

2021 YELLOW RIBBON REPORT UPDATE



Wow! is possibly the reaction you had when you first noticed the IAFC-VCOS's 2021 *Yellow Ribbon Report Update* on behavioral wellness.

That's understandable; the document contains a lot of content. We know significantly more about firefighter behavioral health today than we did in 2017 when the original report was published. This update is not a book to be read cover to cover. It is a reference manual for your department to examine its needs.

Review the *Table of Contents*. Is there something that jumps off the page to you? If so, go to that section because it interests you. Share the document with your departmental leadership including your peer support team, chaplain and possibly your employee assistance program.

Share the duties of reviewing, discussing, prioritizing, developing, implementing and evaluating it regularly for continued relevance. Successful implementation of an aggressive and comprehensive behavioral wellness plan will take the TEAM you have around you.

Behavioral wellness requires you to break it down, split it up and massage it into something that works for your department. As you know from experience, getting started is the first step. Set little goals. Use the S.M.A.R.T. goal setting method. Your team wants your leadership. This issue demands bold, committed, and innovative solutions. Be specific with what you want to accomplish. The issue of behavioral wellness is about the quality of life for your firefighters and their families.

Motivational coach Zig Ziglar reminds us that "a goal properly set is halfway reached." Setting a goal is just like eating an elephant. Bit by bit, bite by bite, you make possible what at first seemed impossible. You get a small step closer to living your best life. You've got what it takes; now get SMART and turn those dreams into reality!



Implementing all the components of a behavioral wellness program simultaneously will be next to impossible. You are encouraged to review this material and develop a plan to "eat the elephant one bite at a time."

Best Practices in Behavioral Wellness for Emergency Responders

BEST PRACTICE #1

Create psychological safety inside your workplace by encouraging and employing the interpersonal skills necessary to seek others' input, invite feedback and ideas, and create an interpersonal climate in which others are willing to share their ideas and concerns.

BEST PRACTICE #2

Employ and model leadership excellence by focusing on the character of fire service leadership. Character-influenced competencies exercised by the leader help to maintain a psychologically safe environment. Model the virtues, values, and traits that best enable the desired character of great leadership.

BEST PRACTICE #3

Establish a peer-support program that includes trained peer counselors.

BEST PRACTICE #4

Provide health insurance for the firefighters and their families that specifically includes professional counseling by clinicians trained in fire service culture to understand the trauma firefighters and emergency medical service responders experience.

BEST PRACTICE #5

Have peer counselors sit down with personnel who have experienced a traumatic event to debrief the incident within 72 hours of its occurrence.

BEST PRACTICE #6

Train first-level supervisors how to initiate discussions with those who appear to be struggling with behavioral mental wellness, take appropriate action (including providing referrals), and follow up effectively.

BEST PRACTICE #7

Conduct training for all members about normalizing mental health impacts of the vocation and common behavioral reactions to traumatic experiences. Show them how to access the support that is available through the department and other sources.

BEST PRACTICE #8

Conduct an orientation for candidates/recruits and their significant others during the hiring/application process that covers possible job-related behavioral wellness issues and the programs the department offers to treat both personnel and their families.

BEST PRACTICE #9

Train and deploy spousal advocates to address common behavioral wellness issues as needed.

BEST PRACTICE #10

Encourage individuals to gain insights into traumatic and stress-inducing events in their lives that could affect their behavioral wellness. One effective tool is the [Holmes-Rahe Stress Inventory](#), which can be accessed for free online.

BEST PRACTICES #11

Develop and implement annual education sessions for all personnel that promote behavioral wellness, beginning in the academy/recruit school and onboarding process, and continuing throughout their careers.



Traumatic injury symptoms are not always visible nor does the trauma affect everyone the same way.

Unfortunately, we do not know the source or author of the following paragraph. Nor do we know whether it is a direct quote or a paraphrase (which we have modified slightly). Nonetheless, we feel that the point it makes is so compelling that the anonymous author's voice deserves to be heard. We hope you will take its message to heart.

“ At some point first responders will confront a dark moment in their lives. The emergencies we respond to have a significant impact on the lives of the people we protect. Some of those events crush your spirit and make you worry. In that darkest moment, reach deep inside yourself and be your very best. Admit to yourself and your brother/sister responders that you are not handling an event well. Ask for help early. Do not delay. Ask someone to help you identify what to do if you are unable to do so yourself or don't know where to turn. If you cannot find a method to process what you saw or how you feel, ask for help. ”



When you can't see the light at the end of the tunnel, it is up to you to ask for help.

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VCOS MISSION

To develop and enhance effective, professional leaders of the volunteer and combination fire service by providing tools, resources and representation to lead their organizations effectively.

VCOS VISION

To be a leading fire service organization in the United States, representing, and educating leaders of the volunteer and combination fire/rescue service.



International Association of Fire Chiefs

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Members of the Fire and Emergency Service,

The release of this update to the original *Yellow Ribbon Report: Under the Helmet – Performing an Internal Size-Up; A Proactive Approach to Ensuring Mental Wellness*, is bittersweet. I am proud that our organization is in a position to help our colleagues around the world with information about behavioral wellness. However, it is a sad realization to know that more firefighters die from suicide each year compared to line-of-duty deaths according to the Firefighter Behavioral Health Alliance.

The United States is not alone in this issue. As a fire chief in Canada, I can tell you that we experience similar struggles. We must never forget that our members are our most important and precious resource; without them we cannot protect our community or fulfill our mission.

Early 2020, up until the present, brought additional challenges affecting behavioral wellness with the advent of COVID-19. It is more important than ever to have the tools and resources to access behavioral wellness assistance when our members need it. Chief officers must be trained and ever vigilant in recognizing the signs of someone in need of help. In fact, all ranks of the fire and emergency service should be trained so they have the ability and tools to help their peers.

The goal of this *2021 Yellow Ribbon Report Update* is to educate people about factors that can lead to declining mental wellness such as compassion fatigue, gaslighting, learned helplessness, and more. This report offers solutions and recommendations to help your brother and sister firefighters and responders.

Please take time to read this report as it may provide you with the knowledge and tools to save lives. The fire service is like another family to many of us – we need to take care of one another when needed. We depend on each other.

If you are experiencing declining mental health, please take the brave step of asking for help. There are many positive stories of people who received help that changed their lives. Everyone deserves that chance. Your life matters.

I want to thank the IAFC's Volunteer and Combination Officers Section and everyone that worked on this important *2021 Yellow Ribbon Report Update*.

Stay safe and take care of each other!

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Stuebing".

Fire Chief Kenneth W. Stuebing, BHSc, CCP(f)
President and Board Chair
International Association of Fire Chiefs



Volunteer & Combination Officers Section of the International Association of Fire Chiefs



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Fire and Emergency Service Members,

It is hard to believe that the original report, *Yellow Ribbon Report: Under the Helmet – Performing an Internal Size-Up; A Proactive Approach to Ensuring Mental Wellness*, was released five years ago. We have seen many fire and emergency service organizations representing combination, volunteer and career personnel reference and utilize the report to develop awareness and best practices. Therapists, doctors and other practitioners have given positive feedback in the approach the IAFC's Volunteer and Combination Officers Section (VCOS) has taken to assist in taking care of our greatest asset, our members. The VCOS strives to provide resources and information on the most important issues and challenges to volunteer and combination departments and the fire service as a whole.

I believe what I wrote in 2017 for the original *Yellow Ribbon Report* is still accurate today. We need to improve our focus on responders' emotional wellness as an industry. We spend so much time helping and saving others, but we often forget to focus on one another. As you know, first responders not only have all the normal life stressors, but also additional stressors from our public safety role.

The goal of this updated report is to provide further information and best practices regarding awareness about the challenges surrounding emotional and behavioral wellness and to emphasize the importance of changing the culture. This report has background information, statistics, resources, and action items for departments to use to ensure the mental wellness of their members. At the very least, I hope this report sparks continued conversations in your department.

