



# Creating Cultural Resilience

***Tim W. Dietz, MA, LPC, describes how one department came back better & stronger after a devastating member suicide.***

**I**t would seem like a no-brainer to promote resiliency in employees who work in high-stress occupations. Unfortunately, many organizations don't do it until something tragic happens. Creating a culture that supports behavioral health involves much more than signing a contract with an employee assistance program (EAP) or directing employees to the mental-health link on your health insurance carrier's website. It requires department-wide buy in, from the top chief to the newest recruit. It requires a small investment to teach employees how to take care of themselves and each other, and create internal peer teams and external resources to educate personnel and respond to employee and organizational needs.

In previous issues of B SHIFTER, I have written about the components of a comprehensive behavioral health program; I won't rehash that here. The fact is, few emergency personnel have been trained adequately to deal with the emotionally demanding events they must manage daily. They have extensive training for the many technical skills they must perform on the job, and they can usually accomplish these tasks with little or no difficulty. However, when it comes to recognizing and appropriately intervening when other human beings are emotionally distressed, emergency responders are at a loss.

They have never been taught crisis-intervention skills. They are unsure how to alleviate another person's emotional pain (Mitchell & Bray, Emergency Services Stress, 1990, p. 85). In this article, I will share one fire-service organization's journey from tragedy to resilience and recovery.

### **Difficult Start to the New Year**

The organization comprises 20 fire stations and has a workforce of more than 300 personnel serving approximately 200,000 citizens in an area covering more than 235 square miles. Their career and volunteer firefighters respond to more than 19,000 incidents annually. On New Year's Eve, 2010, an off-duty employee committed suicide, triggering a range of individual emotions, including shock, confusion, frustration, guilt, depression, insecurity, fear and anger. This incident disrupted not only the employees but the entire organization as individuals expressed anger toward their leaders for "not doing enough" for members' mental well-being. Many departments would simply wait for the storm to pass, confident everyone would get through this traumatic event on their own. This organization's leadership took a different path, however, choosing to develop resources that help members manage tragedy in healthy ways. Following this suicide, the department created and implemented a comprehensive behavioral-health system that included:

1. Basic training for employees on the concepts of understanding customers in crisis (on-scene compassion) and emergency-responder behavioral health, including tools for enhancing personal resiliency to stress.
2. Training and development of peer teams responsible for...
  - Employee education and follow-up
  - Pre-incident education
  - Post-incident response
3. Guideline development and implementation to assist overwhelmed employees and to help employees recognize struggling co-workers.
4. Development of outside resources (e.g. fire-service savvy EAP providers).

Each of these elements is described in a more detail below.

#### **Basic training in the concepts of behavioral health included training on stress resilience/recovery and taking care of our customers (compassion).**

a. Personnel were trained in "Scenes of Compassion" to understand human emotional crises at emergency scenes and how to interact with people during times of need. "Scenes of Compassion" is a training program that gives responders the ability to recognize a customer's emotional crisis at emergency scenes and provides tools for crisis mitigation and recovery. Stanford School of Medicine Center for Compassion and Altruism has done amazing research showing that being compassionate with people creates healthier employees.

b. Personnel were educated to help them understand the responder personality, sources of stress, acute and delayed human responses to stress, and tools for enhancing resiliency and recovery

c. Personnel were directed to external, culturally competent resources, such as EAPs and other culturally competent mental-health professionals.

**Peer-Response Teams provide support from people who are familiar with our circumstances and stresses.** By acknowledging the responder's emotions, peer-team members help to normalize the experience.

Peer Teams are:

- ✓ Hand picked by peers
- ✓ Trained in the International Critical Incident Stress Foundation's Individual and Group Crisis Intervention
- ✓ Trained bi-yearly on current issues.

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And their responsibilities include:

*Pre-Incident Education*—Long before emergency personnel respond to any incident, it is imperative they are educated about stress, its sources and its impact on responders, as well as the tools available to enhance resiliency and aid in recovery. Responders are inherently resilient and pre-incident education enhances this resiliency, setting the stage for employees to take care of themselves and each other. Pre-incident education should help responders understand>>

>*Normal stress responses*—If responders can recognize 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 anxiety and depression and improve sleep.

>*Communication*—Not only should first responders know to reach out if they are struggling, they should know which individuals they can talk to when things become stressful.

>*Good nutrition*—Clean, healthy diets that contain whole grains, fruits and vegetables, and lean protein can help our bodies better manage exhaustion and stress.

>*Sleep*—Restful sleep is restorative sleep. During this time, the brain processes and forms memory pathways to help learn and remember information; the body repairs itself; the immune system goes to work battling foreign and harmful substances; and our systems work to balance hormones.

*Post-Incident Response/Education*—Post-incident response should include the principles of acknowledgement, normalization and providing/reinforcing tools for stress recovery. Along with education, these principles 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 first responders suffering from acute stress and its related symptoms (insomnia, irritability, etc.) use drugs or alcohol to cope. Post-incident education should identify healthy tools the responder has used in the past to get through difficult times, as well as available stress-management resources.

#### **Development of Operational Guidelines to Assist Overwhelmed Employees.**

Guidelines were developed to cue the activation of the peer team. These guidelines also described how to handle an overwhelmed employee who can't finish their shift. 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 first responder has a behavior change, something is going on in their life whether they admit it or not. First responders will notice when a once-social co-worker stops exercising, becomes more isolated or seems irritable. Having the skills to confront them, communicate concern and offer support can go a long way in helping someone get healthy again.

