

## OPERATIONS BEHAVIORAL HEALTH

After exposure to a traumatic event, many people may develop signs and symptoms like those previously mentioned in the days that follow. These symptoms often dissipate and do not interfere with daily functioning. PTSD is diagnosed only if the related criteria outlined previously persist for more than a month after exposure to the traumatic incident and result in major distress or impairment in one's daily functioning. In most cases, signs of PTSD appear within three months after a traumatic event. In some instances, however, symptoms may take longer to emerge. When they do occur, they can last for weeks or even years without treatment. Additionally, this disorder can be accompanied by other psychological health issues, such as depression and memory problems, as well as drug and alcohol addictions.

It is important to note that not everyone who experiences a potentially traumatic event develops PTSD, and not everyone who develops PTSD requires psychiatric treatment. Some people get better with the help of their support system (family, friends or clergy). But many people with PTSD need professional treatment to recover from psychological distress that can be intense and disabling. It is important to remember that trauma may lead to severe distress. That distress is not the individual's fault, and PTSD is treatable. The earlier a person gets treatment, the better their chance of recovery.

Mental health professionals use various effective (evidenced-based) methods to help people recover from PTSD. A couple of effective therapies are cognitive processing therapy (CPT) and eye movement desensitization reprocessing (EMDR). Both have been very successful, with multiple studies showing decrease in symptoms and high remission rates over time. In addition, some medications can help reduce the intensity of symptoms, and these often can assist patients as they are working through their treatment in therapy. All therapy should be guided by licensed mental health professionals using an individualized treatment plan.

Various treatment alternatives are becoming more widely used to aid those with PTSD. These strategies complement traditional mental health care and can involve less conversation and disclosure than psychotherapy. Some of these alternatives include acupuncture, yoga and animal-assisted therapy.

In addition to medication, those struggling with PTSD may find benefits from connecting with others with similar experiences. This can be achieved through participating in a support group of fire fighters, where they are free to share their stories and feelings.

**If you are thinking about suicide  
or concerned about someone, call/text 988**  
(Suicide & Crisis Lifeline is available 24/7)

Additional first responder hotlines:

**FIRESTRONG 24/7**

**FIREFIGHTER & FAMILY CRISIS | 844.525.FIRE (3473)**

**CODE 4 NORTHWEST | 425.243.5092**

**SAFE CALL NOW | 206.459.3020**

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### DON'T IGNORE YOUR WARNING SIGNS



- STRESSFUL EXPOSURES
- PROLONGED DEPRESSION
- AGGRESSION - ANGER
- SUICIDAL THOUGHTS
- SUBSTANCE ABUSE
- SOCIAL WITHDRAWING
- EXTREME FATIGUE
- FLASHBACKS AND NIGHTMARES
- EMOTIONAL TRIGGERS
- HIGH ANXIETY
- RELATIONSHIP BREAKDOWN
- HYPER-VIGILANCE
- FEELING TRAPPED
- SLEEP DISORDERS

COMB  
FIREFIGHTER &  
FAMILY CRISIS

**REACH OUT. TALK. SEEKING HELP IS NOT A SIGN OF WEAKNESS.**

#### Suicide

Being a fire fighter can be a rewarding job and provide a real sense of purpose. However, fire fighters often face life-and-death situations and chaotic scenes that are overwhelming to others—bearing witness to tragedies that involve all walks of life. Fire fighters also have off-duty lives that are intermixed with their work. It is not uncommon for a fire fighter to deal with a horrific event one day and leave for a family vacation the next. Over time, if a fire fighter doesn't have a way to process this exposure, it can build up. The weight of being exposed to traumatic events can become too much to bear, which can lead to making poor coping choices, such as substance abuse. Over time, fire fighters can develop compassion fatigue and burnout or mental health disorders such as PTSD, anxiety or depression. Some fire fighters find themselves struggling with a combination of all of these. In more severe cases, some may find themselves developing psychological conditions that lead them to consider suicide. Suicide is a traumatic event that can devastate a fire department and leave many fire fighters wondering why they choose this profession.

It is vital that fire fighters know both the risk factors and warning signs and have a clear understanding of what to do when they are recognized.

Peer support teams are in a unique position to bring this education to other fire fighters and have the skills to have one-on-one, confidential conversations with their sisters and brothers when they recognize the warning signs. Peer support members can help guide their fellow fire fighters to mental health professionals for proper diagnosis and treatment.

#### Suicide Risk Factors for Fire fighters

- Frequent exposure to trauma
- Pain resulting from occupational injury
- Decreased fear of death or becoming conditioned to confront your own death
- Exposure to suicides
- High incidence of mental health disorders including depression, PTSD, anxiety and substance abuse

### Warning Signs of Suicide

While risk factors are qualities of a person that may increase their likelihood to die by suicide, warning signs are both internal and external changes in a person that indicate a suicide attempt may be imminent.

Warning signs that someone may be at immediate risk for attempting suicide include:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often

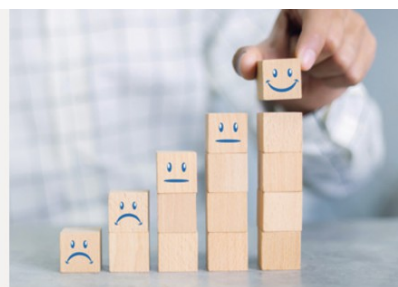
### Other serious warning signs that someone may be at risk for attempting suicide include:

- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Making a plan or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits
- Showing rage or talking about seeking revenge

### Safety Planning for Suicide Prevention

Safety planning is an evidence-based intervention that acts as an emergency plan, or standard operating guide (SOG), to avert a suicidal crisis and prevent a person from acting on their suicidal thoughts or urges. A safety plan helps keep a person physically safe from their suicidal urges by creating time and space between the individual in distress and their suicidal action. Safety planning is designed as intervention for mental health clinicians, but peer supporters also can be trained to complete a safety plan with another member in distress.

A safety plan can be completed with a fire fighter who has made a suicide attempt, reported thinking about suicide or who otherwise may be at risk of suicide. Through this process, the fire fighter will learn how to recognize when they are experiencing a suicidal crisis and will develop a prioritized set of coping skills to keep themselves safe during the suicidal urge.



## Best Practices for Fire Service Behavioral Health Programs

**To protect and promote the emotional health and wellness of fire service members, behavioral health programming must be incorporated into the fabric of the department. A comprehensive behavioral health program should include the following components:**

- Behavioral health education
- Department-wide resiliency training
- Peer support program
- Periodic behavioral health screening
- Comprehensive health insurance coverage (includes behavioral health coverage)
- Post-traumatic exposure response
- Chaplaincy program
- Partnerships with (vetted) mental health providers
- Physical fitness program
- Retiree outreach and inclusion
- Family outreach and inclusion

### The six components of a safety plan are:

- Identifying warning signs: thoughts, emotions and behaviors that signal a crisis is starting
- Identifying solo activities: things the person can do independently to distract themselves
- Identifying social distractions: people and places to distract the person from suicidal thoughts
- Identifying supportive family, friends, peers: people one can ask for help to get through a crisis
- Identifying professionals to contact: emergency lines and professionals one can call for help
- Making the environment safe: reducing access to lethal means

IAFF-trained peers can access the online training Safety Planning Intervention for Suicide Prevention by visiting their IAFF profile and clicking on the Advanced Training tab.