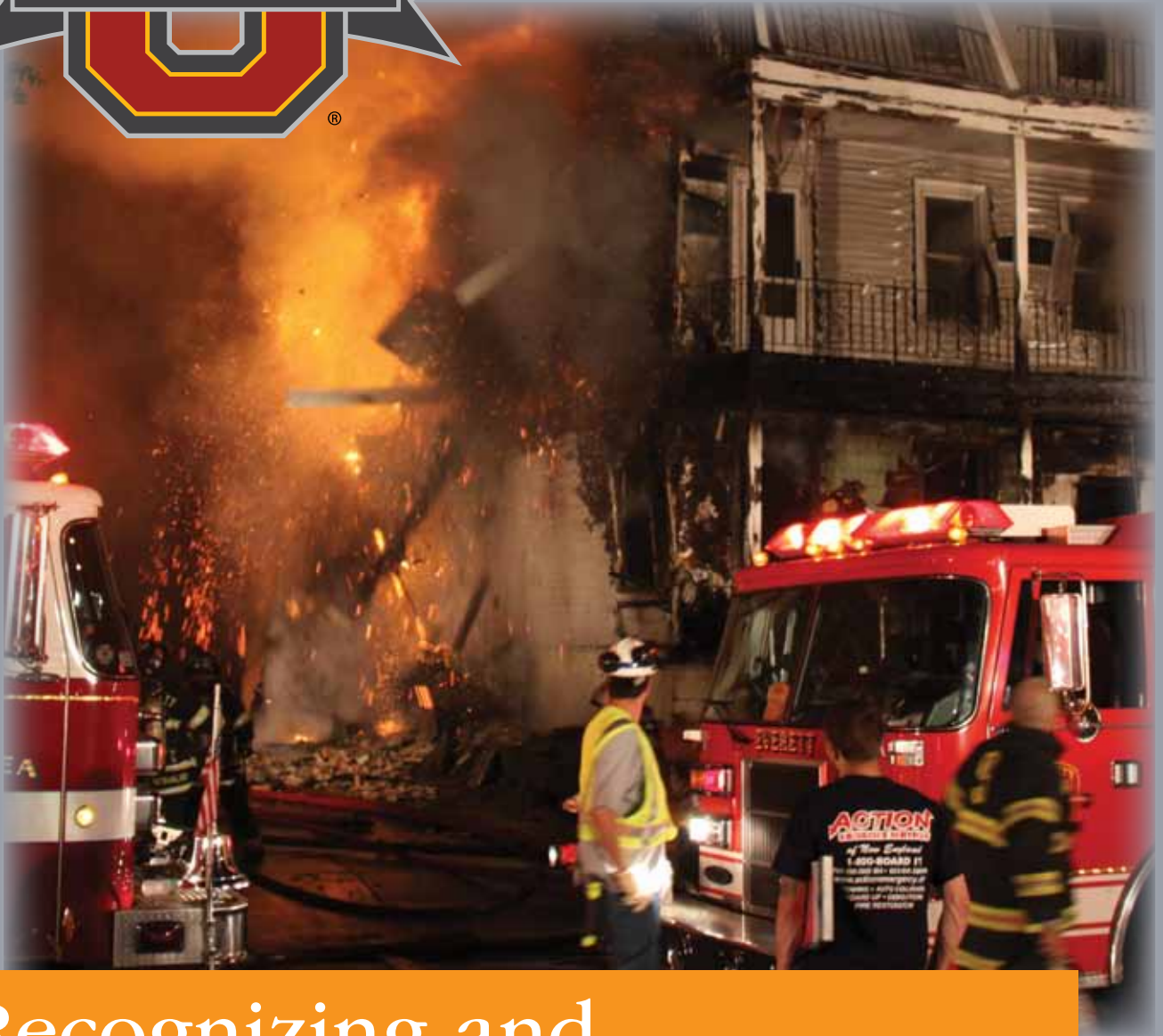




Continuing Education Course



Recognizing and Combating Firefighter Stress

BY P.J. NORWOOD AND JAMES RASCATI

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Recognizing and Combating Firefighter Stress

Educational Objectives

On completion of this course, students will

- 1) Learn why Firefighter Stress and Post Traumatic Stress Disorder (PTSD) has been a taboo topic in the fire service.
- 2) Discover how stressful the firefighting profession is on firefighters.
- 3) Understand the key part of stress's multiple definition.
- 4) Learn the warning signs of stress.