**Development of Outside Resources.** The peer team is not the "hug club." They are specially trained members who can help co-workers get through overwhelming events. Their job is to acknowledge something difficult has happened, normalize any symptoms the responder may be experiencing, and help foster resilience and provide for skills to solve problems and speed recovery. The peer team can also facilitate additional assistance via EAPs and other mental health professionals in the community who are trained to work with first responders.

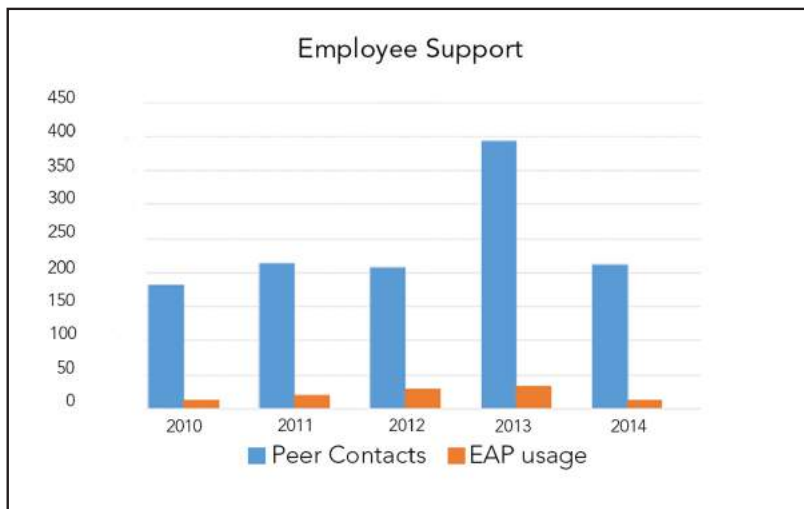
EAPs should be encouraged to learn about the first-responder culture by doing ride-a-longs or attending other trainings to learn about emergency responders’ personalities and motivations. This will help them develop appropriate treatment options. PTSD is a treatable injury. Find people in your community who know how to treat it!

**Post-Incident Progress**

To determine the program’s efficacy, the department conducted yearly confidential mental-health screenings (self-reports), tracked confidential peer team contacts with individuals and groups, and looked at the organizations EAP utilization report—a confidential report showing number of employees receiving services by type e.g. issues with relationships, stress, alcohol, etc., and number of visits required to mitigate issue. In none of these tracking mechanisms is an employee’s name ever used.

To understand occasional “spikes” in the data, the following are what the organization considered “critical incidents” that had the propensity to overwhelm employees and the organization.

- 2010—Employee suicide
- 2011—Fatal apartment fire—multiple pediatric deaths
- 2012—Holiday Mall shooting
- 2013—Police-officer murder (in front of fire crews on scene)
- 2014—No alarms of note

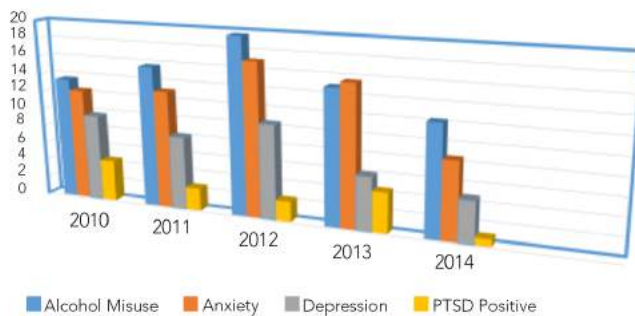


**Peer Contacts: Peer-team contacts with individuals and groups as requested by individuals, groups, or supervising officers, and EAP utilization. Important to note: The mall shooting happened in December 2012. Many of the peer contacts specific to this incident continued in 2013. That incident, coupled with the witnessed police officer murder, greatly increased peer-team contacts and EAP utilization for 2013.**

Creating the culture for behavioral health acknowledges three things. First, emergency work is one of America’s most stressful occupations. In fact, firefighting is the most stressful of the civilian careers. Emergency workers are exposed to death, human suffering and fear for their own safety. In addition, issues involving family, marriage, finances and other personal stressors can exacerbate workplace stressors. Second, the personality of those drawn to the emergency services is somewhat predictable. In general, first responders are action-oriented problem-solvers who need to be in control, want to be perfect or near perfect, are internally motivated, and think that when their apparatus pulls up to a scene, regardless of what they see, things will get better. Third, these high (and sometimes unrealistic) self-expectations can set up responders to have a

## Symptomology

Employee Percentage



**Symptomology seems to track normally with the severity of incidents. What is important to note is that although there are spikes in stress-related symptoms following these powerful events, there is recovery. I believe this is directly related to the resiliency of the individuals and the organization created by the cultural shift for behavioral health.**

bad day following one bad event. They can also create issues and symptoms later in their careers from the chronic, long-term stresses they endure if they have not been given the necessary tools for enhanced resiliency and recovery.

*Creating the Culture* is not rocket science. All it takes is a buy-in from an organization that believes it is important to take care of its people. Employees who learn to take care of themselves and each other create incredibly resilient organizations that can withstand and rebound from individual and organizational crisis. This helps promote a healthy work environment and enhanced public support. **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 the articles, "Coping Beyond the CISM Response" and "Discussing Suicide."*