

Peer Operational Support Team *An alternative model*

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Tucson Fire Department



- 2nd largest fire department in Arizona
- ~98,000 calls per year, 650 firefighters, all-hazard



Everyone Goes Home, FLSI 13

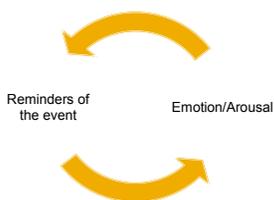
- Public safety as one of the most stressful and hazardous occupations
- NFPA 1500: Fire departments must provide access to a behavioral health program for:
 - Alcohol and substance abuse
 - Stress and anxiety
 - Depression
 - Personal problems affecting fire department work performance



What program after acute stress?

- Psychological First Aid, evidence-based
- CISM no longer recommended (2003)
 - National Institute of Mental Health
 - U.S. Dept of Health and Human Services
 - Department of Defense
 - Dept of Veteran's Affairs
 - Dept of Justice
 - American Red Cross
 - World Health Organization
 - Why?

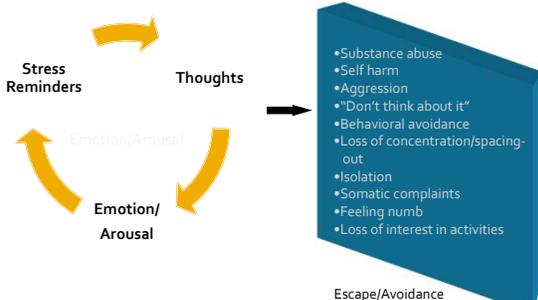
Natural recovery after a PTE



- Reminders decrease
- Emotional reaction to reminders decrease

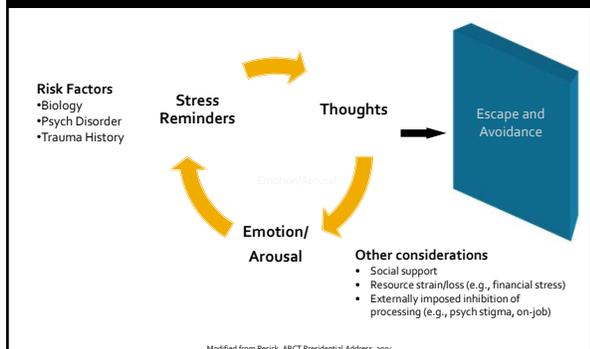
Modified from Resick, ABCT Presidential Address, 2004

Stress-related problems occur from coping by avoidance



Modified from Resick, ABCT Presidential Address, 2004

And other factors...



CISM /debriefing may...

- Interfere with the natural recovery process
 - Increase arousal to normal reactions as 'symptoms' (PTSD education)
 - Increase arousal in the short-term aftermath (Debriefing)
- Lead employees to bypass established support systems (family, friends, clergy) in the belief that CISM is enough
- Be perceived as coercive→ more loss of control after a potentially traumatic call
- Reinforce 'one size fits all' emotional reaction to events (group)

Something is not always better than nothing...

We must do no harm.

Tucson Fire Department

Why did we seek an alternative model?

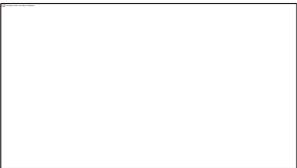
PTE exposure ≠ stress-related problems

- The majority of people do not develop PTSD after potentially traumatic events
- Emergency care workers:
 - Experience an unfortunately frequent # of PTEs
 - Are resilient, have low PTSD prevalence.¹
 - Higher self efficacy²
 - Good social support³
 - Job resources⁴



¹Pole et al., 2009; ²Soo et al., 2011; ³Fishimi, 2011; ⁴Meyer et al., 2011; ⁵Orr et al., 2012; ⁶Admon et al., 2013; ⁷Prati et al., 2010; ⁸Prati & Pietrantonio, 2010; ⁹Haynes et al., 2013; ¹⁰Nahrgang et al., 2011

Peer Operational Support Team



- Identify and refer those most at risk
- Address individual preferences
- Allow flexibility for varying circumstances
- Engage a sustainable system using peers
- Employ psychological first aid, consistent with expert-panel consensus guidelines

What is POST?

- Volunteer crews members at TFD
Coordinated/supervised by:
 - Captain Gulotta, Health and Safety Captain
 - Patricia Haynes, PhD, Licensed Clinical Psychologist UA
- Received training in psychological first aid
 - Maintain confidentiality
 - Supervision by a licensed clinical psychologist



How is POST deployed?

Dispatch informs Health and Safety Capt after:

- Serious injury or death of co-worker
- Mass casualty incidents
- Death or Serious injury to child or elderly person
- Response to officer shooting
- High profile incidents with media coverage
- Violent crime (sexual abuse or homicide)
- Injury/death with gruesome mechanism
- Serious injury or death with excessive time talking with patients > 2hours

Most POST call-outs are pediatric calls

What does POST do?

