Annex: Supporting Responders to Effectively Deal with Atypically Stressful Events

ABOUT THIS ANNEX

"It Takes a Toll…"

Emergency responders truly have "seen it all." When responding to traffic incidents, responders focus on the task at hand – caring for injured individuals, working to keep each other and traveling motorists safe, and removing obstructions to get traffic moving as safely and quickly as possible. However, dealing with the trauma witnessed on the scene of incidents can take a real toll on responders from every discipline. In fact, traffic accidents are among some of the worst potentially traumatic events that responders face on a daily basis.
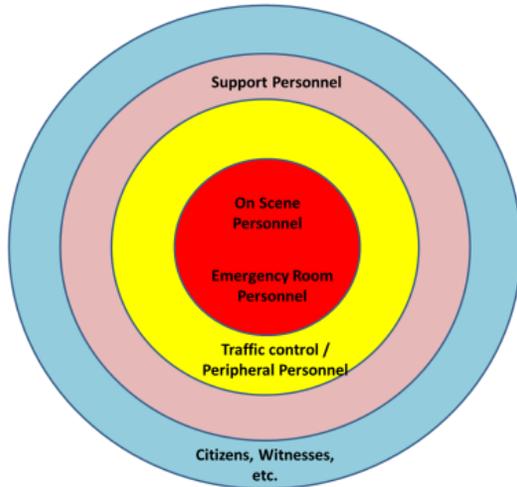

Figure 1 Illustrates sphere of responder disciplines.

This topic is relevant to all responder disciplines – law enforcement, fire, EMS, towing, transportation, and public works – as well as other traffic incident management (TIM) partners, such as dispatchers and traffic management center (TMC) personnel. It is imperative that responders be equipped to deal with what they witness while performing their duties. They need resources to help them deal with the emotional and psychological responses that they might experience.

Many public safety agencies have organized behavioral health plans in place that their members can easily access. The same is true for government employees, including maintenance and operations personnel, who might not be considered "traditional" responders, but play critical roles in incident response when needed. Employees in non-governmental agencies may not have immediate access to behavioral health information or be aware of what assistance programs are available.

Purpose

Over the past three decades: fire, EMS, and law enforcement agencies have recognized the need to provide support to personnel impacted by traumatic events. These efforts have featured as a central focus with the use of peer support personnel to provide the initial response and support. The models used have evolved and changed in order to reflect current best practice and evidence-informed approaches. However, response to transportation incidents involves more than public safety personnel and support programs have not been widely recognized as necessary or implemented.

This annex seeks to help fill this gap and ensure that the national TIM program addresses this vital topic by providing a succinct, relevant resource that outlines key information about dealing with potentially traumatic events including those involving transportation incidents. The Federal Highway Administration's (FHWA) recommends the use of Psychological First Aid as the standard model of behavioral health intervention in early response to disasters and other traumatic events.

Rather than seek to include all possible considerations and resources, the purpose of this document is to: provide an overview of this important topic, guidance for organizations to use to prepare, or update

their trauma response plan, and provide resources that FHWA has deemed most relevant to the TIM community. Each agency's trauma response program will look different based on organization size, geographic location, and available resources. This annex provides key considerations and a foundation tailored to each organization. Support for personnel impacted by exposure to trauma should be a key component of every response partners' day-to-day TIM operations.

Note: While FHWA is recommending that TIM practitioners use the Psychological First Aid behavioral health model, it recognizes that various models exist and response partners will choose what model works best for them based on geographic location, available resources, and available behavioral health providers. Other models include the Critical Incident Stress Management (CISM) model and the PsySTART Rapid Mental Health Triage and Incident Management System.

Why Now?

Tremendous strides continue to be made nationally in TIM, as evidenced by the continued success of the SHRP2 National TIM Responder Training Program. Yet, an opportunity exists to better support responders from all disciplines by providing them with tools to more effectively deal with the possible emotional toll of incident response. There is an increasing awareness among the emergency response community of the need to recognize and support those who suffer stress injuries in the course of their duties.   The stigma once associated with responders "needing help" is starting to dissolve. [i] Furthermore, a wealth of resources is available to support individuals who respond to traumatic events as part of their daily responsibilities.