I want to thank the committee that updated the information to create this enhanced resource. The talent, dedication, and passion of the committee members was evident from start to finish.

Please continue to utilize the information in this report. The last four years haven't changed everything in dealing with our behavioral wellness. We need to continue to discuss and focus on our emotional health and well-being. As stated in the original report, "It is time we acknowledge and truly understand the ongoing emotional impact on our health and well-being, our lives depend on it."

Respectfully,

Fire Chief Charles M. Flynn

Chair, Volunteer and Combination Officers Section
International Association of Fire Chiefs

PREFACE

Mental health illness is physical illness.

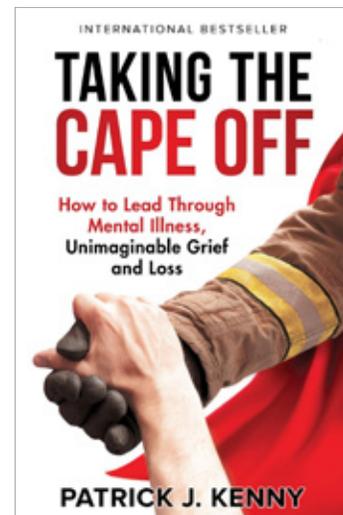
It is not a choice made by someone too weak to face life. Medically, the challenges faced by someone with depression, anxiety, bipolar disorder, or any other mental illness can be traced to actual chemical changes in the brain. It is similar to the chemical changes in the body that lead to diabetes, high cholesterol, or cancer.

Both physical and mental illnesses should receive the same level of treatment. Leaders of both families and organizations must be educated about, and held accountable for, acknowledging and treating people who are mentally ill with the same care and concern as those who are physically ill, because they are.

It can't be said often enough: a mental health challenge is a physical illness, not a choice.

Those who suffer from mental health challenges, no matter the degree, are wonderful and courageous people. They are no more weak or responsible for their illnesses than someone who is diagnosed with any physical illness. Their disease is not something you can see, like a broken bone on an X-ray, but it is just as real and in need of treatment as physical ailments that are visible.

The *2021 Yellow Ribbon Report Update* was written to help firefighters, emergency responders, officers, and chiefs to recognize the signs and symptoms of possible mental health illnesses and learn what actions they can take to address them.

**Patrick J. Kenny**

Author

Taking the Cape Off How to Lead Through Mental Illness, Unimaginable Grief, and Loss

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FOREWORD

In 2016, the Volunteer and Combination Officers Section of the International Association of Fire Chiefs, convened a meeting of fire service and medical personnel in Clearwater Beach, Florida. This group developed the **Yellow Ribbon Report**, which for the first time sought to address the behavioral wellness challenges firefighters and emergency responders face. Despite the significant traumatic events to which emergency personnel regularly respond, their behavioral wellness traditionally had been overlooked.

The **Yellow Ribbon Report** identified specific challenges faced by first responders and made suggestions about programs that could be implemented. Today, many fire departments offer a variety of programs that might include:

- a. Peer support programs
- b. Employee assistance programs (EAP)
- c. Chaplaincy programs
- d. Professional counseling
- e. National organizational resources

This 2021 **Yellow Ribbon Report** Update builds on the information contained in the original document and addresses several specific complex issues surrounding behavioral wellness as well as ways to mitigate their devastating effects. It takes more of a how-to approach than its predecessor, whose purpose was to raise awareness. If you are not familiar with the first **Yellow Ribbon Report**, we suggest you take a look at it, as it remains highly relevant to the issues first responders face today.

This update first suggests seven approaches or tools to mitigate the effects of behavioral wellness issues (antidotes), then identifies and describes six specific behavioral wellness issues that perhaps are not as well-known as others yet need to be recognized and managed. Ignoring responders' behavioral wellness has the potential to lead to numerous harmful and destructive behaviors, up to and including suicide. Suicide not only impacts the individual's family, it takes an immeasurable toll on the brothers and sisters within the department. Chiefs, officers, department leaders and personnel, family members, and friends must be able to identify changes in an individual's behavior and take the appropriate action. That action can be as simple as asking a question and engaging the person in a discussion about the concern, or as complex as helping the individual get professional counseling.

This update also contains specific best practices that we believe will help leaders' behavioral wellness implementation planning.

2021 YELLOW RIBBON REPORT UPDATE

Survey Results

To provide information that supports the how-to approach of the *2021 Yellow Ribbon Report Update*, the authors conducted two surveys of VCOS members. The purpose of the April 2020 survey (77 respondents) was to learn how departments were addressing the behavioral wellness of their personnel. The February 2021 survey (95 respondents) focused on what agencies have been doing to mitigate the effects of the COVID-19 pandemic on their personnel's behavioral wellness. Below are responses from select survey items that your department may wish to consider as part of its program to safeguard the behavioral wellness of its personnel.

April 2020 survey results

Factors that contribute to departments with a successful behavioral wellness program in place:

- Members' shared belief that they are responsible for each other's behavioral wellness
- Access to trained professionals
- Availability of resources (e.g., information, time off to participate in treatment, funding)
- The expertise of helpers (e.g., peer counselors, licensed clinicians)
- Family members' involvement

What departments need in order to create or maintain a successful behavioral wellness program:

- A culture in which looking out for one's own and others' behavioral wellness is a priority, and in which people who ask for help are viewed as courageous instead of as damaged
- Buy-in from all members, including the need for urgency
- Training to recognize signs that someone needs help and how to respond appropriately
- Accurate information about behavioral wellness
- Active support from department leaders

February 2021 survey results

Most effective actions taken to mitigate negative COVID-19 effects on behavioral health:

- Holding kitchen table discussions
- Providing easily accessible information about behavioral wellness resources
- Providing peer counseling
- Offering mental health training
- Making sick time/behavioral wellness PTO available

Lessons learned about mitigating negative COVID-19 effects on behavioral health:

- Constant communication that it is all right to talk about negative feelings
- Company officers are key; frequent check-ins from chief officers are beneficial
- Assign one person to disseminate information from the city/town and health providers regularly so personnel have a trusted source they can go to for the facts
- One size does not fit all. Find out what approaches work for each individual
- Focus on the importance of the little things in life, such as relying on others
- Rotate stressful assignments so individuals don't carry more than their fair share
- Watch out for each other all the time
- Establish a mandatory "Proactive Checkup for Behavioral Wellness" to introduce everyone to a mental health professional familiar with first responders' experiences before they need someone
- 49.5 percent of respondents said their departments plan to keep all actions that have been effective, while 25.3 percent said they plan to keep all actions they had put in place.

Tips for Implementing the *2021 Yellow Ribbon Report Update* Best Practices and Antidotes

Offering suggestions about practices or antidotes to address behavioral wellness issues or their symptoms is a necessary yet insufficient prerequisite for implementing them. In keeping with this report's how-to emphasis, below are some implementation tips. In general, you might want to prioritize the practices you plan to use, perhaps in terms of urgency or ease in application to have some early successes. Be sure to consult with internal or external experts during the development and implementation process. Be open to revisions at any point in the process, including after implementation. Set a time period (ex. six months) to go back and examine whether the process is working as intended and what may need to be revised or added.

- Define the practice or approach to be implemented
 - State what specific issue(s) or behavior(s) it is meant to address
If possible, identify whether you have named a symptom or an underlying cause (Example: low morale or decreased performance may be symptoms of a toxic workplace.)
 - Describe the desired outcome clearly in terms of behaviors and/or results (Note: this step is key to your success because you may discover you need to revise or add to the specific issue or behavior. For example, you may have focused on behaviors rather than on their root cause(s), and realize you must address both.)
 - Identify the individual and organizational consequences of failure to address the designated issue(s) or behavior(s)
- Identify the internal or external experts who can guide your efforts
- Specify measures of progress and success
- Develop accountability mechanisms
- Identify a specific champion responsible for the implementation and has the authority to make things happen (Note: in most cases, this person will delegate tasks to others.)
- Develop a written implementation plan
- Communicate the plan to relevant stakeholders
- Periodically assess the extent to which the practice or technique is effective in achieving desired outcomes (without violating anyone's privacy)
- Make adjustments as necessary
- If necessary or desired, select another practice or technique and repeat the above steps.