**BY P.J. NORWOOD
AND JAMES RASCATI**

OVER THE PAST FEW YEARS, THERE HAS BEEN a positive trend in firefighter training; firefighter awareness; and instructors' writing, teaching, and preaching toward firefighter fitness. It is a topic that had been taboo for many years in the fire service. Many firefighters across the country are focusing on their level of fitness, and many departments have put mechanisms and programs in place that encourage weight loss and increased physical fitness.

However, although the fitness drum is being beaten, there is still an area of firefighter wellness that is not being discussed. Firefighter stress and post traumatic stress disorder (PTSD) are real threats to the American fire service. As you are reading this article, a firefighter is feeling the stress of the job, which is creating unhealthy behaviors that only compound the problem. There is ample clinical evidence that untreated stress impacts physical health. In addition to cardiovascular problems, stress is correlated with increased alcohol and drug abuse, depression, obesity, back problems, and the worsening of diabetes.

HOW BAD IS THE PROBLEM?

As we are all aware, our job may be the best job in America, but it is also extremely stressful. In 2012, firefighting is second on the list of most stressful jobs in America. This stress has led to early retirements, injuries, divorces, suicides, and firefighters partaking in risky behaviors. Suicide, divorce, substance abuse, and heart attack rates among firefighters are the highest in the nation. Furthermore, the rate of 16 percent to 24

percent for PTSD in the fire service is well above the national average for adults, which is 6.8 percent. It is well established that firefighters are impacted by critical incident stress. Also, suicides within the fire service community continue to escalate at an alarming rate.

Alcohol abuse has been and continues to be an issue for both career and volunteer firefighters. It is estimated that the alcohol abuse disorder rate is seven to nine percent for adult Americans and anywhere from 25 to 30 percent for firefighters.¹ Alcohol abuse has been a culturally accepted way to deal with the stress inherent in our profession. Prior to the advent of employee assistance programs (EAP), critical incident debriefing, or other counseling services, some firefighters dealt with stress by self-medicating with alcohol.

WHAT IS STRESS?

Stress is defined in multiple ways, but the key part of every definition mentions the short- and long-term changes to the body. Look at the following excerpt from the definition of stress and consider the effect it has on your system:

Upon immediate disruption of psychological or physical equilibrium, the body responds by stimulating the nervous, endocrine, and immune systems. The reaction of these systems causes a number of physical changes that have both short- and long-term effects on the body.

Now consider the stress your body is under every day during the normal duties of your job. Multiply your body's response with a career spanning 20 to 25 years or more. We are affected every day by the stress, both physically and emotionally, and we must begin thinking of our emotional stress as

it directly relates to our physiological well-being and overall fitness.

There is no way to predict what will and what will not affect you. It may be a critical or multiple death incident; a call that you can relate to, say, an injured child of similar age to your child; an incident that doesn't turn out as expected or planned; a long rescue where you "bond" with the victim; or the death of someone you know or to whom you have ties—all have different effects on us. It also can be an everyday "routine" call that for some reason has a negative effect on you. It does not have to be a high-profile call or one of the above examples. Any call at any time can sneak up and have a negative effect on you or a coworker.