Audience

The information found in this annex is relevant to responders who are TIM practitioners from all disciplines. However, the primary audience consists of those at the supervisor level within response agencies and those willing to serve as peer support personnel. A variety of definitions exists for the term "peer supporter." For the purposes of this annex, a peer supporter is defined as an individual who is willing to "provide knowledge, experience, emotional, social, or practical help" [ii] to his/her peers. Supervisors and peer support personnel have a responsibility to their fellow responders to monitor how they are dealing with stress. This entails encouraging fellow responders to take good care of themselves; recognizing and monitoring key signs and symptoms of stress; and responding appropriately with support. Those fulfilling leadership roles in Regional TIM Committees, Local TIM Teams, and Incident Management Task Forces (TIM Committees) should also be knowledgeable on this topic and promote understanding in their respective TIM groups.

Employee(s) Stress

A Highway Patrol Commander approached her supervisor seeking advice on what she needed to do reference one of her Squads.   This particular squad had been the District Squad of the year for the last two years. As the commander was reviewing this squad's activity and numbers for the year, the commander realized their numbers had decreased significantly from the past two years. The commander stated that she was starting to hear that some of the officers were beginning to have an increase in discourteous complaints and some were taking more sick leave than usual. The commander was also hearing rumors that a few of the officers were having marital issues. Asked if she was aware of any of the officers had been involved in any significant critical incidents, she had no awareness of such incidents.

This particular squad works shift 1, on a major west valley freeway, with units starting at 5:00 am, working a ten-hour shift. The two early units also had call-outs for major incidents 2-hours prior to their start time.

As the Commander and EAP Supervisor worked through the analysis of the data, the EAP Supervisor began seeing a trend involving injury and fatal collision investigations being handled by this squad. The commander completed an analysis of all of the collisions this particular squad had worked within the past year. Upon the analysis, the commander learned that in a 6 to 8 week period, members of this squad had investigated over 40 collisions involving injuries or fatalities, with approximately a third of them involving children. One collision involved an entire family being killed (both parents, three children, and the grandmother) which involved a commercial vehicle rollover. It was not until the tow truck lifted the commercial vehicle, that the officers found the crushed vehicle with the family as well as finding packages indicating they were returning from a trip to Disneyland.

The question asked of the Commander by the EAP supervisor was – "Would you want to come to work knowing you may be investigating another injury/fatal collision?"

The common theme of the debriefing was "I am tired of dealing with injuries and death every day."   The squad and commander were provided with coping mechanisms on how to handle this concern. The officers also shared how it was affecting their personal relationships. This was addressed by meeting with the officers and their spouse or significant others to provide them with similar coping skills.

In another similar situation, a Fire Chief for a volunteer fire company was seeking advice for his company reference poor participation during emergency calls. This chief has been leading the fire company for over 10 years and he stated that normally 25-30 volunteers assist on emergency calls with a group of 20 of the fire fighters having over 15 years of experience. He stated that over the past month the numbers of fire fighters responding to emergency situations has dropped to less than 10 per call. The chief also stated that he noticed the fire fighters gear had not been cleaned, nor had the equipment been properly maintained. The members are quick tempered and are drinking alcoholic beverages more and more.

The Chief stated that over a period of two months his company responded to two fatal car crashes where four local people had died. He also related that just prior to the car crashes, the company was dispatched to a fatal fire where an infant had passed away.

The question asked of the Chief by the EAP supervisor was – "What tools have the fire fighters been given to deal with stress?

The common topic theme of this debrief was "I cannot deal with injuries and death every time I respond to a scene."   The company and Chief were given coping mechanisms on how to handle this concern. The fire fighters also shared how it was affecting their personal relationships with their significant others. This was dealt with by meeting with the firefighters and their spouse or significant others to provide them with similar coping skills, just as the Highway Patrol Squad.

Signs and Symptoms of Trauma
According to the National Institute for Occupational Safety and Health (NIOSH), it "recommends that all workers involved in response activities help themselves and their coworkers and reduce the risk of experiencing stress associated with a traumatic incident by utilizing simple methods to recognize, monitor, and maintain health on-site and following such experiences." [iii]

The following table highlights examples of the different effects of stress. Responders should be aware of these symptoms to help recognize the signs in themselves and each other. This will help ensure a proactive approach is taken to monitoring responders' mental health and address the issue of "suffering in silence."

