

First on the Scene: Enriching the Clinical Experience of First Responders

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Objectives

- Have an understanding of the types of symptoms first responders have
- Identify ways to develop a therapeutic rapport with the first responder client
- Gain knowledge of the evidenced based programs and clinical theory effective in treatment
- Recognize the ways first responders are different than other clients



A day in the life...

Firefighter

- 24 hour shifts/48 hour off
- Long periods of down time
- Waking up throughout the night
- Hyper alert
- Extended episodes of dealing with crisis situations
- Repeated exposure to trauma and vicarious trauma

Police Officer

- Working alone
- Not always welcome on the scene
- Be prepared for the unexpected
- Hyper alert and aware
- Extended periods of dealing with crisis situations
- Repeated exposure to trauma and vicarious trauma

Unhealthy Beliefs

- “Suck it up, buttercup.”
- “Men don’t cry.”
- “I’m weak if this effects me.”
- “I helps others, I don’t ask for help.”
- “If I’m effected by the job, I’m not good at it.”



Cultural Components

- Super-hero complex
 - This can present as ego or narcissism in treatment
- Gallows humor
- Don't let it shock you
- Stoicism – having a wall up
- Bonding through giving each other a difficult time



Symptoms

- Depression
 - Presents as anger
 - Pushing others and help away
 - Isolating
 - 6.8% EMS diagnosed
 - 47% police officers involved in 9/11 were diagnosed with Depression
- Anxiety
 - Panic Attacks
 - Sleeplessness
 - Hyper Alert
 - Inaction



Symptoms

- PTSD
 - Irritability
 - Pushing others away
 - Cynicism/ negative attitude
 - Critical
 - Nightmares
 - Trauma Responses



Symptoms

- Suicidal Ideation
 - Reported in higher rates
 - Criticism about the research
 - 28% felt life is not worth living
 - 10% had serious ideation



Substance Use Disorders

- Part of the first responder culture
 - Tradition
 - Celebratory
 - FOMO
 - Coping Skill
- Excessive free time and boredom
- Sleeping aid
- Anxiety reduction
- Substance abuse is higher for co-occurring PTSD



Risk Factors

- Poor training
- Being unfit mentally and physically
- Poor/ lack of leadership
- Favoritism
- Personal trauma
- Low perceived safety
- Length of time at the site
- Excessive exposure to gory scenes
- Unclear directives or job duties



Protective Factors

- Longer length of employment
- Specialized training
- Confidence in abilities
- Workplace satisfaction
- Resilience
- Social support
- Comradery



Organizational Interventions

Preparedness

- Develop a protocol
- Involve staff
- Gather as much info about the disaster
- Clear leadership lines
- Ask responders to be aware of their stress
- Empower staff

Response

- Clear communication
- Assess welfare of team
- Develop a buddy system
- Provide mental health and resilience training
- Provide group sessions

Clinical Interventions

- Mental health first aid
- Resilience training
 - Cognitive restructuring
- Counseling
- Peer support
- Co-occurring programs



Early Crisis Intervention

- Contact engagement
- Safety and comfort
- Stabilization
- Information gathering
- Practical assistance
- Connecting with supports
- Linkage to services



Treatment Programs

- Seeking Safety - Lisa Najavits
 - Addresses SA and PTSD
- Trauma for Men/ Healing Trauma for Women – Stephanie Covington
 - Gender specific issues related to trauma
- Dialectical Behavioral Therapy – Marsha Linehan
 - Emotional Skills
 - Cognitive Skills
- Co-occurring Disorders Program
- CBT for PTSD



Long-term Interventions

- EMDR
- Cognitive Processing Training
- Exposure Therapy
- Skills Training in Affective and Interpersonal Regulation (STAIR)
- Stress Inoculation Therapy (SIT)
- Narrative Therapy



Pharmacological Interventions

- No specific trauma drug
- Withdrawal from substances can enhance mental health symptoms
- Melatonin can make nightmares worse
- Should be monitored carefully by medical professional
- Does not “fix” the problem



First Responder Treatment

- Lack of consistency
- Lack of commitment
- Struggle with subjectivity of SA and MH treatment
- Need for control
- Length of treatment
- Family involvement
- Work schedule
- Demeanor is how they handle crisis



**THANK
YOU!**



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