- Provides **psychological first aid**: provide support, reduce distress, increase an individual's sense of confidence
- Bridges** individuals to behavioral health assistance programs
- Receives personal contact information of crew in order to **support** long-term health and wellness:
 - Provides information on normal stress reactions (7 days out)
 - Initiates PTSD screen by psychologist (30 days out)



7 Day email

Joe,
 It has been a little more than 7 days that I was over to visit with all of you. As I said before, the majority of the time most people do just fine after traumatic type calls. Every once in a while someone might need some extra support, for that reason I will attach a sheet of FAQ's that could be helpful. There is also a list of resources and phone numbers. I will be including Dr. Haynes on this email so that she can follow up after 30 days.

If you ever have any questions or concerns don't ever hesitate to give me a call.

POST member

FAQ Sheet

- Not a list of PTSD symptoms
- Addresses thoughts/reactions like:
 - "I don't want to talk about what happened."
 - "This could have been my child."
 - "How can people be so stupid?"
 - "When I think about the call, I cry... what does this mean? Will I have PTSD?"
 - "I'm having a hard time unwinding."

30 – 90 day assessment

Please answer a few questions about a recent call you were on, and your current feelings about that incident. Return the form to your POST contact. A clinical psychologist will review the answers, and the general information obtained will help TFD learn how to best assist you and other firefighters after stressful calls.

Your Own Reactions to the Event

This questionnaire is concerned with your personal reactions to the incident that occurred a few weeks ago. Please indicate whether or not you have experienced any of the following AT LEAST TWICE IN THE PAST WEEK.

	YES, AT LEAST TWICE IN THE PAST WEEK	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will	<input type="checkbox"/>	<input type="checkbox"/>
2. Upsetting dreams about the event	<input type="checkbox"/>	<input type="checkbox"/>

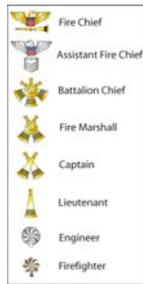
- PTSD screen, Trauma Screening Questionnaire
- Depression screen, PHQ-2

Common questions



Why a team and not the crew? "I know my crew the best."

- The Chain of Command
 - Some individuals may feel that they must react a certain way in front of their supervisor
 - This can add stress to an already stressful situation.
- POST is designed so that crew members may talk to peers at the same occupational level so this does not impact job evaluation.



"My crew is fine."

- Sometimes individuals feel forced to act differently because they are in a group.
- POST is designed to provide individuals with personal resources and individual response
- TFD example



POST combats stigma "Joe doesn't have what it takes"

- POST models calming and support.
- Being upset does **not** mean:
 - Joe will have PTSD
 - Joe is a failure as a firefighter
 - Joe is ready for the next call.
- Displaying strong emotional reactions may mean that Joe needs some down time.
 - POST talks to Joe and encourages him to go off-shift early if desired



POST supports individuals

- Individuals meetings unless obtrusive
- Calming atmosphere by providing information, limit sharing of horror stories
- Encourages Captains to acknowledge and reward job performance
- Supports work/life balance



Self blame



Self blame degrades hope

- If I had acted differently, maybe the outcome would be different.*

Increase hope by reducing self blame

- Counter "I should have..." with *I did the best I could given the elements within my control* (strong emotional reactions are not in our control).
- Explore overlooked benefits with actions taken

Blaming others



Blaming others degrades hope

- *People are stupid.*

Increase hope by reducing blame

- Discuss cause-seeking
- Causes for tragic events are complex
- Identify situational factors like: poverty, education, mental illness, discrimination, access to healthcare

Promoting confidence

- Helping with problem-solving, if needed
- Encouraging small steps
- Coping skills (relaxation, mediation, goals, exercising, sharing, nutrition, therapy)
- Listen / ask questions with curiosity
- Normalizing emotional reactions

Evaluation / Feasibility

- Ongoing
- 12 Call-outs, Apr 2017-Mar 2018
 - 5 POST members, 65 employees exposed to PTEs
 - Delay in 7-day follow-up (M = 18.8 days)
 - Low 30-day response rate, N = 18 (28%) completed

Development of web-based software

- To address POST member follow-up, ease



Ongoing evaluation

- 8 Call-outs Mar 2018-Jan 2019
 - 2 POST members, 31 crew members exposed
- (1 not at all, 7 very much so)
- POST member felt helpful = 6.1
 - POST member rated whether crew found helpful = 5.6
 - *Crew evaluation is under construction*

Challenges

- System notification failures
- Follow-up: POST members have other jobs
- Low response to 30-day PTSD/Depression screens
 - Barriers to completion require assessment
 - Completion often varies by Captain/Crew
 - *Questionable acceptability?*
- Mixed reception of ramp-down intervention

Success Stories

- Officers feel relief for assist
- Changes in leadership views - *example*
- Missed screen positive - *example*
- Agency-level stigma reduction – *mental health always on radar with a POST call-out system*

Future Directions

- Peer support to facilitate referrals
 - Injuries
 - Cancer risk
 - Family discord
 - Alcohol use disorders
 - Retirement

Resources

- National Suicide Hotline Number in every station: 1-800-273-8255 (TALK)
- NFFF Life Safety Initiative 13 trainings:
 - Stress First Aid for Fire and EMS Personnel (.5 hour)
 - Communication and Mentoring for Company Officers
 - Curbside Manner: Stress First Aid for the Streets