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*Firefighter Life Safety Initiative #13:
Firefighters and their families must have access
to counseling and psychological support.*

Stress First Aid

for Firefighters and
Emergency Medical Services Personnel

Student Manual



National Fallen Firefighters Foundation

National Center for PTSD, Department of Veterans Affairs



National Fallen Firefighters Foundation *Everyone Goes Home Program*[®]

This student manual, **Stress First Aid for Firefighters and Emergency Medical Services Personnel** has been developed to assist firefighters and EMS providers in taking care of each other. As this manual notes, Stress First Aid (SFA) “offers a flexible set of tools for addressing stress reactions in firefighters and rescue personnel.” It is intended to help members and leaders provide compassionate assistance to fire and Emergency Medical Services personnel, to prevent the progression of stress reactions and to bridge affected individuals to more formal treatment when that is required.

This is a very laudable goal. In my over thirty years in the fire service, every firefighter I have known could have used behavioral health support at one time or another. It is a sign of strength to recognize this need, and to seek out help. It is important to recognize that the effects of stress and an emotional injury can bring a firefighter to his or her knees as surely as physical trauma can. *Firefighter Life Safety Initiative 13* asks us to provide behavioral health support to firefighters and their families, and **Stress First Aid for Firefighters and Emergency Response Personnel** is a huge step in realizing this goal.

In particular, I want to note the important role that Peer Support Units play in the fire service. A team of well-trained peer support members, who know their capabilities and boundaries, provides an invaluable service. We have no idea how many firefighters and medics have received support from peers, but we do know that such assistance has helped to save careers, relationships, families and even lives.

The SFA Student Manual was produced by the Behavioral Health Team of the National Fallen Firefighters Foundation. The funding source for this project was provided by a grant from the Assistance to Firefighters Fire Prevention & Safety Grant from the United States Department of Homeland Security and the Department of Justice. We are very grateful for their ongoing support of this important effort.

— Ronald J. Siarnicki, *Executive Director*
National Fallen Firefighters
Foundation





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The Stress First Aid for Firefighters and Emergency Medical Services Personnel Student Manual represents a civilian adaptation of the Combat and Operational Stress First Aid (COSFA) Field Operations Manual, developed by the Bureau of Medicine and Surgery, Department of the Navy, in cooperation with the Combat and Operational Stress Control, Manpower & Reserve Affairs, Headquarters Marine Corps, the Navy Operational Stress Control, Chief of Naval Personnel, Total Force N1, and the National Center for PTSD, Department of Veterans Affairs. The principal authors of the COSFA Field Operations Guide included William Nash, Richard Westphal, Patricia Watson and Brett Litz. We are grateful to the military units and bureau listed above for allowing the adaptation of their work to help our nation's first responders.

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The NFFF is developing additional support material for Initiative 13 beyond the scope of this manual. For more information about our behavioral health support programs, please visit the FLSI 13 section on our website at: www.lifesafetyinitiatives.com



Introduction and Overview

The stress encountered by fire-rescue personnel is influenced by a number of factors: the threats the job can present, the tragic losses which they routinely witness, the difficult decisions they have to make and the cumulative demands that emergency response places on them.

While these “big ticket” stressors often draw the most attention, when surveyed, issues like pay, supervision, interrupted sleep patterns and relationships with co-workers get top billing for their effects on work satisfaction. Added to these factors, personal issues arising from home and family stressors can result in fire-rescue personnel juggling many competing demands in a job where the stakes are high if mistakes are made. Most fire-rescue personnel must cope with these issues at different times, but when any combination of them weighs on the individual, stress reactions can result.

Stress First Aid (SFA) has been developed to help reduce the likelihood that these stress reactions will develop into more severe or long-term problems. SFA offers a flexible set of tools for addressing stress reactions in firefighters and Emergency Medical Services (EMS) personnel. It can be used to help co-workers, company officers, crew leaders and others offer assistance as a way to either prevent the progression of stress reactions, or bridge affected individuals to more formal treatment. Such treatment can be provided by a Behavioral Health Assistance Program (BHAP, formerly known as an EAP) or by other healthcare professionals.

In work settings, the individuals best positioned to be the **SFA providers** are co-workers, peer support personnel, company officers and others who have existing relationships with the affected individual. Friends and family members can also play an important role in the identification of firefighters and EMS personnel who may be at risk for a stress injury.

SFA is Designed to Reduce the Risk for Stress Reactions

- SFA is used to continuously monitor the stress of fire and rescue personnel.
- SFA is used to recognize quickly those individuals who are reacting to a wide range of stressors in their work and or personal life, and who are in need of interventions to promote healing.
- SFA offers a spectrum of one-on-one interventions to ensure safety, reduce the risk for more severe stress reactions and promote recovery.
- SFA monitors the progress of recovery to ensure a return to full function and well-being.
- SFA bridges individuals to higher levels of care as needed.

SFA is Guided by a Set of Core Principles

- Strong leadership and unit cohesion are potentially the most powerful forces for healing and recovery available to fire and EMS personnel.
- SFA promotes recovery from stress reactions by augmenting, restoring and leveraging leadership, peer support and unit cohesion; it never supplants or competes with them.
- SFA occurs in natural work contexts, wherever and whenever it is needed.
- SFA is individualized to meet the needs of each person in their context; there are no one-size-fits-all SFA solutions.
- SFA is never a one-shot intervention, but is instead an ongoing process of promoting recovery from stress reactions, monitoring progress and adjusting as needed over time.
- SFA requires a collaborative team effort to be most effective.

SFA is Based on a Stress Continuum Model

Adverse stress outcomes are based on changes in functioning in every dimension of a person’s life, including the biological, psychological, social and spiritual domains. Stress states clearly lie along a spectrum of severity and type—they are neither all normal, transient and self-limiting, nor are they all signs of chronic mental illness.

The Stress Continuum Model shown in Figure 1 was adapted from the model developed by

United States Marine Corps leaders as a tool for conceptualizing the spectrum of stress states. The Green Zone is the goal of most training and prevention activities. The Stress Zone in which the risk for failure of role performance and future mental disorders becomes significant is the Orange Zone. Once an individual goes beyond the normal daily stress reactions into the more significant Orange Zone responses, focused leader and peer support using SFA may reduce the later likelihood of needing more intensive clinical intervention (which usually takes place with Red Zone reactions).

Figure 1. Stress Continuum Model

| Ready (Green) | Reacting (Yellow) | Injured (Orange) | Ill (Red) |
|--|--|--|---|
| Definition | Definition | Definition | Definition |
| <ul style="list-style-type: none"> Optimal Functioning Adaptive Growth Wellness | <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk optimal | <ul style="list-style-type: none"> More severe and persistent stress or impairment Leaves a scar Higher risk | <ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment |
| Features | Features | Features | Features |
| <ul style="list-style-type: none"> At one’s best Well trained and prepared In control Physically, mentally, spiritually fit Mission focused Motivated Calm and steady Having fun Behaving ethically | <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun | <ul style="list-style-type: none"> Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame, or blame | <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment |
| | Causes | Causes | Types |
| | <ul style="list-style-type: none"> Any stressor | <ul style="list-style-type: none"> Life threat Loss Inner conflict Wear and tear | <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse |
| | | | |



The continuum has four stages: Ready (Green), Reacting (Yellow), Injured (Orange) and Ill (Red). It is important here to note that 100% of people will react when faced with stressful stimuli. However, the way in which they respond will depend on how prepared they are for the stressor event and how they, as individuals, interpret it. During the course of this response, a person's state can range relatively rapidly from Green to Yellow to Orange to Red and back again.

For many years, the ethos in our culture has been that after a difficult event, firefighters should be able to tough it out. This is still the case in many departments, where the stigma associated with reacting to stress or stress injury behaviors is still very real and emergency responders will try to conceal stress reactions from supervisors to avoid medical or psychological intervention.

However, it is usually not possible to keep these behaviors hidden for long from family members, colleagues and friends. When a co-worker recognizes that a fellow firefighter or EMT is in trouble, it is important to break the code of silence. Connecting this individual with the next level of help as soon as possible may help prevent his or her reaction from progressing into the Red Zone.

Yellow Zone Reactions vs. Orange Zone Injuries

Firefighters and EMS providers are regularly exposed to highly stressful situations. As a result, many emergency responders are experiencing elevated stress levels much of the time. Because they may more commonly be in the Yellow Zone rather than the Green Zone, it is important to clarify the difference between stress reactions and stress injuries.

Stress reactions are common and are a part of developing connectedness, competence and confidence as a result of facing life's challenges. Most people have sufficient resources and skills to recover from a stress reaction with limited outside intervention.

Stress injuries, on the other hand, can cause damage to the mind and brain that may result in functional impairment and typically require activation of additional resources to facilitate recovery and growth.