Every firefighter's response and ability to process stress has some variations. You cannot predict what will affect one firefighter and not the next. For some, the daily political environment within the firehouse, city, or town plays a role. We have the added issue of bosses who don't want to be bosses. They allow a lot of problematic behavior to continue because they don't want to be seen as a "bad guy" or to be accused of "forgetting where they came from." Ignoring the daily issues that occur does not sit well with the troops who do the right thing every day. These scenarios will wear down firefighters

WARNING SIGNS OF STRESS

Some signs that stress may be affecting you or your coworkers are the following:

- **Physical:** headaches, diarrhea, indigestion, upset stomach, tiredness.
- **Emotional:** anxiety, irritability, sadness, inability to make decisions.
- **Behavioral:** lack of interest, sleep problems, clumsiness, overeating or other changes in eating habits, increased use of alcohol or other drugs.
- **Job-related:** change of performance, being argumentative, isolation, tardiness, excessive calling in "sick."

Warning signs of risky behaviors that may be linked to stress include the increased use of drugs or alcohol, increased short temper, impulsive behaviors, and significant changes in personality.

GETTING HELP

If you are feeling the stress from a job-related incident, communicate with a trusted source, friend, coworker, clergy, spouse, or family member and an employee assistance program. Know that you are not alone. You are not the first firefighter to experience job-related stress. Opening the lines of

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in the department, causing stress that affects everyone. The stress is compounded by today's budgetary constraints, office or crew politics, and even the pressure from the governing bodies to do more with less.

EFFECTS OF STRESS

Stress of the job has many physical and emotional effects on firefighters and their families. Everyone processes the stress differently. Some of the documented effects include but are not limited to divorce, depression, alcohol or substance abuse, financial hardships, gambling, poor work habits, cardiac disease, high blood pressure, and obesity. We must begin looking at stress as a killer of firefighters. Stress is not the direct agent, but we must start to track death rates of firefighters off duty and after retirement. I believe if these data were to be captured, we would directly correlate many of those deaths to the stress that was affecting firefighters' health for many years.

To help address the problem, we must identify what it is doing to us and our coworkers. Firefighters spend countless hours in and out of the firehouse with the same people. We routinely spend more time with our fellow firefighters in the firehouse than with our own families. We must start to tune ourselves in to signs and symptoms that indicate that stress may be affecting our fellow firefighters. If we cannot recognize that there may be a problem, we will not be able to help them if there is an underlying problem.

communication will help you process your personal response to the stress. If your department has a peer support program, talk with someone on the team. If you do not seek assistance, the stress will impact you negatively for many years.

As you move through the ranks, communication with others changes. Supervisors should not "complain" to ranks below them. Doing this only adds stress and slowly chisels away at the department and company morale. They should communicate upward, which can add additional stress to officers because the pool of those with whom they can speak shrinks and also because they may not want to talk to their superiors about "issues" they may be having. This highlights the importance of having a network of relationships outside of your department and outside of the fire service.

If someone you work with is showing signs of job-related stress, listen and observe. Be empathetic, not judgmental. Remain calm, and help define the problem through clarifying questions. Offer an ear or a shoulder. Facilitate contact with a member of your peer support team (if there is one), an employee assistance program, or other licensed behavioral health professional.

If your coworker is resistant to seeking professional help, remind him that there are excellent treatments available and that such services are confidential. If your coworker declines assistance and continues to demonstrate job-related stress, do not abandon him. Keep in contact while sharing your concerns and

● FIREFIGHTER STRESS

encouraging him to seek appropriate intervention.

If at any time you have concerns regarding his safety at work—that is, fitness for duty—you must bring this to Command's attention so they can take appropriate action.

LET'S CHANGE THE PATTERN

Departments that are more psychologically minded recognize the importance of providing assistance, either counseling or support, to firefighters who may be struggling with the stressful aspects of their jobs. Firefighters have always talked about the family nature of their crew. The fact that we work; sleep; eat; and, for some, play together for an extended period of time creates an “extended family.” This is both good and bad dynamics. The relatively closed culture of firefighting does not easily lend itself to talking to someone outside of the profession or family. This is especially true for talking with an EAP or mental health professional.