Symptoms of Stress*						
Cognitive	Emotional	Behavioral	Spiritual	Relationships	Physical/ Somatic	Work Performance
Lowered concentration	Powerlessness	Impatient	Questioning the meaning of life	Withdrawal	Shock	Low morale
Decreased self-esteem	Anxiety	Irritable	Loss of purpose	Decreased interest in intimacy	Sweating	Low motivation
Apathy	Guilt	Withdrawn	Lack of self-satisfaction	Mistrust	Rapid heartbeat	Avoiding tasks
Rigidity	Anger/rage	Moody	Pervasive hopelessness	Isolation from others	Breathing difficulties	Obsession about details
Disorientation	Survivor guilt	Regression	Anger at God	Over protection as a parent	Aches and pains	Apathy
Perfectionism	Shutdown	Sleep disturbance	Questioning prior religious beliefs	Projection of anger or blame	Dizziness	Negativity
Minimization	Numbness	Nightmares	Loss of faith in a higher power	Intolerance	Increased number and intensity of medical maladies	Lack of appreciation
Preoccupation with trauma	Fear	Appetite changes	Greater skepticism about religion	Loneliness	Other somatic complaints	Detachment
Thoughts of self-harm or harm to others	Helplessness	Hypervigilance		Increased interpersonal conflicts	Impaired immune system	Poor work communication
	Sadness	Elevated startle response				Staff conflicts
	Depression	Accident proneness				Absenteeism
	Emotional roller-coaster	Losing things				Exhaustion
	Depleted					Irritability
	Overly sensitive					Withdrawal from colleagues

*(*Source: Charles R. Figley, Ph.D., Florida State University Traumatology Institute, Tallahassee, Florida)*
http://www.giftfromwithin.org/pdf/ExampleCF.pdf

Self-Care for Responders

By nature, emergency responders are caring and compassionate people, continually putting themselves in harm's way for others. Due to the challenging nature of potentially traumatic events, the recommendation that responders make taking care of themselves a top priority. According to the Minnesota Department of Health, these 10 activities should be done regularly. [iv]

- Get enough sleep
- Get enough to eat
- Vary the work that you do
- Do some light exercise
- Do something pleasurable

- Focus on what you did well
- Learn from your mistakes
- Share a private joke
- Pray, meditate or relax
- Support a colleague

The Minnesota Department of Health also offers the following suggestions: stay connected to friends and family, do activities you enjoy or find relaxing, or do something positive to help others – give blood, donate food, volunteer. It is important to remember that people can be affected differently by the same incident. In large part, this can be due to their past experiences. Promoting self-care and understanding the signs and symptoms to watch for takes away the subjectivity of how impactful an incident is.

Key Takeaway: Regardless of which activities responders choose to care for themselves, the main point is that responders make caring for themselves a priority.

RECOMMENDED MODEL

Overview of Psychological First Aid

Psychological First Aid (PFA) is an evidence-informed best practice model developed under the guidance of the National Center for Post-Traumatic Stress Disorder (NCPTSD) and National Child Traumatic Stress Network with support from the Substance Abuse and Mental Health Services Administration (SAMHSA). According to the Minnesota Department of Health, "PFA is an evidence-informed approach that is built on the concept of human resilience. It aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis." [v] PFA outlines a set of supportive actions designed to guide the actions of those providing assistance to distressed individuals.

PFA was designed to reduce the initial distress caused by traumatic events, as well as foster short- and long-term adaptive functioning. The basic standards and principles of PFA are consistent with research conducted on risk and resilience following traumatic exposure. It is supported by disaster mental health experts as the "acute intervention of choice." The principles and techniques of PFA meet these four basic standards: consistent with research evidence on risk and resilience following trauma; applicable and practical in field settings; appropriate for developmental levels across the lifespan; and culturally informed and delivered in a flexible manner. [vi]

Key Takeaway: PFA does not rely on direct services by mental health professionals, but rather on skills that most of us already have.

IMPACT OF INTERNAL AND EXTERNAL RESOURCES

Internal Resources
Due to the nature of the work, emergency responders face increased demands that may exacerbate the stresses, strains, and issues in living that we all face. The need for employee assistance programs is a critical part of both occupational health and wellness programming and an essential feature in any employee benefit package.

While local, state, and federal government organizations often have established policies and agreements with Employee Assistance Programs (EAP) to provide behavioral health assistance to their members, the effectiveness of these EAPs in providing support to emergency responders may vary widely.

External Resources
There are times when the support of peers and supervisors is not enough. When more intensive care is necessary, it should be provided by a specialist (psychiatrist, doctoral-level psychologist or board-certified clinical social worker) with advanced training and supervised clinical experiences in specific evidenced-based treatment for PTSD, anxiety disorders and depression.

