should address substance abuse. Many firefighters suffering from PTSD and its related symptoms (insomnia, irritability, etc.) use drugs or alcohol to cope. Post-incident education should identify healthy tools a firefighter has used in the past to get through difficult times, as well as any stress-management resources available. (See "Resources," below.)

3. Guidelines to Assist Overwhelmed Employees—Does your department have a procedure in place if an employee becomes overwhelmed by an especially difficult call and can't complete their shift? What do you do with them if they can't? Is their leaving viewed as something negative, or is it considered an act of healthy self-care? Make it customary to assess whether each member of any crew responding to a particularly tough call will be able to perform at the next alarm. If not, what does "going home" look like? Create a plan specific to your department and its staffing that allows members to take time out if they absolutely need it.

4. Guidelines to Help Employees Recognize & Address Issues with Co-Workers—It's important that our personnel know how to have "difficult" conversations with co-workers who are exhibiting behavior changes. In my experience, if a firefighter has a behavior change, something is going on in their life whether they admit it or not. Firefighters will notice when a once-social co-worker stops exercising, becomes more isolated or seems irritable. Having the skills to confront them, let them know they care and offer support and resources can go a long way in getting someone healthy again.

5. Resources

Consider a peer team. The peer team is not the "hug club." They are fire department members specially trained to help their brothers and sisters get through overwhelming events. Their job is to acknowledge something difficult has happened, normalize any symptoms the firefighters may be experiencing, help foster resilience and provide skills to solve problems and speed recovery. The peer team can also become a resource to facilitate additional assistance, e.g., employee assistance program (EAP) or other mental-health professionals in the community who are trained in working with first responders. PTSD is a treatable injury. Find people in your community who know how to treat it!

If your organization is part of a city, county or other government agency, its EAP might serve all members of that

When the Worst Happens

How to cope with peer suicide.

Suicide can disrupt an entire organization, leaving department members feeling guilty, grief-stricken and angry. Sometimes, they look for someone to blame. The following is advice I give to fire peers whose organizations have gone through a firefighter suicide to help get through it:

- It's okay to use the deceased's name.
- Be an active listener, and listen without judgement.
- Encourage positive and negative thoughts/feelings.
- Offer understanding and empathy.
- Don't try to answer "why" questions directly. It's better to say, "We wish we could answer that question, but we cannot."
- Do not equate the suicide to a line-of-duty death.
- Deal with each issue as it arises.
- Openly discuss feelings, such as anger, that other personnel can't or are afraid to bring up. Anger is a normal response to the frustration felt after someone commits suicide.
- Provide practical advice on self-care e.g. talking to people, exercise, good nutrition, etc.
- Let employees know if the deceased's family has been contacted and whether the employer has reached out with offers of support. Employees will want to know their peer's family is receiving care and consideration.
- Keep an eye on individuals struggling with excessive anger, loss or guilt, and offer referrals to your EAP or other mental-health professional.
- Take care of yourself!

agency—accountants, surveyors and daycare workers. Encourage your EAP to learn about the unique fire-service culture by doing ride-a-longs or attending other trainings to learn about the personality, motivations, and treatment options of stressful events for firefighters.

An Ounce of Prevention

Suicide can disrupt an entire organization. Guilt is a common reaction—guilt for not seeing the signs and symptoms of a co-worker's struggle or guilt over seeing a co-worker struggle and not doing anything about it (perceived or not). People sometimes feel the need to blame the organization or its individuals for allowing the suicide to happen. Blaming and complaining are common ways for firefighters to control something they couldn't control.

In my opinion, the best medicine is prevention. Creating a culture that embraces and normalizes the job's challenges and developing resources to help struggling employees get back to "healthy" might be the answer to preventing, or at least slowing, the suicide problem. For me, a successful culture acknowledges that we are human beings who work in a high-stress occupation, and therefore, we can sometimes get overwhelmed. We need to teach our people that it's OK to say, "That one got to me." It is not a sign of weakness or that we chose the wrong career.

As fire-service leaders, we must do our part to create a culture that supports its members during times of emotional stress. Have resources in place. Does your department have a behavior health specialist per the IAFF/IAFC Wellness Initiative? Encourage support and openness from the top down, and know the employees. For example, does the organization check in with employees after a call that may hit them "close to home?" Most of all, take care of yourself. Set an example of self-care (physical and mental) for those who work with you. We have the best job in the world. Let's help ourselves and each other continue to stay happy and healthy throughout our careers. BS

Tim retired after 28 years in the fire service. He is the CEO/owner of Behavioral Wellness Resources, a consulting/counseling firm catering to the behavioral wellness needs of emergency response organizations and individuals, and works with several response agencies in developing the "culture" so responders feel comfortable seeking help. He is the mental-health advisor to the U.S. Forest Service (PNW Region 6), and worked with the U.S. Coast Guard following hurricanes' Katrina and Rita. He is a Clinician/Peer at the West Coast Post-Trauma Retreat, a residential treatment facility in California specializing in first responder PTSD treatment and recovery, and was instrumental in getting the Post-Trauma Retreat set up in Oregon (one of only two in the world.). He is an adjunct faculty member at George Fox University's Trauma Response Institute, and the University of Maryland's Resiliency Science Institute. Tim lives in Oregon and has a small private practice in Oregon's beautiful Willamette Valley. He is the author of the book "Scenes of Compassion." A Responder's Guide for Dealing with Emergency Scene Emotional Crisis, and has written articles on "Coping Beyond the CISM Response," and "Discussing Suicide," in the first responder professions.

Related Links

To view the IAFF's Behavioral Health Manual, click here.
Visit the International Critical Incident Stress Foundation at www.icisf.org.
Visit the American Foundation for Suicide prevention at www.afsp.org

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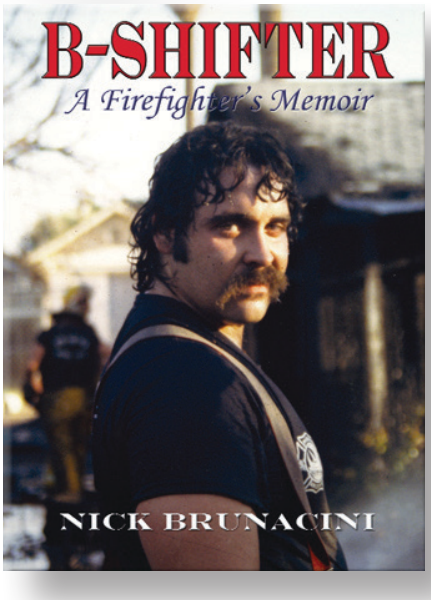

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