The concept of stress injuries is similar to a strained versus a broken ankle. When an ankle or tendon is strained, physical therapy and use are often prescribed. However, when there is an injury like a broken ankle, a cast and rest are needed.

Figure 2. Four sources of stress

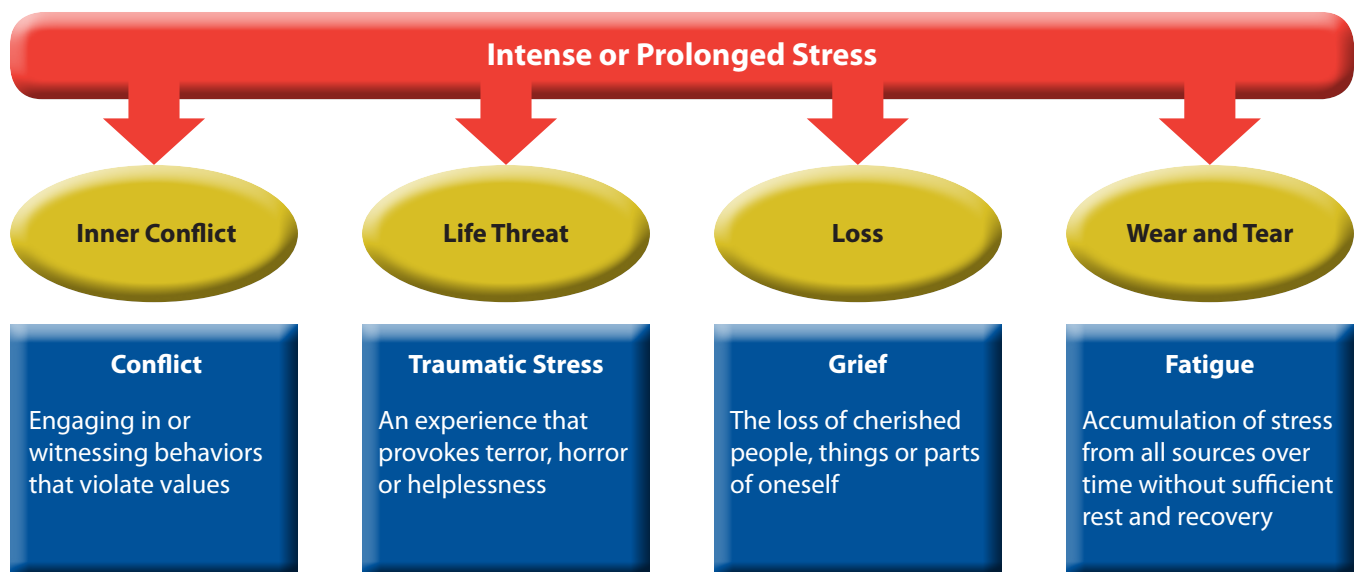




Figure 2 shows four classes of stressors that place individuals at risk for enduring stress reactions:

- Inner Conflict
- Life Threat
- Loss
- Wear and Tear

The first three are usually discrete events that can be experienced either singly or in combination. The last cause of stress reaction, wear and tear, is the accumulation of stressors from expected or normal life challenges, both large and small, over a long period of time. These four sources of stress often operate simultaneously and their effects are cumulative.

Signs of Stress Injuries

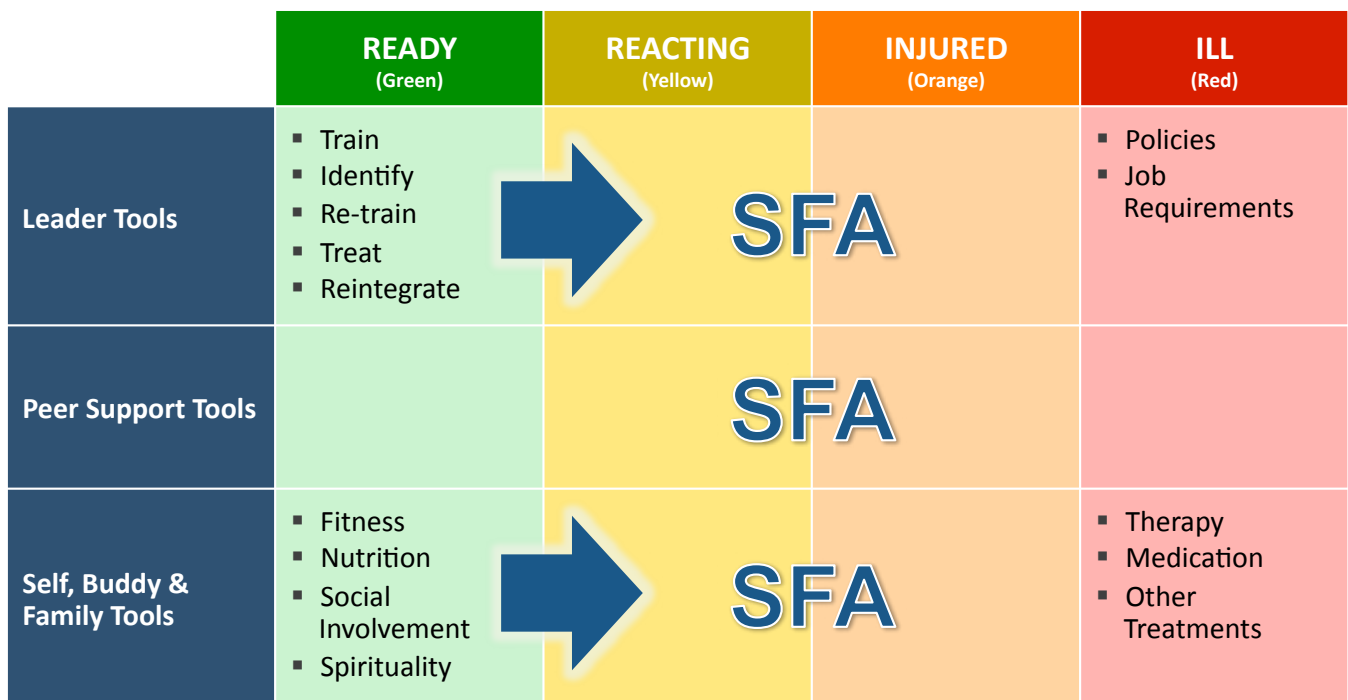
The experiences, behaviors, and symptoms that characterize stress injuries are similar, regardless of mechanism. They include:

- Not feeling in control of one’s body, emotions or thinking.
- Being frequently unable to fall or stay asleep.
- Waking up from recurrent or vivid nightmares.
- Feeling persistent, intense guilt or shame.
- Feeling unusually remorseless.
- Experiencing attacks of panic, anger or rage.
- Losing memory or the ability to think rationally.
- Being unable to enjoy usually pleasurable activities.
- Losing grounding in previously held moral values.
- Displaying a significant and persistent change in behavior or appearance.

Where SFA Fits in the Stress Continuum

SFA is a toolkit engineered to fill the care gap between training, stress management

Figure 3. Where SFA Fits into the Stress Continuum





and prevention at the left end of the Stress Continuum, and the clinical treatments available from healthcare providers on the right. SFA is a set of procedures for the management of Yellow and Orange Zone stress that can be applied by anyone, anywhere.

SFA Evidence Support

The Core Actions of SFA are derived from an exhaustive literature review conducted by Steven Hobfall, Ph.D. and colleagues in 2007. The five essential elements of immediate and mid-term intervention that are related to better recovery from stress are:

- 1. Promote a sense of safety.** Maintaining or re-establishing a sense of safety lowers the risk of stress injury. Safety can be relative and it is important to have a balanced view about the levels of danger in the world.
- 2. Promote calming.** Some anxiety is normal and healthy. However, extended arousal of heart rate, blood pressure and respiration is associated with disruption of sleep, lack of hydration, poor decision-making and long-term health problems.
- 3. Promote connectedness.** Social connectedness is one of the strongest protective factors against stress injury and is linked to emotional well-being and recovery following trauma.

- 4. Promote sense of self and collective efficacy.** People who believe that they have the skills to overcome threat can handle stressful events, solve their problems and show greater resiliency during and recovery after stressful times.
- 5. Promote a sense of hope.** Hope is the belief that things will work out in the best possible way.

SFA is a set of strategies that are designed to catch the early warning signs of severe stress reactions; evaluate needs; get assistance and support when needed; and assist fire and EMS personnel during and after significant adversity or exposure to a potentially traumatic event (PTE). It also promotes emotionally supportive actions in the workplace and provides follow-up over time. SFA providers help coach the individual to problem-solve and plan ways to repair and prevent stress reactions from moving forward. It also entails an emerging plan about leveraging resources to promote healing, wellness, connection and a return to fully effective functioning in the future.