When firefighters recognize that their alcohol abuse, prescription drug abuse, or stress is getting out of hand, they are reluctant to seek appropriate psychological intervention. Many times, this stems from the false notion that using an EAP or other behavioral health services will “jam them up in their career.” This perception is inaccurate and potentially deadly. Licensed behavioral health professionals, whether through an EAP or a licensed therapist in private practice, *must* maintain confidentiality. The only exception to confidentiality required by law is if someone presents a danger to himself, to others, or to children or the elderly.

FIREFIGHTER PEER SUPPORT

A number of progressive departments have developed peer support programs. There are many models of peer support. Some consist of firefighters who have specialized training in specific areas like alcohol abuse, depression, suicide, stress, and family issues. Others combine trained firefighters with their EAP or other licensed behavioral health professionals. Still others have an interest in and are committed to volunteering their time and efforts with no special training or linkage with licensed behavioral health practitioners.

In general, the intent of these programs, regardless of the model, is to provide support, a needed shoulder to lean on, or to link with the appropriate EAP or therapeutic resources if professional intervention is necessary. The fact remains that the majority of firefighters, when and if they do need professional intervention, may not seek it on their own for a variety of reasons. For some, there are confidentiality concerns, or they worry their job will be impacted in a negative way. For others, it challenges their notion of being macho tough firefighters who should be able to handle whatever is thrown their way. And, of course, there is the ever present issue of the stigma some firefighters feel—that they are less of a firefighter if they are getting help. Although the stigma has lessened greatly over the past 20 years, it still exists—and in a significant way.

Nevertheless, there are better treatments today than ever before, both in terms of psychotherapy/counseling and psy-

chopharmacology. Since we know that stress impacts many physiological problems, there is no reason firefighters should not be receiving behavioral health interventions whenever necessary.

Fire department peer support can be a valuable resource to help firefighters. The overall objectives of firefighter peer support should be the following:

- Provide information and education.
- Provide an ear or a shoulder to lean on.
- Identify at-risk firefighters.
- Minimize stigma.
- Diminish stress/dysfunction and increase coping ability.

CRITICAL INCIDENTS IN THE FIRE SERVICE

The other valuable benefit of peer support is that the peers are involved after the occurrence of critical incidents. However, it is recommended that firefighters receive specific training in psychological first aid with an experienced and similarly trained behavioral health therapist. There are a number of challenges in providing psychological first aid services to firefighters. First, some departments are relatively closed cultures that are not readily acceptable to nonfirefighters. As stated previously, many departments are like families and are very protective of each other, especially from “outsiders.” If EAPs and other mental health professionals are not known to the firefighters, it may be difficult to gain their trust and respect.

Another challenge is dealing with the “macho mentality” that sometimes exists and that has nothing to do with gender. We know that all firefighters are physically tough. However, how many departments teach their firefighters how to deal effectively with the emotional aspects of their jobs? It has not been uncommon to hear a commander express the “suck it up; it's your job” refrain when attempting to deal with the emotional impact of a horrific event. We describe these leaders as not being psychologically minded. It is, therefore, not surprising to learn why there are high rates of alcohol abuse and divorce among firefighters: Historically, they have not been taught more adaptive ways to deal with their stress other than using alcohol.

We believe that the best way to address these challenges is to have a peer support team comprised of trained firefighters who volunteer their time and behavioral health professionals, both of whom have been trained in providing psychological first aid. Each brings their respective training and expertise to the task.

•••

We, the authors, one a firefighter and the other a social worker, recognize that neither profession is going to stop all fires or cure everyone. However, with the proper precautions (fire safety training, flame retardant materials, fire detection devices, standards and regulations) and taking care of one's physical and emotional health, we may help mitigate the damage and destruction from fires and the inherent stress firefighters encounter in their jobs.