The 2017 *Yellow Ribbon Report* Checklist

The purpose of this checklist, modified slightly from the one found in the original *Yellow Ribbon Report*, is to enable you to be proactive and accept accountability for your own behavioral well-being and that of your personnel and colleagues. We include it in this update because it remains relevant. We encourage you to use the checklist to assess how well your department fosters behavioral wellness and identifies opportunities for improvement.

- Address rumors, innuendo, hazing, and harassment issues immediately
- Conduct debriefings that include a check-in about thoughts, feelings, and emotional reactions after calls
- If you see something, say something. “All firefighters must be empowered to stop unsafe practices,” (NFFF 4th Life Safety Initiative)
- Create a line item within the organization’s budget for behavioral wellness and physical health
- Acknowledge that substance abuse could be a problem within your organization and develop a monitoring process
 - Add random drug testing
- Develop and implement behavioral wellness assessment tools for determining the need for emotional and behavioral interventions
- Acknowledge and develop a process in which behavioral wellness “injuries” are addressed in a manner similar to those of physical injuries such as a broken arm (i.e., once a person is declared fit for duty, the injury is no longer an issue)
- Eliminate the “suck it up” attitude if part of your department’s culture or norms, and remove the stigma surrounding efforts to maintain behavioral wellness
- Hold debriefings after events (e.g., a behavioral wellness hot wash similar to an operational hot wash; the two may be combined to overcome resistance)
- Educate leaders about how and when to conduct and evaluate personnel debriefings
 - Learn techniques for leading conversations and asking appropriate questions related to discussions about stress
 - Enhance active listening skills
 - Develop a technique similar to structured time out (out of service) for use as needed

- Observe and track behaviors on the job
- Listen for and recognize problems during discussions about behaviors off the job
- Develop SOPs/SOGs that directly and indirectly address personnel's behavioral well-being
- Establish ground rules for discussions about feelings
- Promote awareness of the availability of qualified resources and support systems
- Develop an infrastructure of available resources and best practices
- Include local, state, and federal elected officials in a first responders' behavioral wellness awareness program. Specify what actions they can take to make improvements and/or to champion this cause, which will enhance the safety of the communities first responders serve
- Collaborate with people and organizations that can provide resources locally
- Invest in peer support and chaplain support programs and training
- Keep retirees engaged and connected
- Develop a program to assist individuals with the retirement process that begins at least six to 12 months prior to their anticipated retirement date
- Identify counselors, chaplains, and therapists in your area who specialize in behavioral well-being issues specific to the fire/rescue/EMS service
- Develop a behavioral wellness action plan to activate after major incidents
- Remember and plan to acknowledge significant anniversary dates of major traumatic events
- Have leaders schedule follow-up check-ups after major incidents.

ANTIDOTE #1:

Resilience

Motivating others with encouragement and positivity can help uplift their spirit.



What is resilience?

Resilience is the capacity not just to recover quickly from setbacks but to grow as a result of having worked through them. Rather than bouncing back to the point at which the setback occurred, you are able to bound ahead to a higher level. Resilience is a skill, which means it can be learned and improved with practice. Humans are by nature resilient beings.

Strategic innovation expert Aviv Shahar* drew upon lessons learned during his experience as an Israeli fighter pilot to identify five aspects of resilience:

- **Physical:** enables you to recover quickly from exhaustion and illness
- **Mental:** allows you to assimilate information quickly, see multiple points of view, and focus on what's essential
- **Emotional:** enables you to remain calm under pressure
- **Social:** helps you to overcome resistance and to ask for and accept help
- **Spiritual:** brightens your life and inspires others

How is resilience relevant to the fire and emergency service?

Addressing the five aspects of resilience identified above enables first responders to be more productive, excel in their jobs, and keep themselves and those around them safe. For example, mental resilience goes to the ability to maintain situational awareness. Emotional resilience enables responders to focus on doing their jobs even amidst chaos. Social resilience is particularly important when it comes to behavioral wellness; perhaps more importantly than *asking* for help, first responders must have the capacity and wisdom to *accept* it when given.

What's in it for you and your organization to learn more about resilience?

Resilience enables people to get through difficult situations or circumstances and to experience personal growth that will improve their lives. Learning the thoughts, behaviors, and actions that build and fortify resilience will benefit individual first responders as well as their departments and the communities they serve. Engaging in self-care is a critical way to build one's resilience. To the extent that departments create a culture in which personnel are expected to take care of themselves and to watch out for their colleagues, everyone wins.

How can you encourage and support resilience in yourself and others?

Because people experience setbacks and traumatic events differently, there is no one size fits all approach to building one's resilience. However, there does seem to be some consensus around actions that individuals can take to help them develop and strengthen this skill. These include:

Short-term

- Engage in positive self-talk
- Take one step today to take care of a physical, emotional, or mental need
- Find the opportunity in the problem or challenge, and focus on it
- Ask for help when you need it; don't wait

Long-term

- Develop strong social support systems
- Engage in positive self-talk
- Develop and implement a plan to strengthen the five aspects of resilience listed above
- Take care of your physical, emotional, and mental needs
- Develop the mindset that you always get to choose how you experience setbacks
- Apply the skills of emotional intelligence
- Proactively ask for help and then accept it

A department can support its members' resilience by creating and sustaining a culture in which people who ask for help are viewed as courageous instead of as weak or damaged. This can be achieved by developing the norm that personnel are responsible not only for taking care of their own physical and mental needs, but also for having their colleagues' backs when it comes to behavioral wellness. Focusing attention on the opportunities inherent in any situation rather than always rushing to identify problems also will increase resilience. Additionally, departments can offer resources, provide regular training in behavioral wellness, and encourage officers to conduct debriefs after incidents or situations that may cause trauma – keeping in mind that not everyone experiences trauma the same way.

Suggested Resources for Resilience

***Your Resilience Practice – Part 2** (November 2015) by Aviv Shahar.

Resilient Self-authorship (2021) by Aviv Shahar.

Building Your Resilience (2012) by American Psychological Association.

ANTIDOTE #2:

Emotional Intelligence

Observing a person's actions can help you to gather facts and develop a plan to be able to help.



What is emotional intelligence?

Emotional intelligence, also known as emotional quotient or EQ, represents the ability, skill, and understanding to manage the emotions of oneself, others, and groups. Composed of behavioral, communication, and emotional theories and practices, its five key components are self-awareness, self-regulation, self-motivation, social awareness, and social skills.

How does emotional intelligence relate to the fire and emergency service?

Emotional intelligence is a great way to engender resilience, which may reduce the stress, anger, negativity, and conflict that are common workplace issues and lead to burnout or compassion fatigue. These outcomes benefit individuals' behavioral wellness, which will have a positive impact on their colleagues and their department. For first responders whose emotions and the decisions seem constantly to be under a microscope, self-regulation is key to enabling behaviors and decisions that will withstand close scrutiny.

What's in it for you and your organization to learn more about emotional intelligence?

Understanding your emotions will make you a more calming figure within the department. When first responders, especially leaders, display this demeanor, it can become contagious. It also will help make you more resilient. Here are some additional individual and organizational benefits of applying emotional intelligence: stronger personal and professional relationships, increased optimism and confidence, more effective leadership, improved communication, fewer workplace conflicts, and improved problem-solving skills.

How can you encourage and support emotional intelligence in yourself and others?