SFA has Seven Core Actions

SFA consists of seven Core Actions: **Check**, **Coordinate**, **Cover**, **Calm**, **Connect**, **Competence** and **Confidence**. Figure 4 gives an overview of the seven actions and how they fit together. These Core Actions will be described in detail with examples of how each fits into the SFA approach to occupational stress.



Figure 4. Overview of the Seven Core Actions of SFA

| SFA FUNCTIONS | POSSIBLE ACTIONS |
|-------------------|---|
| Check | <ul style="list-style-type: none"> ▪ Assess current level of distress and functioning ▪ Assess immediate risks ▪ Assess need for additional SFA interventions or higher levels of care ▪ Reassess progress |
| Coordinate | <ul style="list-style-type: none"> ▪ Decide who else should be informed of the situation ▪ Refer for further evaluation or higher levels of care, if indicated ▪ Facilitate access to other needed care |
| Cover | <ul style="list-style-type: none"> ▪ Ensure immediate physical safety of stress-injured person and others ▪ Foster a psychological sense of safety and comfort ▪ Protect from additional stress (ensure respite) |
| Calm | <ul style="list-style-type: none"> ▪ Reduce physiological arousal (slow heart rate and breathing, relax) ▪ Reduce intensity of negative emotions such as fear or anger ▪ Listen empathically to individual talk about experiences ▪ Give information that calms |
| Connect | <ul style="list-style-type: none"> ▪ Encourage connection to primary support persons ▪ Help problem solve to remove obstacles to social support ▪ Foster positive crew and/or department social activities |
| Competence | <ul style="list-style-type: none"> ▪ Help mentor back to full functioning ▪ Facilitate rewarding work roles and retraining, if necessary ▪ Encourage gradual re-exposure to potentially stressful situations |
| Confidence | <ul style="list-style-type: none"> ▪ Mentor back to full confidence in self, leadership, mission and core values ▪ Foster the trust of crew and family members in the individual |



Check

The SFA Core Action Check involves paying attention to the functioning of fellow crew members and subordinates, and noting any persistent or significant changes in behavior that might indicate that they are experiencing Orange Zone stress. Check is essentially a screening mechanism to determine if stressed individuals are recovering from a stress injury on their own, need the other preventive interventions of SFA or should be moved on to higher levels of care. It is also used to assess the effectiveness of any SFA interventions and to ensure the affected individual's continual progress toward recovery.

Many departments already practice some form of Check on an informal basis. Within the context of SFA, Check is an on-going process performed continuously by both peers and company officers. When Check is fully integrated into the normal day-to-day procedures of a department, these skills are routinely practiced. Personnel are then better able to recognize each other's red flags and care for those experiencing stress reactions that may be a response to occupational stressors, the ups and downs of daily living or are experienced after exposure to a **potentially traumatic event** (PTE).

The **goals** of Check are to:

1. **Identify current level of stress.**
2. **Look for indicators of ability to function in role.**
3. **Determine needs for:**
 - **SFA actions.**
 - **Other physical, emotional, social or spiritual support.**
 - **Others who need to know.**
 - **Others who can help.**

What Is Check?

Figure 5 shows the major components of Check. The first and most critical task is to **observe**—to look and listen for verbal and non-verbal clues that the individual may be experiencing a stress reaction and need assistance. While observing, it is important to identify current and recent stressors and to note the course over time of any distress or changes in behavior.

In most cases, observing and tracking from a distance are not enough. If indications of a possible stress reaction are present, individuals must be examined for more information through direct one-on-one interactions, and indirectly through collateral sources. This information can then be used to determine what—if any—future interventions are required, based on the individual's current Stress Zone and an assessment of the level of danger to themselves and to others.

It might be helpful to think of Check as similar to the first step of Basic Life Support (BLS). When learning to perform CPR on manikin ResusciAnne, students are instructed to first check to determine whether or not she actually needs emergency life support. They ask "Annie, Annie, are you okay?" and shake her shoulders before beginning CPR. In simplest terms, Check is looking and listening for signs of an Orange Zone stress reaction before deciding whether or not to intervene in the situation, and what to do next.

Why Is It Needed? Emergency responders are regularly exposed to high levels of intense and prolonged stress. These stressors, either independently or compounded by those experienced in a responder's personal life and family relationships, can cause stress reactions and/or injury. Peers and company officers need to continually monitor crew members for stress reactions because:



- Responders who are impacted by stress may be the last to realize it.
- Stigma can be an obstacle to asking for help in some fire and EMS departments.
- Matching needs to available resources requires careful, ongoing assessment.
- Stress Zones and needs change over time.
- Risks from stress injuries may last a long time and appear normal for an individual.

Recognizing Who Needs Help

The first step of SFA is recognizing that a crew member might be experiencing an Orange Zone stress injury and may need help. There are three Orange Zone Indicators (signs that an individual is experiencing Orange Zone stress), all of which are important:

1. Recent Stressor Events: A department member was involved in a situation that has a high potential to cause stress injury. Examples include life threat (a close call or

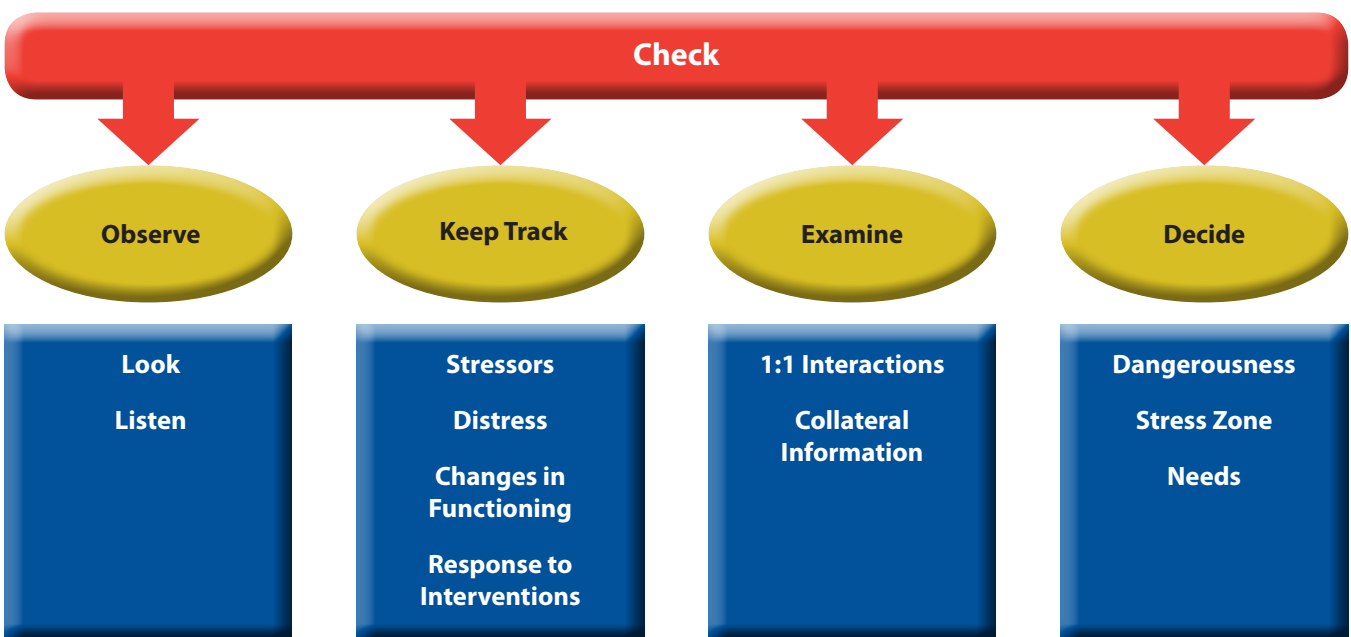
near miss), the loss of someone or something cherished (such as a divorce, a death, retirement or being passed over for promotion) or violations of the individual's moral code. Recent exposure to a PTE, such as responding to a multi-fatality fire or experiencing a line-of-duty death in the department, may be an important Orange Zone Indicator.

2. Distress: An individual is experiencing significant and persistently troubling feelings, such as fear, anger, anxiety, sadness, guilt or shame.

3. Changes in Functioning: The person is experiencing significant and persistent changes in physical, mental, social or spiritual functioning that seem to be outside of his or her control.

Monitoring for Orange Zone Indicators is an important skill to learn and practice. A company officer or peer may become aware of increased stress indicators in a crew member in different ways, such as when:

Figure 5. Components of the Check function of SFA





- A firefighter under severe stress demonstrates an abrupt change in behaviors.
- A department member confides that he or she is experiencing a significant increase in internal distress or alarming changes in his daily functioning.
- A co-worker or family member seeks assistance for a responder who is exhibiting stress reactions.

- The crew (or part of it) has been exposed to a multiple-fatality incident, a LODD or other PTE.

Figure 6 gives examples of Orange Zone indicators that might prompt the Check function of SFA.