CONCLUSION

Providing emergency responders and TIM practitioners with support to effectively deal with trauma is of critical importance. This annex provides an overview of key information relevant to this topic, FHWA's recommended behavioral health model, and easily accessible resources and training tools. Each response agency's trauma response program will look different based on organization size, geographic location, and available resources. This annex seeks to provide key considerations and a foundation for agencies to use to develop their individual program.

ADDITIONAL RESOURCES

Tremendous resources exist on the topics of self-care, the signs and symptoms of stress, ways to support responders, the PFA model, and the other behavioral health modules. The following provides a concise list, organized into "PFA training" and "general" categories. Several resources specific to other behavioral health models are also included.

PFA Training Resources
- A Self-Study Program on PFA and Workforce Resilience:
  http://pfa.naccho.org/pfa/PFA_Start.html
- Psychological First Aid Online (training course):
  http://learn.nctsn.org/course/index.php?categoryid=11
- NFFF 16 Firefighter Life Safety Initiatives – Psychological Support:
  http://www.everyonegoeshome.com/16-initiatives/13-psychological-support/

General Resources
- Responder Self Care iTunes app (free): https://itunes.apple.com/us/app/responder-self-care/id708390024?mt=8

- National Center for PTSD Mobile App – PFA Model:
  http://www.ptsd.va.gov/professional/materials/apps/pfa_mobile_app.asp
- National Center for PTSD Psychological First Aid Field Operations Guide:
  http://www.ptsd.va.gov/PTSD/professional/materials/manuals/psych-first-aid.asp
- National Center for PTSD Appendix A: Overview of Psychological First Aid:
  http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA_Appx_AOverview.pdf
- Psychological First Aid for Responders (pamphlet):
  http://store.samhsa.gov/product/Psychological-First-Aid-for-First-Responders/NMH05-0210
- AGPA Guidelines for Working with First Responders in the Aftermath of Disaster:
  http://www.agpa.org/home/practice-resources/group-interventions-for-trauma/general-information-on-trauma-for-clinicians-and-the-public-at-large/guidelines-for-working-with-first-responders-%28firefighters-police-emergency-medical-service-and-military%29-in-the-aftermath-of-disaster
- National Center for PTSD – Early Intervention Essential Information and Guidelines:
  http://www.ptsd.va.gov/PTSD/professional/treatment/early/index.asp
- Support and Sustain: Psychological Intervention for Law Enforcement Personnel:
  http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=2452&issue_id=82011
- Substance Abuse and Mental Health Services Administration (SAMHSA) – A Guide to Managing Stress in Crisis Response Professions: https://store.samhsa.gov/shin/content/SMA05-4113/SMA05-4113.pdf
- NFFF 16 Firefighter Life Safety Initiatives – Psychological Support:
  http://www.everyonegoeshome.com/16-initiatives/13-psychological-support/
- IACP National Symposium on Law Enforcement Officer Suicide and Mental Health: BREAKING THE SILENCE on Law Enforcement Suicides:
  http://www.theiacp.org/Portals/0/documents/pdfs/Suicide_Project/Officer_Suicide_Report.pdf
- The Badge of Life Police Mental Health Program: http://www.badgeoflife.com/index.php
- Help Guide – Traumatic Stress: http://www.helpguide.org/articles/ptsd-trauma/traumatic-stress.htm
- NVFC Share the Load™: http://www.nvfc.org/help
- Helping Heroes: https://helping-heroes.org/user/login
- Gift from Within: http://giftfromwithin.org/html/

Other Behavioral Health Model Resources
- A Primer on Critical Incident Stress Management (CISM): http://www.icisf.org/a-primer-on-critical-incident-stress-management-cism/
  The PsySTART Rapid Mental Health Triage and Incident Management System:
  http://www.cdms.uci.edu/pdf/psystart-cdms02142012.pdf

[i] http://www.firerescue1.com/leadership/articles/1927015-Tough-guy-firefighters-dont-cry-yeah-right/
[ii] http://en.wikipedia.org/wiki/Peer_support
[iii] http://www.cdc.gov/niosh/topics/traumaticincident/
[iv] http://www.health.state.mn.us/oep/responsesystems/responderselfcare.html
[v] http://www.health.state.mn.us/oep/responsesystems/pfa.html
[vi] http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA_V2.pdf