An integral part of emotional intelligence is understanding others and taking control of our actions. Here are some short-term and long-term suggestions to help you do that:

Short-term

- Apologize and admit fault when necessary
- Immediately explore and identify the reason(s) for any changes in motivation in yourself or others so they can be addressed before they grow
- Monitor your stress level and use a suggestion from page 29 to reduce it when necessary
- Control potential outbursts by counting to ten before you say anything
- Be open to new ideas
- Take personal responsibility for your actions
- Take a sincere interest in the feelings and perspectives of others
- Assist others when possible

Long-term

- Follow up on any indicators of loss of motivation
- Try out different stress reduction techniques, find a few that work for you, and use them
- Identify effective techniques that will help you reduce your stress level
- Learn how to manage outbursts, rushes of emotions, and other disruptive behaviors
- Hold yourself accountable to the same standards as everyone else must meet
- Learn to view problems or challenges through a different lens
- Identify your strengths and weaknesses; take action to fortify the strengths and address the weaknesses
- Model empathy

Suggested Resources for Emotional Intelligence

Working with Emotional Intelligence (2000) by Daniel Goldman.

Emotional Intelligence 2.0 (2009) by Travis Bradberry & Jean Greaves.

ANTIDOTE #3:

Positive Intelligence



What is positive intelligence?

Positive intelligence, a research-based concept grounded in neuroscience, cognitive and positive psychology, and performance science, helps people live up to their potential and improve their quality of life. While your individual potential depends on many factors, positive intelligence determines what percentage of your potential you actually will achieve by teaching you to make your brain work *for* you instead of *against* you.

How is positive intelligence relevant to the fire and emergency service?

Positive intelligence can help individuals significantly reduce stress by managing it in a healthy way. It also teaches you how to improve the quality of your relationships, manage conflict, deal with difficult behaviors, and stop the negative self-talk. All these outcomes contribute to the behavioral wellness of responders and their departments, which also benefits the communities they serve.

What's in it for you and your organization to learn more about positive intelligence?

By practicing positive intelligence techniques, you can increase the percentage of time that you control your mind rather than allow it to control you. Integrating positive intelligence's simple and effective practices into your life can enable you to live longer, decrease your susceptibility to stress-related illnesses and diseases, increase your enjoyment of life, and become the person you'd like to be. Your organization can benefit from its members' heightened ability to focus, their greater accuracy in decision-making, and their increased individual and team performance. Positive intelligence strongly supports or complements other approaches to behavioral wellness such as emotional intelligence and resilience.

How can you encourage and support positive intelligence in yourself and others?

The three steps below will teach you how to increase the positivity in your life. All the information and self-assessments you need are available free of charge at www.PositiveIntelligence.com.

Short-term

- Go to the Positive Intelligence website and listen to the audio example of an exercise you can do immediately
 - Engage in that exercise a few times a day
- Go to the Positive Intelligence website take the short assessment to discover what percentage of time your mind is working for you

Long-term

- Identify which types of your negative self-talk are most prominent by taking the saboteur self-assessment
- Learn about your saboteurs and identify how they show up in your life
- Engage in positive intelligence exercises to help reduce the negative talk and behaviors they support

Suggested Resources for Positive Intelligence

www.PositiveIntelligence.com – A website that offers self-assessments to determine your Positive Intelligence and to identify your saboteurs.

“Shirzad Charminé: Five Strategies to Challenge Negative Thoughts,” (August 17, 2017)
by Luke Stangol.

Positive Intelligence – Why Only 20% of Teams and Individuals Achieve their True Potential and How You Can Achieve Yours (2016) by Shirzad Charminé.

ANTIDOTE #4:

Relationship Strengthening

Compassion for others' feelings is a key trait for leaders when dealing with behavioral wellness issues. Compassion is important to improving relationships.



What is relationship strengthening?

We have a relationship with each person we know or regularly encounter, though some are more important than others. Relationship strengthening tactics and behaviors enable first responders to mitigate the toll that the stresses of life and the mental challenges that they experience take on them and the people in their lives.

How is relationship strengthening relevant to the fire and emergency service?

It is nearly impossible to separate our personal and professional lives. For example, stress in one aspect certainly will affect the other. Your commitment to join the fire-rescue service affects most of the other people in your life. In addition to the obvious stress caused by putting your life on the line are less overt stresses such as being called away from family functions, missing family dinners, and suffering from sleep deprivation. Stressors that impact your life outside the department also will impact you on the job, a downward cycle that, without intervention, may be doomed to repeat itself.

What's in it for you and your organization to learn more about relationship strengthening?

Healthy relationships can improve our physical and behavioral well-being. This outcome enables first responders to work more effectively and productively, decrease the likelihood of behaviors or decisions that could endanger the safety or health of personnel or community members, and make it easier for the department to attract and retain qualified people.

How can you encourage and support relationship strengthening in yourself and others?

The foundation of healthy relationships is communication. When we have the courage to communicate our feelings and fears, we demonstrate vulnerability and increase trust by making “deposits” into our emotional bank accounts. Research demonstrates a 5:1 ratio of positive to negative interactions during conflict leads to a stable and happy relationship. The more currency in the account, the more conflict a given relationship can withstand.

Dr. John Gottman, a psychological researcher and clinician who has done extensive work on marital stability, offers these suggestions that apply to any type of relationship:

Short-term

- Look for common ground with the other person
- Treat others with kindness and respect
- Communicate your own feelings and fears

Long-term

- Learn to manage conflicts rather than try to avoid or eliminate them
- Learn to communicate in a way that works for both/all parties

Suggested Resources for Relationship Strengthening

Books by Dr. John Gottman: *Why Marriages Succeed or Fail* (1994); *The Seven Principles for Making Marriage Work* (1999); *10 Lessons to Transform Your Marriage* (2006); *What Makes Love Last* (2012).

“The Four Most Common Relationship Problems and How to Fix Them,” (December 7, 2014) by Eric Barker on the Barking Up the Wrong Tree blog.

Fully Involved—*A Guide for Being in a Relationship with a Firefighter* (2019) by Mynda Ohs.

I Love a Fire Fighter—*What the Family Needs to Know* (2004) by Ellen Kirschman.

ANTIDOTE #5:

Post-traumatic Growth

Recovery and growth from post-traumatic stress is possible.



What is post-traumatic growth?

Post-traumatic growth (PTG) is positive psychological change experienced as a result of adversity and other challenges that enables individuals to rise to a higher level of functioning. According to clinical psychologist Dr. Anne Bisek, PTG offers these benefits:

1. Increased ability to relate to others
2. Discovery of new possibilities
3. Development of a sense of personal strength
4. Change in spiritual/core values
5. Greater appreciation for life

How is post-traumatic growth relevant to the fire and emergency service?

In working to overcome their own struggles with the trauma they encounter, first responders have an opportunity to find the silver linings in those clouds. This insight could encourage them to acknowledge those struggles and seek the help they need.

What's in it for you and your organization to learn more about post-traumatic growth?

Understanding that it is possible to recover from trauma and find a new path to a happy and fulfilling life is very encouraging. Knowing that people just like themselves have achieved this outcome helps first responders realize that PTG is possible and that there is a light at the end of the tunnel should they choose to move toward it. When people who have experienced trauma successfully undergo a healing process, they often experience a higher level of functioning, a greater appreciation for their lives, and a deeper understanding of their purpose. They, and everyone around them, can benefit from those outcomes.

How can you encourage and support post-traumatic growth in yourself and others?

Here are some short-term and long-term suggestions:

Short-term

- Monitor yourself and others for signs of PTSD
- Focus on the fact that recovery and growth both are possible
- Look for the silver lining in every cloud
- Ask yourself what advice you would give to a colleague or close friend, then take it yourself

Long-term

- Identify resources that would be helpful for your recovery from trauma
 - Recovery is a journey that takes time and depends on your own choices and experiences, so take your time

Suggested Resource for Post-traumatic Growth

“Firefighters Must Practice Self-Care to Achieve Post-traumatic Growth,” by Sara Jahnke, June 26, 2018, FireRescue1.com.

ANTIDOTE #6:

Tools to Measure and Reduce Stressors

How your personnel react to stressful events is not easily observed.



What are stressors?