Note that the key indicator of possible Orange Zone stress is *the individual’s response to events—in particular, a recent significant change in level of distress or personal functioning.*

Figure 6: Examples of indicators that might prompt the Check function of SFA

| Stress Indicators | Look For: | Listen For: |
|-------------------------------|---|--|
| Current Stressors | <ul style="list-style-type: none"> ▪ A close brush with death while on an call or during training ▪ The loss of one or more friends, peers or leaders by death or serious injury ▪ Events in which an individual’s actions or a failure to act may violate deeply held beliefs or moral values ▪ Yellow Zone stress reactions that continue day after day for many months | <ul style="list-style-type: none"> ▪ “I almost got killed in a motorcycle crash yesterday.” ▪ “My son has a serious illness.” ▪ “My mom just died.” ▪ “My husband just lost his job.” ▪ “I can’t believe my wife cheated on me!” ▪ “My husband left me, taking the kids and all our stuff.” ▪ “I just found out I have heart disease.” ▪ “The child who died in the fire reminded me of my child.” |
| Level of Distress | <ul style="list-style-type: none"> ▪ Pacing or persistent agitation ▪ Uncharacteristic outbursts of anger, anxiety, or fear ▪ Uncharacteristic fighting, alcohol abuse or misconduct ▪ Persistent sadness or absence of normal emotions ▪ Loss of interest in work, hobbies or socializing ▪ Withdrawal from interactions with others | <ul style="list-style-type: none"> ▪ “I can’t stop seeing the same scene replayed over and over again in my mind.” ▪ “I keep waking up from the same nightmare.” ▪ “I don’t have any energy anymore.” ▪ “It was entirely my fault.” ▪ “I don’t trust anyone in this department.” |
| Changes in Functioning | <ul style="list-style-type: none"> ▪ Significant and persistent changes in personality ▪ Uncharacteristic poor hygiene or grooming ▪ Sudden drop in job performance ▪ Persistent forgetfulness ▪ Uncharacteristic loss of control of emotions | <ul style="list-style-type: none"> ▪ “I can’t slow down my heart rate.” ▪ “I haven’t slept well in weeks.” ▪ “My appetite is gone, and I have lost a lot of weight.” ▪ “I am afraid I might lose it and hurt someone.” ▪ “I’m drinking more than usual.” |
| | | |



Talking About Stress Reactions

In most cases, acquiring the information needed to make an accurate assessment will require discussing the situation with the individual. The **OSCAR** communication technique can be a useful—and easy to remember—tool for talking to someone about stress reactions:

Observe: actively observe behaviors; look for patterns.

State Observations: focus attention to the behavior; state just the facts without interpretations or judgments.

Clarify Role: state why you are concerned about the behavior, and validate why you are addressing the issue.

Ask Why: seek clarification; try to understand the other person's perception of their own behavior.

Respond: clarify why you are concerned, and discuss desired behaviors; state options in behavioral terms.

The OSCAR technique can be used to survey the individual for Orange Zone Indicators, and to gather information to answer the following questions:

- Which Stress Zone is the individual currently in and why?

- Would he or she benefit from any of the secondary SFA actions to restore calm; create social connections; build personal competence; or enhance self-confidence?
- Is referral for further medical or behavioral health evaluation warranted?

Checking Collateral Sources of Information

During the Check process it may also be helpful or necessary to discuss the situation with co-workers and/or family members, using the OSCAR technique. Again, look and listen for clues about the three Orange Zone Indicators:

1. Current and recent stressors
2. Indications of internal distress
3. Evidence of loss of previous functional capacity or changes in functioning

Information received from these collateral sources will either support or conflict with the information that was gathered from the individual. Either way, it will probably be useful in the process of making accurate assessments and sound intervention decisions.

Re-Checking

It is important to remember that Check is never a one-time effort. Even if an individual seems to be coping well, the initial indicator that prompted Check might increase the risk of developing Orange Zone stress in the future. In fact, any SFA action must be followed up over time (Re-Check).

Example

“I try to get to know each of my guys individually, so I know their baselines and what could potentially be a red flag. Instead of sitting on the couch and watching television, I go out and catch a football and talk. That helped when one of my crew members had a pregnant wife and we responded to a stillborn birth. After that call I took a little extra time to sit and talk with him, to make sure that he was okay.”



Coordinate

The second action of SFA is Coordinate, which always flows from the Check function. There are two broad **goals** for Coordinate:

1. **To inform those who need to know.**
2. **To obtain other sources of needed help or care.**

What Is Coordinate?

Figure 7 shows the major components of the Coordinate function of SFA. There are three actions that may follow, depending upon the information gathered during Check:

1. **Collaborate** means forming a partnership with the affected individual, to expand resources and options that may have been depleted by the stress. This action is about getting the person to the next level of support, which could be a mentor, trusted co-worker, trained peer support member, BHAP resources, etc. Who is brought in to collaborate is dependent upon the situation and existing relationship with the individual (such as boss/subordinate, peer counselor/firefighter or fellow crew members).

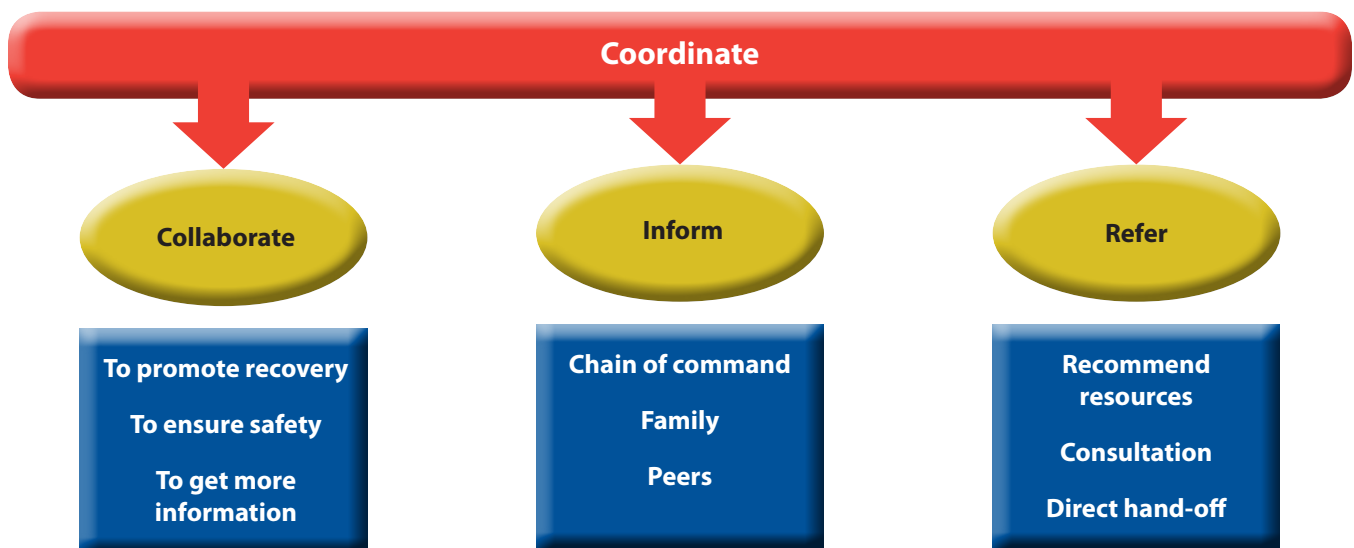
2. **Inform** implies actively engaging key individuals who have a need to know, have the ability to help within the organization or are able to offer emotional support. This action is most effective when it is done in collaboration with the affected individual.
3. **Refer** is to bridge the individual to a higher level of care when indicated. It is critical that SFA providers understand boundaries and the limits of their capabilities. When department members are suffering stress injuries beyond the scope of trained peers and other SFA providers, they need to be connected with appropriate organizational supports and resources.

Coordinate with Other Sources of Care and Support

SFA providers may need to refer a crew member to a higher level of care and to determine what source of care would be the best fit. In making these decisions, the following factors should be considered:

- How confident is the SFA provider in the assessment?
- How solid is the SFA provider's relationship with the individual?

Figure 7. Components of the Coordinate function of SFA





- Would this individual benefit from a form of care other than SFA?
- Are there other resources available, such as BHAP providers or outside counselors?
- How has the individual's level of stress changed over time? Is it improving, staying the same or getting worse?

When in doubt, getting another opinion is often helpful. Although questions may still remain

unanswered, in most cases, getting input from others is the right thing to do.

Coordination with other sources of care and support does not end with a referral or request for help. In cases where an individual is connected with other sources of care, follow up (Re-Check) is important to make sure he or she is getting the needed support and appropriate resources.

