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

Presented by:
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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...

<table>
<thead>
<tr>
<th>Firefighter</th>
<th>Police Officer</th>
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<tbody>
<tr>
<td>• 24 hour shifts/48 hour off</td>
<td>• Working alone</td>
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<td>• Long periods of down time</td>
<td>• Not always welcome on the scene</td>
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<td>• Waking up throughout the night</td>
<td>• Be prepared for the unexpected</td>
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<td>• Hyper alert</td>
<td>• Hyper alert and aware</td>
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<td>• Extended episodes of dealing with crisis situations</td>
<td>• Extended periods of dealing with crisis situations</td>
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<tr>
<td>• Repeated exposure to trauma and vicarious trauma</td>
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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

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 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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