Stressors are physical or mental factors that trigger a physical response in the body that we call stress. Work or relationship problems are examples of external factors; internal factors may include negative self-talk or unhealthy life choices. Stress can be caused by positive events as well, such as having a child, receiving a promotion that entails more responsibility, or preparing for the holidays.

To counteract the negative effects of stress, you must identify the presence and magnitude of the positive and negative stressors in your life.

How are stressors relevant to the fire and emergency service?

Too much stress underlies most, if not all, threats to individuals' physical and behavioral well-being. Because first responders experience additional – and often more intense – stressors than most people, their behavioral well-being is at much greater risk. While some degree of stress improves performance, beyond a certain level it causes harm. Knowing what that balance is for the individual, and how to mitigate it when the stressors are pushing them over the line, will help maintain one's physical health and behavioral well-being.

What's in it for you and for your organization to learn more about how to mitigate the stressors in your life?

You can increase the quality of your life and likely live longer by managing the effects of the stressors in your life successfully. There are many stressors you cannot control; the key to reducing your stress level in those instances is managing your reaction to those stressors. The entire organization will benefit from members' effective stress management in the form of fewer unnecessary conflicts, higher morale, improved performance, fewer sick days, and greater energy and focus.

How can you encourage and support the use of tools to measure and mitigate the effects of stressors by yourself and others?

Here are some short-term and long-term suggestions:

Short-term

- Create a baseline by taking the short **Holmes-Rahe Stress Inventory** online to identify the positive and negative stressors in your life and their magnitude
- Go to **Dr. David Posen's website** and read a brief article that contains suggestions for reducing your stress
- Take one of the quick on-line assessments of the "Additional Resources" section of this report that is most relevant for you in the moment such as trauma or anxiety
- Use the results of the stress inventory to develop a customized action plan to mitigate the negative effects of stressors

Long-term

- Implement your action plan
- Pick one stress management tip and do it this week. Then pick another and do it next week, continuing until you find a few that are most effective for you
- Evaluate your plan for effectiveness at least quarterly and adjust as needed

Resources for Tools to Measure and Reduce Stressors

Holmes-Rahe Life Stress Inventory

National Fallen Firefighters Foundation: Trauma Screening Questionnaire

Mental Health America: Anxiety Test (submit to get results)

Mental Health America: Depression Test (submit to get results)

"How to Track Behavioral Health Changes," (November 3, 2019) by Sara Jahnke, [FireRescue1.com](https://www.fire-rescue1.com).

"What the Yerkes-Dodson Law Says about Stress and Performance," (October 22, 2020) by Anna Pietrangelo on Healthline website.

ANTIDOTE #7:

Emotional Tactical Worksheet



Worksheet Summary

In an ongoing effort to remove the stigma of mental health, the 2021 Yellow Ribbon Report Update committee felt one way to approach that goal is by drawing a parallel, whenever possible, to current fire service accepted procedures.

The fire service has become very comfortable with tactical worksheets whether on a fireground, EMS response, hazardous materials incident, etc. The idea is to prompt the incident commander on things he or she may forget in the heat of the moment.

The emotional tactical worksheet is exactly that same tool. The intent is to provide whomever is assisting someone with a mental health challenge, whether fire service personnel or family member, with reminders of what to look for and things you can do to help. We hope you find it useful for both you and members of your department.

| | | | | | | | | | | | | | |
|---|--|-------------------|-------------|-----------|--|----------------------------------|--|-------------------|--|--|---|--|---|
| BENCHMARKS <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate scope of the problem <input type="checkbox"/> Construct Incident Action Plan <input type="checkbox"/> Contact appropriate "hand-off" sources <input type="checkbox"/> Establish safety officer <input type="checkbox"/> Verify the member has made contact <input type="checkbox"/> RIT established for follow-up <input type="checkbox"/> Make appropriate notifications <input type="checkbox"/> Under control | RESOURCES <table border="1" style="width: 100%;"> <tr> <td>Options Available</td> <td style="text-align: center;">P A R</td> </tr> <tr> <td>Tailboard</td> <td></td> </tr> <tr> <td>Kitchen Table</td> <td></td> </tr> <tr> <td>Peer Support</td> <td></td> </tr> <tr> <td>Chaplain</td> <td></td> </tr> </table> | Options Available | P A R | Tailboard | | Kitchen Table | | Peer Support | | Chaplain | | <p style="text-align: center;">Side / Exposure C: CHARLIE</p> <div style="text-align: center;"> </div> <p style="text-align: center;">Side / Exposure B: BRAVO Side / Exposure D: DELTA</p> <p style="text-align: center;">Side / Exposure A: ALPHA</p> | MAYDAY <p>RECOGNITION/DENIAL (personal/organizational)</p> <p>Failure to reach out</p> <p>Problem seen as not solvable</p> <p>Lack of professional intervention</p> <p>Nowhere to turn to</p> <p>Catastrophic failure/suicide</p> <p>L: Location in building: _____</p> <p>U: Unit: _____</p> <p>N: Person/Company Requesting MAYDAY: _____</p> <p>A: Assignment: _____</p> <p>R: Radio Frequency Assignment: _____</p> <ul style="list-style-type: none"> - Location (Emotional) – numb, depressed, lost. - Unit – family, fire department. - Name – who I am as a person. - Assignment – (role) husband, wife, father, sister, brother, firefighter. - Resources – I need someone to talk through something with me. <p>Copyright Red Tail Clinical Counseling - Dr. Cody Todd</p> <p><input type="checkbox"/> Deploy RIT.</p> <p><input type="checkbox"/> PAR for Involved Department Member</p> |
| Options Available | P A R | | | | | | | | | | | | |
| Tailboard | | | | | | | | | | | | | |
| Kitchen Table | | | | | | | | | | | | | |
| Peer Support | | | | | | | | | | | | | |
| Chaplain | | | | | | | | | | | | | |
| RISK FACTORS <ul style="list-style-type: none"> • Trauma/Abuse history • Sleep disorder • Rumination • Substance abuse • General life stress • Separated or divorced; recently widowed • Physical health problems • Access to firearms • Previous attempts • Family history • Exposure • Depression • Low self-esteem • Anxiety • PTSD | <table border="1" style="width: 100%;"> <tr> <td>CISM</td> <td style="text-align: center;">P A R</td> </tr> <tr> <td>EAP</td> <td></td> </tr> <tr> <td>Other Behavioral Health Services</td> <td></td> </tr> <tr> <td>Treatment Centers</td> <td></td> </tr> </table> | CISM | P A R | EAP | | Other Behavioral Health Services | | Treatment Centers | | <p>SAFETY / ISO +</p> <p>Emotional wellness is not an option but a mandatory part of firefighter health and safety.</p> <p>EMS/REHAB *</p> <p>Emotional health and wellness is part of your overall health, not a portion or separated.</p> <p>RIT/RITO -</p> <p>Aware of situation</p> <p>360 degree size-Up</p> <p>Assigned/volunteer to help?</p> <p>Briefing with command staff if necessary</p> <p>Strategy/tactics Understood? (Options available).</p> | <p>RISK ANALYSIS</p> <ul style="list-style-type: none"> • Family history • Busy department • Multiple traumatic events • Working at more than 1 fire department • Home stressors <p>RISK EVALUATION QUESTIONS</p> <p>Have you had any of the following types or responses?</p> <ul style="list-style-type: none"> • Young person death • Physical abuse • Drug overdose • Murder • Traumatic death • Domestic Violence • Criminal Activity • Suicide <p>INCIDENT COMMAND TACTICAL WORKSHEET</p> <ul style="list-style-type: none"> • Open culture established • Emotional wellness education/training top to bottom completed • Programs evaluated and in place including funding • Members and their families trained on the available programs • Annual evaluations of personnel and programs in place | | |
| CISM | P A R | | | | | | | | | | | | |
| EAP | | | | | | | | | | | | | |
| Other Behavioral Health Services | | | | | | | | | | | | | |
| Treatment Centers | | | | | | | | | | | | | |
| <p>Family Notification</p> <p>1. _____</p> <p>2. _____</p> | | | | | | | | | | | | | |

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BEHAVIORAL WELLNESS ISSUE #1:

Complex Post-traumatic Stress Disorder

Complex PTSD symptoms are not always visible on the surface.