Example

“We had an irritable, difficult crew member who wouldn't open up to anyone, but we knew a good friend of his and let this friend know that we had some concerns. He took the crew member out fishing and made more time to do things with him. We stayed in touch with his friend to make sure the crew member was doing okay.”

Example

“A firefighter noticed her captain's over-the-top anger and excessive drinking and told a peer support team member about her concerns. The peer was able to find someone who knew the officer and asked him to connect. The friend told the captain that his crew was worried, and that he would have to do something about the problem. He ended up coming into the department's counseling unit.”

Example

“A spouse called the peer support team and reported that her husband was addicted to a painkiller. A peer team member found the crew member that was closest to the firefighter and together they conducted an intervention to get him into the counseling unit.”



Cover

During operations, every member of the fire department is accountable for their own safety, and for that of their fellow crew members. The SFA action of Cover is a natural extension of this concept, and specifically refers to actions that reduce any threats to safety that may result from an individual's reactions to stress. The **goals** of Cover are to:

1. **Ensure the immediate physical safety of the stress injured person and others.**
2. **Foster a sense of psychological safety and comfort.**
3. **Protect from additional stress.**

Cover is used only as needed, when an individual's stress reactions are either impacting safety or the perception of safety. Figure 8 shows the major components of Cover. Its key components are **stand by** ready to help as needed; **make safe** the environment for the individual and co-workers if in imminent danger; and **encourage the perception** of safety that results from both reduced danger and greater quiet and order.

Cover and the following SFA action Calm are analogous in some ways to BLS (CPR). They are used only rarely, life-saving when needed and can prevent further harm from occurring until other forms of help can be obtained.

When Is Cover Needed?

Cover is needed when there is a threat to the safety or perceived safety of one or more people. These situations fall into three categories:

1. The stressed person is in danger

- He or she is in an immediate life-threat situation; has reduced situational awareness; is not thinking clearly or is not making good decisions because of stress.
- He or she has frozen or panicked in a life-threat situation.
- He or she is impacted by a stressor in such a way that impairs current functioning.
- The individual has expressed serious thoughts of suicide.*

2. Others are in danger from this person

Due to stress, the person is behaving in a way that impacts the safety of others, for example:

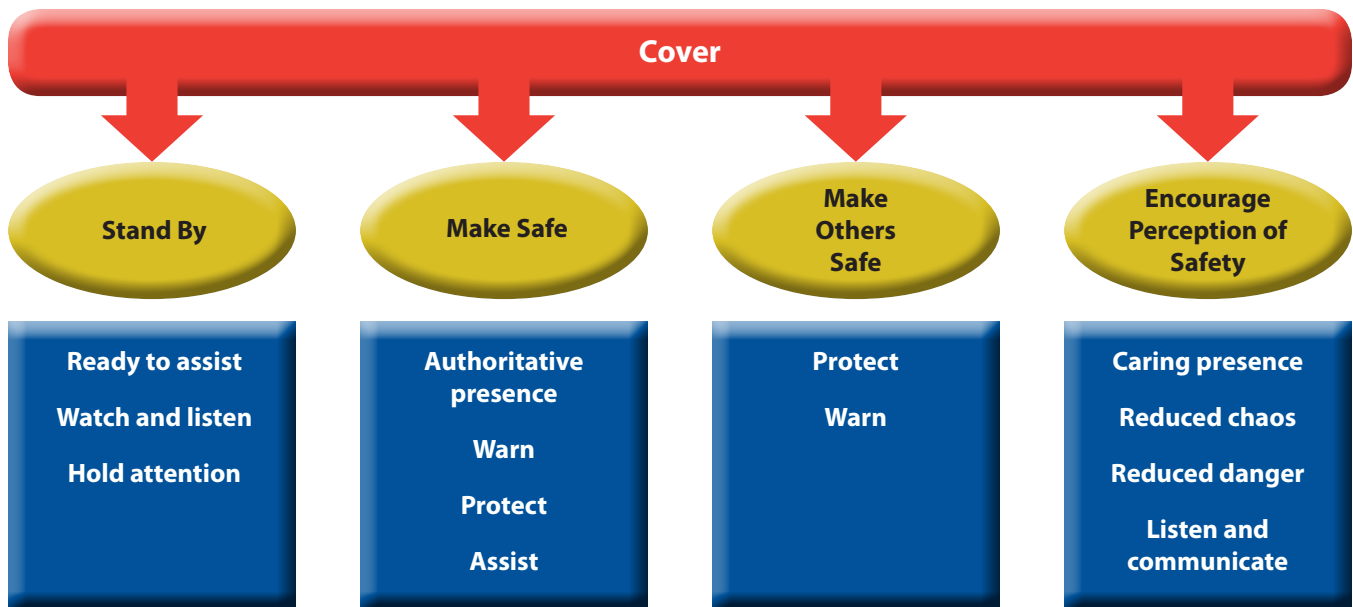
- While working an accident scene, a preoccupied crew member does not remind co-workers of traffic hazards.
- A driver freezes or panics while driving an apparatus with three firefighters aboard.
- A previously traumatized crew member overreacts due to fear of repeating a traumatic event, such as a fire officer unnecessarily or prematurely pulling crews out of a burning building, reducing the crew's ability to save trapped civilians.
- A firefighter threatens others.

3. The stressed person has a perception of danger

- A firefighter and/or family members have a perception of danger after a line-of-duty injury or death of a co-worker.

***A threat of suicide must always be taken seriously. It is not your responsibility to decide if the threat is real. Persons who are threatening suicide must be taken to an Emergency Room or to a behavioral health professional for assessment.**

Figure 8. Components of the Cover function of SFA



How Does Cover Work?

Within the Cover action, SFA providers promote safety and perceptions of safety by:

- Making decisions on behalf of someone who is not thinking clearly.
- Taking action on behalf of someone who is not behaving in a safe manner.
- Providing authoritative presence to remove the person from danger.
- Warning and protecting others who may not be aware of a danger.
- Creating an environment of safety to promote recovery.

How Is Cover Implemented?

Any action that quickly increases the safety of those in danger can be considered a Cover procedure. There are an almost limitless number and variety of non-verbal and verbal options. In fact, most Cover procedures are intuitive and are often what people would do instinctively when faced with a dangerous situation.

When choosing a Cover action, the most important priorities are to: (1) **ensure safety quickly**, and (2) **take no more autonomy away from others than is necessary for safety**. In other words, intrude on others as little as possible and for as short a period of time as possible.

The following suggestions are possible Cover procedures, arranged from least to most intrusive.

Non-verbal Cover procedures for enforcing immediate safety:

- Make eye contact.
- Hold up your own hands in a “stop” gesture.
- Apply reassuring pressure on the shoulder or arm with one hand.
- Shake or nudge the person to get their attention.
- Pull or drag the person to safety.
- If necessary, take physical control of the person’s body in any way possible.



Verbal Cover procedures for ensuring immediate safety:

- Ask “Are you okay?”
- Ask “Do you need help?”
- Give directions, telling them what to do.
- Take responsibility and suggest an alternate, safer course of action.
- Yell a warning to the person about impending danger.
- Forcefully command the person to stop.

Ways to enforce an environment of safety and perception of safety:

- Perform an After Action Review (AAR), highlighting lessons learned and problem-solving.
- Give indicated time off for those needing a break.

- Mentor individuals who have experienced negative impacts regarding concerns about their own safety or the safety of others due to their stress reactions.
- Train personnel on situational awareness and decision-making under stress.
- Enhance both individual and organizational accountability for safety by empowering crew members to monitor situational awareness and stop unsafe behaviors.
- Partner up crew members.
- Directly address all department members’ concerns for safety after a line-of-duty injury or death.
- Support and educate families who are concerned about their loved ones after the line-of-duty injury or death of a department member.

What Are Potential Obstacles to Cover and How Are They Overcome?

Because the Cover function of SFA is often used in difficult and stressful situations, it may be useful to consider in advance obstacles to its use and ways to mobilize resources to overcome them. (Figure 9)

Figure 9. Potential Obstacles to Cover and How to Overcome Them

| Potential Obstacles to Cover | Mobilize Resources to Overcome Them |
|--|---|
| ▪ You are not thinking clearly or behaving safely | ▪ Get help |
| ▪ You are occupied keeping yourself safe | ▪ Get yourself safe first, then attend to others |
| ▪ You cannot acquire or hold the person’s attention and trust | ▪ Involve other leaders, trained peers or family members |
| ▪ The person remains anxious even after being removed to safety and mentored about realistic ongoing and future risk | ▪ Consider peer support or Behavioral Health Assistance Program (BHAP) involvement |
| ▪ The person’s family is concerned about their safety after a line-of-duty death | <ul style="list-style-type: none"> ▪ Find ways to involve peer support or family support teams to reassure family ▪ Include this topic in an After Action Review ▪ Mentor the firefighter or EMT in ways to deal with their family member’s concerns |



Example

“After a line-of-duty death, my crew members were telling me that they couldn’t go home to their families and say ‘my job is safe.’ They felt more vulnerable, and were being pressured to quit by family members. So we had a family meeting where we brought in firefighters from a department which had previously had a LODD. They talked to our families about how they had gotten through the situation. It helped our families to feel like they could get through it, and our crew members felt less pressure.”