We must all take a vested interest in our physical and psychological well-being. We all have dreams of retiring someday. Let's make sure we achieve our dreams without extra psychological baggage to carry around. Take care of yourself today for a better tomorrow for you and your family. ●

ENDNOTE

1. Boxer PA, D Wild. "Psychological distress and alcohol use among firefighters." *Scand J Work Environ Health*; 19(2): 121-125. PubMed: www.ncbi.nlm.nih.gov/pubmed/8316779.

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Career cast 2012, Victoria Brienza, <http://www.careercast.com/jobs-rated/10-most-stressful-jobs-2012>.

● **P.J. NORWOOD** is a deputy chief training officer for the East Haven (CT) Fire Department and has served four years with the Connecticut Army National Guard. He has authored the DVD *Dispatch, Handling the Mayday* (Fire Engineering, 2012), coauthored *Tactical Perspectives of Ventilation and Mayday* DVDs (2011, 2012), and was a key contributor to the *Tactical Perspectives* DVD series. Norwood is an FDIC instructor, a contributor to *Fire Engineering*, a member of the Fire Engineering University faculty, and host of a Fire Engineering Blog Talk Radio show. He has lectured across the United States as well as in Singapore. He is certified to the instructor II, officer III, and paramedic levels.

● **JAMES RASCATI**, LCSW, has more than 35 years of experience in behavioral health. He is a partner at Behavioral Health Consultants, LLC in Hamden, Connecticut, and is the director of organizational services. He is also a clinical instructor of psychiatry (social work) in the Yale University School of Medicine, Department of Psychiatry. He has developed an expertise and interest in working with firefighters and police officers. He has developed police and fire peer support teams for eight law enforcement agencies and four fire departments in Connecticut. He is also certified as an instructor by the Police Officer Standards and Training Council for the areas of cultural awareness and diversity, substance abuse, suicide recognition intervention and management, stress management, and supervisor/subordinate relations.

Notes

Recognizing and Combating Firefighter Stress

COURSE EXAMINATION INFORMATION

To receive credit and your certificate of completion for participation in this educational activity, you must complete the program post examination and receive a score of 70% or better. You have the following options for completion.

Option One: Online Completion

Use this page to review the questions and mark your answers. Return to www.FireEngineeringUniversity.com and sign in. If you have not previously purchased the program, select it from the "Online Courses" listing and complete the online purchase process. Once purchased, the program will be added to your **User History** page where a **Take Exam** link will be provided. Click on the "Take Exam" link, complete all the program questions, and submit your answers. An immediate grade report will be provided; on receiving a passing grade, your "Certificate of Completion" will be provided immediately for viewing and/or printing. Certificates may be viewed and/or printed anytime in the future by returning to the site and signing in.

Option Two: Traditional Completion

You may fax or mail your answers with payment to *PennWell* (see Traditional Completion Information on following page). All information requested must be provided to process the program for certification and credit. Be sure to complete ALL "Payment," "Personal Certification Information," "Answers," and "Evaluation" forms. Your exam will be graded within 72 hours of receipt. On successful completion of the posttest (70% or higher), a "Certificate of Completion" will be mailed to the address provided.