What is complex post-traumatic stress disorder?

Complex post-traumatic stress disorder (C-PTSD) is defined by changes in the brain and body that have occurred in response to prolonged and chronic trauma. Whereas a PTSD diagnosis may follow a singular traumatic event such as a sexual assault or a car accident, C-PTSD arises after cases of severe and repetitive trauma, such as that resulting from ongoing child or domestic abuse.

How is complex post-traumatic stress disorder relevant to the fire and emergency service?

First responders regularly experience traumatic incidents during the course of their work. Those who experience C-PTSD may be particularly vulnerable to the effects of work-related trauma. In addition, first responders who can recognize and address signs of C-PTSD in their patients are better prepared to provide or seek the appropriate type(s) of treatment.

What's in it for you and your organization to learn more about complex post-traumatic stress disorder?

First responders need not become trauma therapists or be able to diagnose C-PTSD. However, it is important for them to be able to recognize its signs in others – colleagues as well as patients – so they can provide or direct them to relevant resources, and to continue caring actively for themselves and their fellow first responders.

How can you recognize complex post-traumatic stress disorder? How can you mitigate its effects?

While at the surface, symptoms of C-PTSD can be similar to those of PTSD, they usually last longer and are more severe. This is because sustained trauma experienced during childhood occurs just as the young brains are developing and forming attachments, thus increasing the likelihood that those traumatic impacts will be felt throughout one's life. Examples of such symptoms include panic attacks, vivid flashbacks, a consistently negative view of oneself, difficulty trusting others and/or maintaining healthy relationships, and substance abuse.

There are a number of ways to address C-PTSD, including individual or group psychotherapy (talking), eye movement desensitization and reprocessing (EMR), learning how to replace dysfunctional behaviors and/or thoughts with those that are desirable, joining a support group, and taking medication. All require consultation with a trained expert. Recognizing that the antidotes for C-PTSD represent a process that is likely to take time may help in terms of managing the individual's expectations.

Suggested Resource for Complex Post-traumatic Stress Disorder

www.outofthestorm.website - Out of the Storm is a website for those with C-PTSD due to relational trauma.



BEHAVIORAL WELLNESS ISSUE #2:

Compassion Fatigue

Compassion fatigue impacts many of our personnel because of the repeat customers that abuse our 911 system.



What is compassion fatigue?

Compassion fatigue is a stressor that results from repeating the same actions again and again, such as responding to automatic alarms at the same building or repeated daily calls to the same person.

How is compassion fatigue relevant to the fire and emergency service?

Because compassion fatigue is characterized by a decreased ability to empathize, its presence creates a serious problem for organizations whose customers demand empathy and compassion on a daily basis. In fact, the public's expectation that first responders will be nice to them at all times can itself contribute to compassion fatigue. Dealing with a high call volume, excessive demands of patients, repetitive nuisance calls or calls from "frequent flyers," and long hours all are draining. Ignoring the signs and symptoms of compassion fatigue can have a negative impact on people's behavioral wellness and lead to undesirable actions or results.

What's in it for you and your organization to learn more about compassion fatigue?

The DNA of most first responders compels them to help people who are suffering or experiencing trauma. When that compulsion weakens over time because responders perceive that the calls are becoming routine or "useless," or they believe their actions are not having the desired positive impact, they can suffer from compassion fatigue and its negative side effects on performance and motivation.

Managing the critical issues that create compassion fatigue will reduce sick time and other disabilities that increase workers' compensation claims. Dealing with the issues that create additional stress will improve the long-term behavioral wellness of first responders.

How can you recognize compassion fatigue? How can you mitigate its effects in yourself and others?

Symptoms of compassion fatigue may include displaying an increasingly negative attitude, more frequent irritability, loss of sleep, and isolation. Self-awareness, the ability to step back and assess your life, is one specific action you can take. To begin to address compassion fatigue, conduct an inventory of

your traits. Keep those that are positive and release those that are holding you back. It might be a good idea to ask a trusted friend, family member, or colleague to help you with this inventory.

Realize and recognize when you are experiencing feelings and emotions that have a negative impact on your behavioral wellness. It is okay to let others know – and perhaps desirable to do so. Feed yourself with positive thoughts and actions. Although sometimes it is hard to have a positive outlook on the challenges of life, remember that addressing the issues that could result in compassion fatigue will have a significant positive impact on you, your family, your relationships, and your activities outside of work as well as your role as a first responder.

While a career firefighter might consider a station change, volunteers generally do not have that option. However, they could consider taking a vacation from the department and/or to choose not to respond to medical calls for a specific period of time. Keep in mind that departments may lose individuals who don't return because they realize they don't really miss being a volunteer. That's another good reason why supervisors need to be trained to recognize the signs, signals, and symptoms of compassion fatigue. Behavioral wellness is not something to be ignored or swept under the rug.

Leadership Strategy and Tactics to Address Compassion Fatigue

- Maintain a positive mindset by feeding your brain positive thoughts and feelings
- Practice empathy – with yourself as well as with others
- Create relevant ideas that provide solutions to specific issues
- Deliver positive communications
- Acknowledge the struggle positively
- Keep the message as simple as possible
- Be consistent in how you deal with others' experiences
- Conclude your conversation with actionable suggestions

Overcoming Compassion Fatigue

- Spend quality time with family, children, and friends
- Fill your mind with thoughts of peace, courage, health, and hope
- Find yourself and be yourself: remember there is no one else on Earth like you
- Focus on and appreciate the positives in your life
- Stop worrying about things you don't control; your angst won't change the situation
- Count your blessings rather than your troubles
- Talk about your feelings with a trusted person
- Exercise regularly
- Follow a healthy diet
- Get restful sleep
- Develop hobbies different from work
- Develop positive coping strategies
- Reach out to support groups and networks

Suggested Resources for Compassion Fatigue

The New Psychology of Winning (2021) by Denis Waitley.

Surrounded by Idiots: The Four Types of Human Behavior and How to Effectively Communicate with Each in Business (and in Life) (2019) by Thomas Erickson.

You are Stronger than You Think (2021) by Joel Osteen.

Embrace the Struggle: Living Life on Life's Terms (2009) by Julie Ziglar Norman and Zig Ziglar.

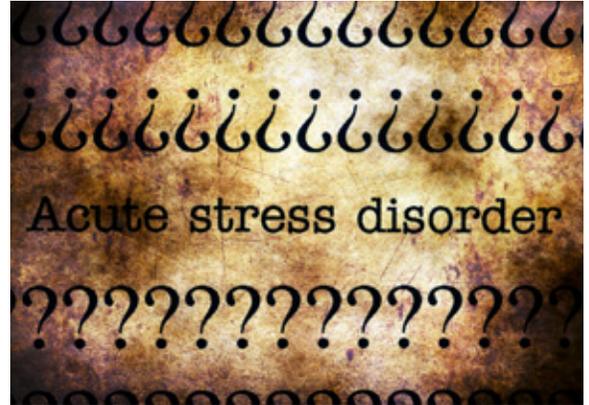
Overcoming Compassion Fatigue: When Helping Hurts (2017) by Sharise M. Nance.

A Minute to Think: Reclaim Creativity, Conquer Busyness, and Do Your Best Work (2021) by Juliet Funt.



BEHAVIORAL WELLNESS ISSUE #3:

Acute Stress Disorder



What is acute stress disorder?

Acute stress disorder (ASD) is a short-term, severe anxiety reaction to a traumatic event that temporarily disrupts your life. ASD generally occurs within one month of such an event. In some cases, it can be a precursor of post-traumatic stress disorder (PTSD); some have called it the sister to PTSD.

