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 Abuse

• 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

https://www.samhsa.gov/
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

https://www.mentalhealthfirstaid.org/
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

https://www.nami.org/
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 a 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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