Example

“During a flood in our town, many firefighters were torn between showing up for work and wanting to help their families if their own homes were flooded. The chief let family members know upfront that if the flooding in the community was not too bad, the firefighter could stay home. The fire department also provided physical help to firefighters whose homes were flooded, connected them with others whose houses had flooded before and who knew how to deal with insurance issues.”



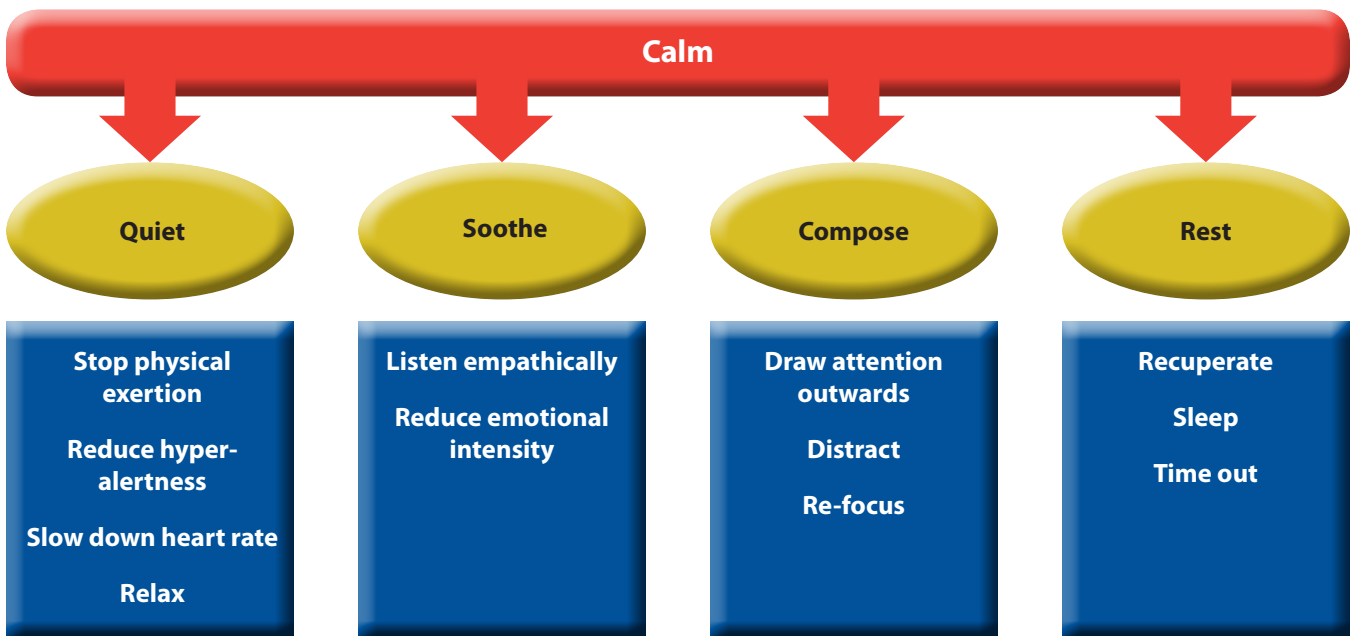
Calm

What Is Calm?

The SFA action of Calm works by slowing down and reducing stress reactions in both the body and mind. This promotes the recovery of normal mental and physical functioning, suppresses excessive physiological arousal and the production of stress biochemicals. Actions that promote Calm **quiet** the body by slowing down or stopping major muscular activity and

reducing heart rate and level of alertness. They **soothe** intense and distressing emotions such as fear, anger, guilt or shame. Calm actions help **compose** scattered mental focus by redirecting attention outwardly, away from anxiety and internal states of distress. And finally, Calm may be achieved by providing **rest** to help promote recovery and healing. Figure 10 shows the major components of Calm.

Figure 10. Components of the Calm function of SFA



When Is Calm Needed?

Calm is needed when intense stress has interfered with an individual's ability to reduce his or her physiological activity level or emotional intensity. Typically, there are three categories of situations that require Calm:

- When physiological arousal level remains too high, as demonstrated by:
 - Loss of physical control.
 - Excessive motor activity.
 - Hyperactivity or hypervigilance.
- When cognitive functioning is disorganized, one or more of the following is usually noted:
 - Rapid, pressured speech (talking too fast).
 - Reduced situational awareness and decision-making capacity.
 - Flight of ideas (thoughts flit from one topic to another).
 - Not responding appropriately to commands or questions.
 - Freezing in place.



3. When negative emotions are out of control, as characterized by:

- Poorly controlled fear, anxiety or panic.
- Poorly controlled depression or anger.
- Intense guilt or shame.

How Does Calm Work?

The Calm function of SFA depends on the interconnectedness of the mind, brain and body in order to work. It promotes recovery and healing through by:

- Reducing muscular activity.
- Reducing mental and emotional effort.
- Slowing heart rate.
- Reducing levels of stress chemicals in the blood and brain.
- Decreasing the intensity of negative emotions like fear and anger.
- Increasing positive emotions like a sense of safety and trust.
- Increasing the capacity of the individual for self-control.
- Restoring mental clarity and focus.

How Is Calm Implemented?

Like Cover, Calm is performed as needed through a wide range of non-verbal or verbal procedures. Its application should always be tailored for the specific situation and person being assisted. Here are some ways to immediately calm an individual who is experiencing intense stress that is interfering with functioning:

Non-verbal procedures for inducing immediate Calm

- Establish a confident, calm, authoritative physical presence.
- Make eye contact.
- Stay with the person.

- Do not show fear, anger, impatience or disgust.
- Provide reassuring physical touch, if appropriate and not threatening.

Verbal procedures for inducing immediate Calm

- Use repetitive, soothing phrases, such as “Easy now...” or “It’s okay...”
- Reassure of current safety and support “I’m here with you...” or “You’re safe now...”
- Provide encouragement “You can do it...” or “There you go...”
- Give a calming directive, such as “Slow down.” or “Try to relax.”
- Get the individual’s attention by saying “Look at me!” or “Listen to my voice!”

Longer-term procedures for inducing Calm

- Reduce chaos on the scene.
- Get the individual to focus on your directions by asking to be briefed on what is happening.
- Give clear information on what is happening and specific instructions on what to do next.
- Take charge, but elicit and accept feedback from the stressed individual.
- Distract the person by having them focus on your questions or directions or encourage them to think about something else.
- Stay focused on yourself and your own stress level to avoid escalating a sense of chaos and anxiety.
- Coach the person in slow-breathing.

Calm procedures for use with angry individuals

- Distract: ask for help with a task or suggest taking a break, such as walking away to calm down, or doing something else for a while. State clearly that you or someone else will be available when he or she returns.



- **Defuse:** ask the individual to look at the situation in a different way, see it from another's viewpoint or suggest that they talk to a friend or loved one
- **Distance:** separate those who are angry at each other, or keep them otherwise engaged.
- **Deter:** when feeling uncomfortable or threatened, don't be afraid to ask for assistance.

Calm procedures for those who are bereaved

When a fellow crew member has experienced a loss of any kind, either on or off the job:

- It is often best to say nothing. It's all about providing a supportive presence. Stay present, stay quiet and listen.
- Don't try to make a bereaved individual feel better because there is no better way to feel at the moment. Just be there.
- When a person does want to talk with you about the loss, don't feel compelled to talk. There are no "magic words." Listen and be supportive in the most appropriate way.
- Check in to connect and assess progress periodically over the following week and months.

Ways to influence longer-term Calm

- Listen carefully to distressing thoughts, feelings and memories.
- Ask what you can do in the moment to help, or what he or she thinks would help.
- Provide information about mission, skills or strategies that serves to make the individual feel more informed and in control.
- Conduct an AAR that focuses on lessons learned and brainstorm solutions to deal with similar problems in the future.
- Maintain a culture of learning from all missions, rather than judging or punishing for mistakes made.
- Discourage and stop rumors.
- Let crew members know that you have seen numerous similar stress reactions in the past.
- Engage others who have been through similar situations to act as mentors.
- Make informal and formal peer support an accepted part of the culture.

What Are Potential Obstacles to Calm and How Are They Overcome?