COURSE EXAMINATION

- 1) Over the past few years, there have been positive trends all of the following except:
 - a. Training
 - b. Firefighter Awareness
 - c. Fitness
 - d. Firefighter Stress
- 2) What area of firefighter wellness is not being discussed in the fire service?
 - a. Training
 - b. Accountability
 - c. Firefighter stress and PTSD
 - d. Firefighter safety
- 3) There is ample clinical evidence that untreated stress impacts physical health.
 - a. True
 - b. False
- 4) Stress is correlated with which of the following?
 - a. Alcohol and drug abuse
 - b. Depression
 - c. Back problems
 - d. All of the above
- 5) Stress is also correlated to which of the following?
 - a. Poor training
 - b. Obesity
 - c. Poor attention span
 - d. Apathy
- 6) In 2012, firefighting is _____ on the list of most stressful jobs in America.
 - a. First
 - b. Second
 - c. Third
 - d. Fourth
- 7) Stress can lead to which of the following?
 - a. Early retirements
 - b. Divorces
 - c. Suicides
 - d. All of the above
- 8) Suicide, divorce, substance abuse, and heart attack rates among firefighters are the highest in the nation.
 - a. True
 - b. False
- 9) The fire service has a rate of _____ percent to _____ percent for PTSD, which is well above the national average for adults.
 - a. 10/20
 - b. 15/30
 - c. 16/24
 - d. 14/55
- 10) The alcohol abuse disorder rate is _____ to _____ for firefighters, with the national rate for adults ranging from seven to nine percent.
 - a. 25/30
 - b. 10/15
 - c. 50/75
 - d. None of the above
- 11) The key part of every definition of stress mentions the:
 - a. Short and long-term changes to the body
 - b. Suicide rate
 - c. Alcoholism rate
 - d. Psychological changes to the person
- 12) There is always a way to predict what will and what will not affect you.
 - a. True
 - b. False
- 13) Stress is compounded by which of the following?
 - a. Budgetary constraints
 - b. Office or crew politics
 - c. Doing more with less
 - d. All of the above
- 14) Some of the documented stress processing effects include which of the following?
 - a. Alcohol and substance abuse
 - b. Gambling
 - c. Poor work habits
 - d. All of the above

Recognizing and Combating Firefighter Stress

PROGRAM COMPLETION INFORMATION

If you wish to purchase and complete this activity traditionally (mail or fax) rather than Online, you must provide the information requested below. Please be sure to select your answers carefully and complete the evaluation information. To receive credit, you must receive a score of 70% or better.

Complete online at: www.FireEngineeringUniversity.com

PERSONAL CERTIFICATION INFORMATION:

Last Name (PLEASE PRINT CLEARLY OR TYPE)

First Name

Profession/Credentials License Number

Street Address

Suite or Apartment Number

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E-mail Address

TRADITIONAL COMPLETION INFORMATION:

Mail or fax completed answer sheet to
Fire Engineering University, Attn: Carroll Hull,
1421 S. Sheridan Road, Tulsa OK 74112
Fax: (918) 831-9804

PAYMENT & CREDIT INFORMATION

Examination Fee: \$25.00 Credit Hours: 4

Should you have additional questions, please contact Pete Prochilo (973) 251-5053 (Mon-Fri 9:00 am-5:00 pm EST).

- I have enclosed a check or money order.
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ANSWER FORM

Please check the correct box for each question below.

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| 1. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | 11. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
| 2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | 12. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
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| 4. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | 14. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
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Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 1.

- | | | | | | |
|--|-------|-----|---|----|---|
| 1. To what extent were the course objectives accomplished overall? | 5 | 4 | 3 | 2 | 1 |
| 2. Please rate your personal mastery of the course objectives. | 5 | 4 | 3 | 2 | 1 |
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| 4. How do you rate the author's grasp of the topic? | 5 | 4 | 3 | 2 | 1 |
| 5. Please rate the instructor's effectiveness. | 5 | 4 | 3 | 2 | 1 |
| 6. Was the overall administration of the course effective? | 5 | 4 | 3 | 2 | 1 |
| 7. Do you feel that the references were adequate? | | Yes | | No | |
| 8. Would you participate in a similar program on a different topic? | | Yes | | No | |
| 9. If any of the continuing education questions were unclear or ambiguous, please list them. | _____ | | | | |

10. Was there any subject matter you found confusing? Please describe.

11. What additional continuing education topics would you like to see?

PLEASE PHOTOCOPY ANSWER SHEET FOR ADDITIONAL PARTICIPANTS.

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