How is acute distress disorder relevant to the fire and emergency service?

Although anyone can develop ASD after a traumatic event, first responders who regularly experience, see, and/or treat people who have undergone a trauma as part of their job may be more susceptible to it than the general population.

What's in it for you and your organization to learn more about acute distress disorder?

People experiencing ASD may become detached or numb, have a reduced level of situational awareness of their surroundings, and/or see their environment as strange or unreal. In addition, the distress and anxiety they experience may reduce or remove their ability to start or complete many tasks. All these outcomes pose a risk to the safety and health of individuals, their colleagues, and the people they serve.

How can you recognize acute stress disorder? How can you mitigate its effects?

In addition to the symptoms identified in the above sections, people with ASD may experience physical symptoms such as nausea, difficulty breathing, and chest pain. They also may find themselves reliving the traumatic event through flashbacks or nightmares. Seeing items or situations that may trigger thoughts of the traumatic event may increase people's anxiety level. As a result, they may avoid people, locations, activities, conversations, or thoughts that could give rise to ASD.

There are a number of ways to mitigate the effects of ASD, many of which require trained and/or medical professionals. Because professional evaluations will help identify each person's specific needs, having a list of qualified clinicians to whom you can refer others is necessary. Learning more about ASD also is helpful in addressing it. Because first responders cannot avoid trauma, the best approach may be to take proactive measures to mitigate their effects. For example, departments that provide training about how to handle or prepare for traumatic events, offer or make referrals for counseling, and/or refer personnel for medical evaluation may reduce the likelihood that their personnel will develop ASD and/or that it will escalate into PTSD. Various forms of therapy (e.g., cognitive, behavioral, response-based) have been successful in preventing ASD from developing into PTSD.

Suggested Resource for Acute Stress Disorder

“Acute Stress Disorder in Firefighters: What You Need to Know,” (April 2, 2018) by Michael Healy, past chief of Central Nyack Fire. LinkedIn article.



BEHAVIORAL WELLNESS ISSUE #4:

Gaslighting



What is gaslighting?

Gaslighting is a form of psychological manipulation in which a person or a group intentionally creates doubt in a targeted individual or group, making them question their own memory, perception of reality, or judgment. It often is used by abusers to make their victims question their own traumatic experiences.

How is gaslighting relevant to the fire and emergency service?

Gaslighting is harmful and abusive. It contributes to a toxic work environment and must have no place in any station or department. If we are truly the family we claim to be, we never should allow this type of behavior.

What's in it for you and your organization to learn more about gaslighting?

Gaslighting causes people to doubt their abilities and lower their self-esteem. First responders who start second-guessing themselves and their skills or knowledge are dangers to themselves, their colleagues, and their communities.

How can you recognize gaslighting?

What can you do to mitigate its effects on yourself and others?

Gaslighting can be seen in situations in which someone chooses to manipulate others psychologically and emotionally. If you are hearing lies or half-truths spread around your station, especially if they center around a person in a demographic that has been historically oppressed, and/or if the person spreading it will gain something by spreading the lie, you know you're witnessing gaslighting. Here are other forms that gaslighting might take:

- Using dismissive language (“Don’t be so sensitive” or “Can’t you take a joke?” or “You’re overreacting” or “You’re crazy”)
- Humiliating others through criticism, insults, and/or jokes that are not funny or relevant, and often have no basis in truth
- Discrediting the victim and/or undermining the victim’s views or beliefs
- Telling blatant lies
- Later denying having said the lies, even when there is proof to the contrary
- Discrediting or discounting information or facts that contradict the abuser’s perception

Department leaders must play a big role in discouraging gaslighting. For example, they could write a policy and create a culture that make it clear there is zero tolerance for gaslighting. They can provide real consequences for violations of the agency's behavioral norms. In conjunction with department personnel, leaders who identify and describe in behavioral terms the department's core values will find that they are a valuable tool in combatting abusive and offensive behaviors. When the norm is to speak up against gaslighting behaviors, the abusers will be shut down before they create a toxic work environment.

There are many ways that individuals can mitigate the effects of gaslighting on themselves and others, such as identifying it for what it is: a mechanism to manipulate you, confuse you, and make you doubt yourself. Victims who remain calm and refuse to engage may discourage the abuser. Creating physical space between themselves and the abuser is helpful to many victims. If that's not possible, taking deep breaths or counting slowly to ten are feasible back-up plans. Collect evidence of the abuser's interactions by saving e-mail messages, taking screen shots of text messages, and/or recording phone calls or in-person encounters (when it's legal to do so). Victims can make a special effort to be kind to themselves, and to engage in positive self-talk. Some victims find it empowering to call out the abuser's bad behavior publicly, speaking up to challenge the abuser's insults, criticisms, and/or discrepancies, such as asking them to explain the joke or the back-handed compliment.

Suggested Resource for Gaslighting

"11 Warning Signs of Gaslighting," (January 22, 2017) by Stephanie Moulton Sarkis.
Psychology Today website.

"Think You're Being Gaslit? Here's How to Respond," (June 25, 2020) by Crystal Raypole
on *Healthline* website.

BEHAVIORAL WELLNESS ISSUE #5:

Toxic Work Environment

Leaders help create the department's environment. Unfortunately, that environment can become toxic and destroy morale.



What is a toxic work environment?

A toxic work environment is one in which behaviors, systems, and/or processes negatively affect individual and organizational performance. These can take the form of significant drama and infighting, cliques, poor communication, and little or no work/life balance. Leadership usually is non-existent, and turnover typically is very high in such workplaces.

How is a toxic work environment relevant to the fire and emergency service?

First responders are some of the most tightly knit coworkers on the planet. We refer to our colleagues as brothers and sisters and family. We refer to our stations and buildings as houses. When all is well, there is nothing better. The negativity generated by a toxic work environment, on the other hand, has the ability to destroy the very fabric of those valued relationships or prevent them from developing. The resulting poor performance puts everyone at risk, including the community. And imagine what observing or hearing about a toxic work environment does to a department's ability to recruit and retain productive personnel.

What's in it for you and your organization to learn more about toxic work environments?

For most people, their profession or job is a big part of their identity. This fact may be exponentially more true of first responders than of other people. Thus a toxic work environment affects responders on a deeply personal level. Allowing a person or group of people to spread negativity, and even worse, direct that negativity at others, is one of the fastest ways for people to feel ineffective and burned-out, for leaders to lose credibility, and for the department to hemorrhage personnel.

How can you recognize a toxic work environment? How can you mitigate its effects?

Characteristics of a toxic work environment may include personnel who feel stressed, burned-out, depressed, and even physically ill. They may dread even the thought of reporting for their shift, and find ways to avoid it. Communication in such environments often is very poor: leaders may give

different, changing, incomplete, and/or unclear messages. Personnel may be expected to respond to non-emergency calls or messages during off-duty hours. Cliques may exclude those not in the “in” group, and their members may engage in gossip, innuendo, and rumors. Bullying, hazing, and/or discriminating behaviors, policies, and/or processes may be an open secret – or even an expectation. Perhaps personnel, including officers, may belittle others, letting them know they’re not good enough. A toxic work environment is likely to exist when a department or a station is highly dysfunctional and/or is run by leaders who perpetuate drama and interpersonal fighting. The workers’ behavioral wellness is an afterthought – or is not considered at all. Although some people may recognize this situation if they are in it, others may have gotten so used to a toxic work environment that it seems normal to them.

There are a number of ways to mitigate the effects of a toxic work environment. Leaders can act as role models, set or change policies and procedures, change a negative culture, have the department identify and define its core values and hold everyone accountable for living by them, on duty as well as off. They can convey messages that are clear, complete, accurate, timely, and consistent. They can ensure the department’s processes (e.g., performance management, promotional, training) are transparent and equitable, and they include accountability mechanisms. They can get to know their personnel and provide positive reinforcement to let them know their contributions are valued.