Like Cover, Calm actions are most often put to use in already stressful situations. It can be helpful to identify specific obstacles to its implementation in advance and to consider ways to mobilize resources to overcome them. (Figure 11)



Figure 11. Potential obstacles to Calm, and how to overcome them

| Potential Obstacles to Calm | Mobilize Resources to Overcome Them |
|---|---|
| <ul style="list-style-type: none"> You are not yet calm yourself | <ul style="list-style-type: none"> Use calming techniques on yourself, which will allow you to model strategies for achieving calm |
| <ul style="list-style-type: none"> You are too distracted or busy to attend to the person in need | <ul style="list-style-type: none"> Get help |
| <ul style="list-style-type: none"> You are surrounded by too much noise and chaos | <ul style="list-style-type: none"> Get to a safer, quieter place if possible |
| <ul style="list-style-type: none"> Another person is increasing the individual's stress with their loud and frantic behavior | <ul style="list-style-type: none"> Direct others away from the stressed person if they are not helping |
| <ul style="list-style-type: none"> You cannot acquire and hold the person's trust or attention | <ul style="list-style-type: none"> Engage and involve others |
| <ul style="list-style-type: none"> The person fails to calm down after using all available non-verbal and verbal techniques | <ul style="list-style-type: none"> Consider peer support and/or BHAP involvement |
| | |

Example

“The members of our company were concerned because we saw a fellow firefighter arrive in a poor emotional state. When asked, the firefighter reported that he was being physically and verbally abused by his spouse. We called a member of the peer support team, who spoke with the firefighter and convinced him and his wife to participate in both individual and marriage counseling. The peer team member was careful to keep the member’s confidentiality in place, but he was able to tell us that the situation was under control.”

Example

“After a line-of-duty death, we made sure that the memorial activities were voluntary, and that unit members knew what to do if memorial activities were distressing (i.e., that it was okay to listen to an iPod during the ceremony if testimonials were triggering distressing thoughts). We also decided to make the memorial a scholarship fund rather than a statue or plaque that would be a constant visual reminder of the death.”

Example

“When our company responded to an infant’s death due to shaken baby syndrome, the department gave our crew the opportunity to either go back to full-duty right away or take a time out. When we all showed up for our next shift, the department sent peer support team members to spend time with us. The peers talked with all of us, and asked us what we needed.”



Connect

What Is Connect?

After an intensely stressful event or time in their lives, people need to connect with those they trust to feel safe; talk about their experiences and perceptions; affirm their personal worth; and restore understanding and predictability in their lives. Connect works directly and indirectly to meet all of those needs.

Connect facilitates three types of social support:

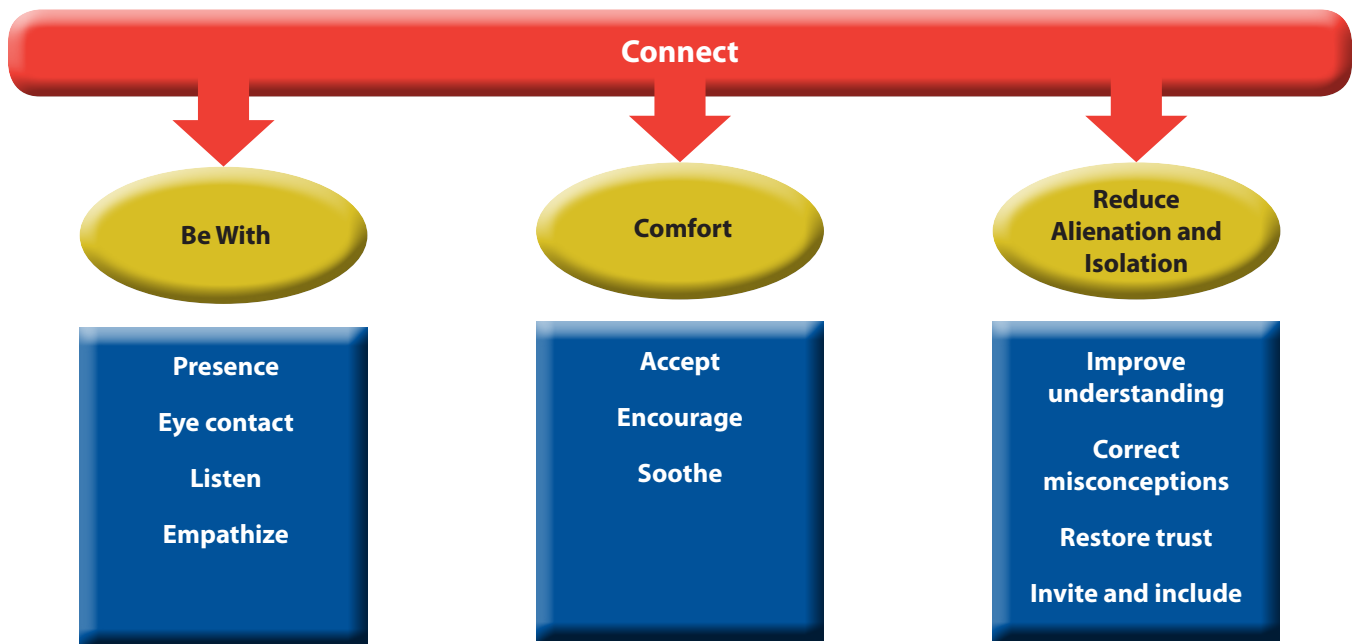
- **Instrumental support:** providing material aid, such as help with daily tasks. Many fire and rescue personnel prefer this type of support to emotional support during difficult times.
- **Informational support:** providing relevant advice or guidance to help the individual cope with current difficulties.
- **Emotional support:** expressing empathy, caring and reassurance, and providing opportunities for venting and expressing emotions.

If fire departments and families always functioned perfectly, there would never be a

need for the SFA Connect function. However, few people and organizations are able to function at optimal, or even adequate, levels during difficult times. Stress can create friction at work and within families, and can generate persistent feelings of alienation and loss of trust. The purpose of Connect is to identify challenges to social support, and attempt to correct them.

Figure 12 shows the three components of Connect. Although all overlap to some degree, each of these areas is a separate domain of social support, and should be considered in every case. The most basic component of Connect is to **be with** the person by maintaining a steady presence and eye contact, and by listening and/or empathizing. When needed Connect also entails providing **comfort** to the person, if needed, by encouraging or soothing him or her, or by accepting what he or she is going through. Connect also includes procedures to **reduce the alienation and isolation** that can result from severe stress. This might be accomplished by working with other department members to improve their understanding of the individual's circumstances, correct misperceptions and restore trust in the individual.



**Figure 12. Components of the Connect function of SFA**

When Is Connect Needed?

Connect is closely related to the state of mutual trust, respect and communication that normally exists within fire service organizations. Severely stressed members usually withdraw from those around them, and may lose some of the trust and camaraderie they previously enjoyed. Stressed leaders may also be less effective at promoting trust and communication within their team.

Connect should be used whenever there is a relative loss of connectedness within an organization or crew, or an individual becomes socially isolated or alienated. Examples of when to use Connect may be when a crew member:

- No longer seems like his or her usual self, and appears uncomfortable around others.
- Seems ashamed of his or her stress reaction.
- Feels others in the unit have lost trust in him or her.
- Cannot stop thinking about the vivid details of a recent experience, but is afraid to talk with other crew members about it.

- Appears emotionally numb and detached, and not interested in interacting with peers as in the past.
- Feels that talking with others in the department will trigger painful memories about mutually experienced events.
- Can't stop feeling angry, so avoids being around others.
- Blames leaders or co-workers for a troubling event.
- Is blamed by other members of the unit for a troubling event.
- Feels exhausted and overwhelmed.
- Doesn't have sufficient energy to socialize with others.

How Does Connect Work?

Connect works by reducing an individual's isolation and alienation. Within the organization, it promotes:

- A common identity through shared experiences and values.
- Common experiences through sharing of perceptions, thoughts and feelings.



- Common understanding and meaning of events.
- Shared responsibility.
- Shared suffering.
- Reduced feelings of guilt, shame or blame.
- Greater forgiveness.
- Shared hope about the future.

How Is Connect Implemented?

As summarized in Figure 13, the Connect function of SFA progresses through the three general steps of:

1. Assessing resources for social support.
2. Assessing obstacles to social support.
3. Intervening to remove those obstacles.