What if the fire chief or a chief officer is the one engaging in and/or permitting toxic behaviors? Personnel can mitigate the effects of a toxic work environment by participating in positive conversations, behaviors, and activities. They can treat others respectfully and professionally even when those behaviors are not reciprocated; others may follow their lead. When necessary and possible, create some space at work, such as moving to a different room or taking a walk outside the station or office. Although fire-rescue personnel are exceptional problem solvers, they can retrain themselves to seek the gifts or opportunities in any situation instead of jumping immediately to the problems. They can associate with positive people inside and outside the department. They can learn to define themselves and who they are rather than give that power away by buying into what others may say about them. And they can remember that while there are many situations in which they have little or no control, they always get to choose how they experience every situation.

According to workplace culture expert Heidi Lynne Kurter, here are four ways to repair a toxic culture:

- Accept responsibility. Everyone from leaders to the newest recruit needs to be valued and have a voice. Goals and expectations should be clear and applicable to all.
- Bring in a third party. If things are reaching a truly troubling point, perhaps it’s time to ask a neutral professional for help. This is particularly true if people don’t feel they can get a fair shake from “the old guard.”
- Institute new policies and hold everyone accountable. If you’re trying to remedy a toxic work environment, that means you know you have one. The necessary changes should be severe, as modest ones tend to allow people to slide back to the way things used to be. They also must apply to everyone, no matter how small the issue appears to be.
- Cultivate a safe environment. Leaders must commit to acting with integrity and taking all complaints seriously. People cannot be afraid of ridicule or retribution for coming forward with an issue.

Suggested Resources for Toxic Work Environment

“4 Strategies to Repair a Toxic Culture from the Top Down,” by Heidi Lynne Kurter, [forbes.com](https://www.forbes.com).

“How to Recognize a Toxic Work Environment and Get Out Alive,” (March 15, 2019) by Kristen Fuller, MD, Psychology Today website.



BEHAVIORAL WELLNESS ISSUE #6:

Learned Helplessness

Learned helplessness happens when firefighters believe those above them don't really care to listen to their issues.



What is learned helplessness?

Coined by psychologist Dr. Martin Seligman, the term learned helplessness describes what occurs when people repeatedly are subjected to a stimulus from which they cannot escape, such as a noise. Over time, the inability to remove themselves from the stimulus causes them to stop trying to avoid it and just accept it.

How is learned helplessness relevant to the fire and emergency service?

A state of learned helplessness can occur if first responders who continually face stressful situations stop trying to change the circumstances due to a real or perceived absence of control over the outcome. They can feel hopeless. For example, responders who have been unsuccessful in the promotional process may deem themselves a failure because they feel they lack the control needed to make things better for their future.

What's in it for you and your organization to educate yourselves about learned helplessness?

Because first responders face many uncontrollable events, it is imperative they learn to maintain at least some sense of control. Learned helplessness not only has a negative impact on behavioral wellness by itself, it also can cause other negative consequences such as anxiety and depression. All these behaviors are likely to have undesirable effects on an individual's performance, which is likely to affect that of their colleagues.

Research suggests that pessimists become helpless at twice the rate of optimists. Additionally, pessimists are likely to give up, suffer more depressive episodes, and not enjoy life as much as their optimistic counterparts. Optimists become ill less frequently, achieve more, have better overall health, and enjoy life more.

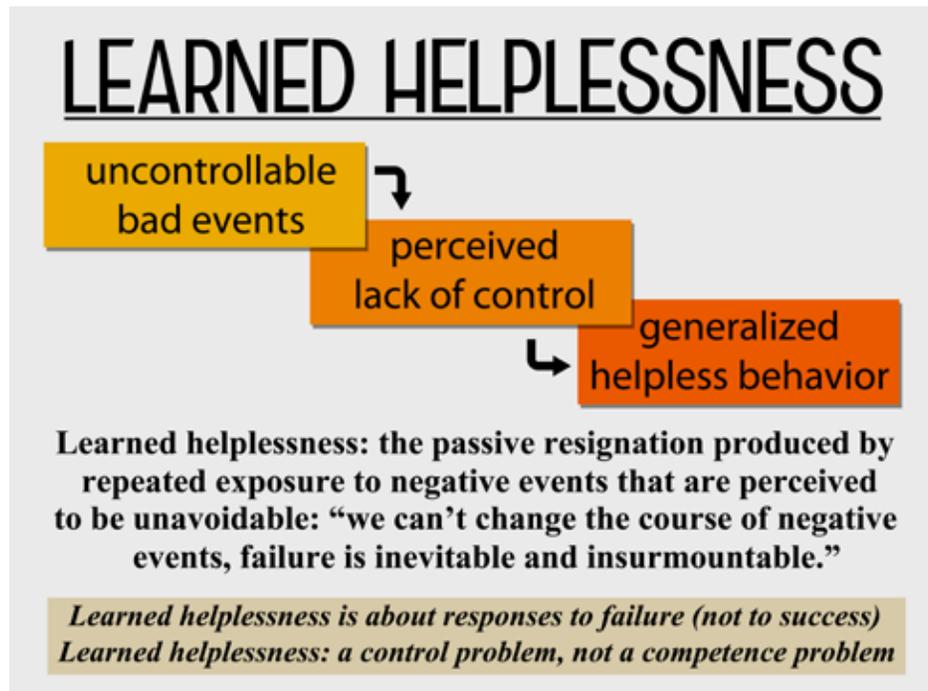
How can you recognize learned helplessness? How can you mitigate its effects?

According to Dr. Seligman, three factors characterize learned helplessness:

1. Passiveness in the face of trauma
2. Difficulty learning that responses (actions) can control trauma
3. Increased stress levels

Learned helplessness for first responders could take the form of quitting if they believe that no matter what they do, they cannot impact the situation positively. Seligman found that people who appear resilient and resistant to helplessness did so through optimism – that is, by understanding that although bad things happen and they may not have control over the outcomes, they always can choose how they experience the outcomes. Optimism not only increases behavioral wellness, it enables responders to change their experiences via a sense of control.

Optimism also helps to explain why those who choose challenging jobs such as being a first responder succeed. Identified as one of three characteristics of success (with aptitude and motivation), optimism is a necessary trait for a healthy and progressive career. If a first responder is having a challenge viewing life with a positive lens, then learning how to be optimistic is a necessity. Seeking out a therapist who can assist with learning new cognitive skills can help teach the responder a new way of looking at the world.



Additional Suggested Resources

Crisis Resources – Connect with a Person

Suicide Prevention Hotline, U.S.:
800-273-8255
<https://suicidepreventionlifeline.org>

Canada Suicide Prevention Service:
833-456-4566
<https://www.crisisservicescanada.ca/en>

Crisis Text Line
Free 24/7 crisis support via text
U.S. and Canada: text HOME to 741741
U.K.: text 85258
Ireland: text 50808
<https://www.crisistextline.org>

General Behavioral Health Resources – Articles and Books

“Why Firefighters Take Their Own Lives”
(March 27, 2016) by Cathy Sivak,
FireRescue1.com.

The Little Book of Stress Relief (2017),
by David Posen.

*The Body Keeps Score: Brain, Mind,
and Body in the Healing of Trauma* (2014),
by Bessel Van der Kolk.

*The Mental Aspects of Performance for
Firefighters and Fire Officers (The M.A.P.)* (2004)
by Dennis Compton and Gary Mack.

General Behavioral Health Resources – Websites and Apps

firestrong.org (Contains department-specific
resources for departments that set up profiles)

First Responder Center for Excellence
(affiliate of National Fallen Firefighters Foundation)

National Volunteer Fire Council: Share the Load

Firefighter Behavioral Health Alliance

Veterans Administration apps
Wide variety of stress- and mental health-
related apps available to anyone, including:

- PTSD Coach
- PTSD Family Coach
- Mindfulness Coach
- AIMS for Anger Management
- Couples Coach

2021 YELLOW RIBBON REPORT UPDATE

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