Figure 13. Steps to perform the Connect function of SFA

| Steps | Why Do It? | How to Implement It |
|---|---|---|
| 1. Assess social resources | To identify the best possible sources of social support for an individual | <ul style="list-style-type: none"> ▪ Identify who in the department is most trusted by the individual ▪ Identify someone from inside or outside the department who has been through a similar situation and could act as a mentor ▪ Identify most trusted family or friends outside the department |
| 2. Assess obstacles to social support | To understand why an individual is not using all available social resources | <ul style="list-style-type: none"> ▪ Ask how he or she perceives current levels of social involvement and connectedness ▪ Ask if he or she is satisfied with current levels of social support ▪ Find out what has changed in the individual that has led to isolation or alienation ▪ Observe the individual interacting with others looking for patterns of poor communication, respect or trust ▪ Ask unit members for their perceptions of an isolating individual |
| 3. Intervene to remove obstacles to social support | To overcome obstacles in the individual or in others in order to foster better social connectedness | <ul style="list-style-type: none"> ▪ Consistently show concern and caring ▪ Build teamwork ▪ Be a good mentor or role model ▪ Listen non-judgmentally, especially to experiences of loss, trauma or moral injury ▪ Encourage and/or lead formal or informal social activities ▪ Encourage the isolated individual to seek out greater social connectedness ▪ Provide a model for social connectedness ▪ Describe to the isolated individual the specific isolating behaviors you witnessed ▪ Look for and confront distorted perceptions and conceptions in the individual that might interfere with two-way trust and respect ▪ Reassure the individual and confront and try to neutralize blame, guilt and shame ▪ If specific problems are identified that are interfering with social connectedness, encourage active problem-solving ▪ Lead After Action Reviews in order to promote common perceptions and understanding ▪ Reduce conflict, blaming, scapegoating and rumors in the department ▪ Honor the fallen |



For individuals who lack sufficient trust or motivation to work on improving connectedness with others, consider activating the peer support team or Behavioral Health Assistance Program (BHAP), if available.

Connect: Leader Actions

Chief officers and company officers play a critical role in developing and maintaining social cohesion in most fire service organizations, particularly after exposure to a PTE. Leaders can support the SFA Connect function through the following actions:

- Lead AARs after all significant events.
- Encourage discussion about the event.
- Show caring and concern consistently.
- Reassure and support individuals experiencing stress reactions.
- Be a good mentor or role model.
- Reduce conflict, blaming and rumors.
- Build teamwork.
- Honor the fallen.

Shame and guilt can be difficult obstacles to overcome in trying to connect with a stress injured person. The support of mentors and leaders is especially important in these situations because they can tell the stress-injured person that he or she did a good job and didn't let anyone down. Leaders can also increase contributory, meaningful or interactive activities for the stress-injured person or unit, and reduce inter-organizational conflict, blame and rumors. For example, a company officer or a trusted peer can tell a stress-injured firefighter "I saw you in action and you did not fail."

After a line-of-duty death or injury, finding ways to honor those lost or injured can also help other members of the department to make sense of the loss and to re-engage with each other.

Leaders also implement Connect by identifying existing resources that can facilitate healing and recovery, mobilizing these resources

and assessing their effectiveness. It may also mean mentoring or teaching others to provide support. Leaders must also realize that if the stressed individual moves from the Orange Zone to the Red Zone, a higher level of care is usually indicated.

What Are Potential Obstacles To Connect and How Are They Overcome?

The Connect action can be difficult to implement in certain situations. Figure 14 lists a few possible obstacles and ways to mobilize resources to overcome them.





Figure 14. Potential obstacles to Connect, and how to overcome them

| Potential Obstacles to Connect | Mobilize Resources to Overcome Them |
|--|--|
| You are too distracted or busy to attend to the person in need | <ul style="list-style-type: none"> Engage peers or Behavioral Health Assistance Program (BHAP) to help the person in need Connect the stress-injured person with supportive family, friends and others |
| You cannot gain the trust and confidence of the person in need | <ul style="list-style-type: none"> Recruit peer support team members or BHAP to assist |
| A crew member has recently lost one or more of his/her close friends | <ul style="list-style-type: none"> Encourage the communalizing of grief Encourage peers to engage with the grieving person |
| The person in need has been ostracized by others in the unit | <ul style="list-style-type: none"> Temporarily separate the person from negative influences Address possible scapegoating |
| You have negative feelings toward the person in need | <ul style="list-style-type: none"> Talk to someone you trust about your feelings toward this person Ask someone else to provide SFA aid to that person |
| | |

Example

“A firefighter had been involved in a particularly troubling incident and was drinking all the time. It was hard to get him to talk to us. He had a kitchen remodeling project underway, so I went over and hung out in his home and helped him. While we worked on it, he opened up and I was able to get him some help.”

Example

“A captain’s son, who was also a firefighter at another station, was severely burned. The peer support unit was able to arrange a relief-from-duty for the captain so she could spend time with her son until he was out of the hospital.”

Example

“When the spouse of a firefighter with two young children was diagnosed with breast cancer, the peer support team worked with the department to arrange for child care, and get the firefighter paid time off (using future vacation, sick leave and donated time). They gave the firefighter three weeks off to take care of his family, and followed up with him six and twelve months later. At the last follow-up, the peer team coordinator asked the firefighter if he would be willing in the future to provide peer support to someone in a similar situation.”



Competence

What Is Competence?

Stress can deplete an individual’s ability to function and perform in all important life roles including occupational, personal and social domains. The SFA action of Competence focuses on enhancing and restoring these previous capabilities or facilitating the cultivation of new skills.

Competence should be applied in situations in which:

1. A specific lack of competence is contributing to stress in the individual.

Firefighters and EMS personnel who have less experience or lower levels of training often experience higher levels of stress. Leaders can support less-experienced personnel by fostering a culture where ongoing mentoring and training continuously improve competence and reduce the stress that accompanies a perceived skill deficit. Shame and blame after difficult calls and PTEs are reduced when fire department leaders create an environment in which all events are learning opportunities.

2. Intense stress has contributed to the loss of previous mental, emotional or physical capabilities.

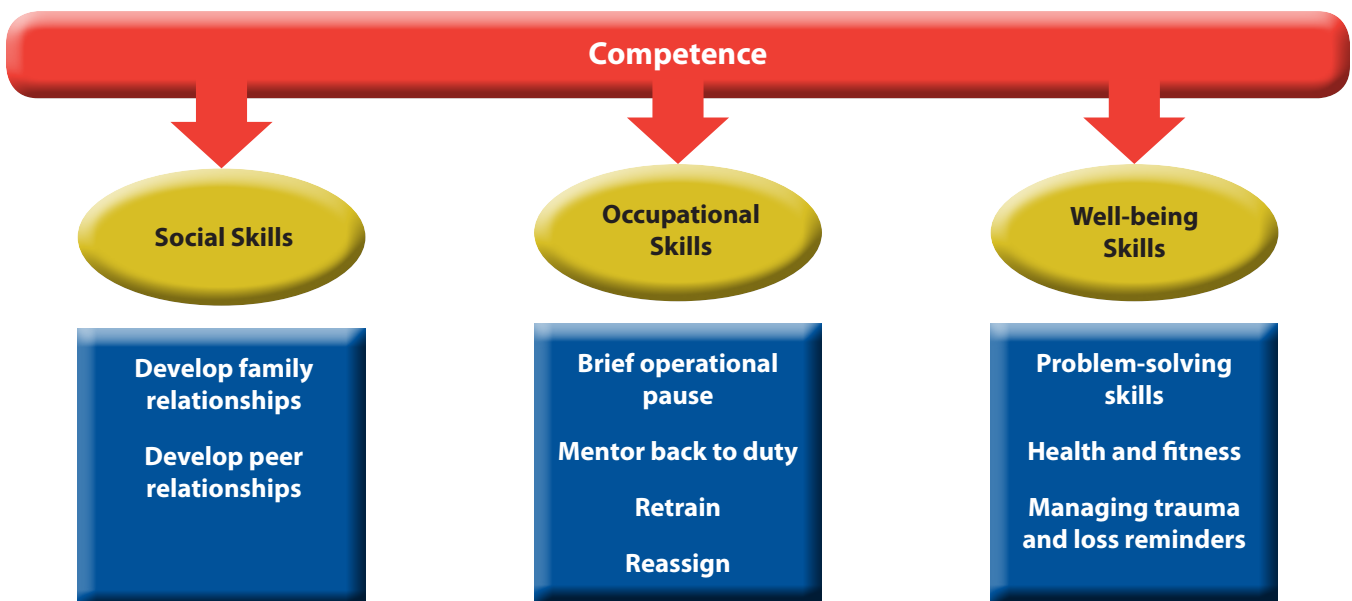
A severe life threat (such as a near miss, close call or exposure to a PTE) or loss injury may cause a brief period of significant mental confusion. This might also be followed by a longer period of slightly decreased ability to think clearly and sharply, or to control intense emotions.

3. Intense stress has created the need to develop new skills.

Intense stress often presents new and significant challenges to an individual’s capacity to cope and adapt, such as dealing with reminders of experiences of life threat or loss. The intensity of Orange Zone experiences can also require the development of new communication skills in order to maintain supportive connections with others during hard times.

Figure 15 depicts the three components of Competence. Individuals suffering the severe stress of life-threat trauma, loss, inner conflict

Figure 15. Components of the Competence function of SFA





and fatigue also experience a loss in their sources of resilience and the good feelings that stem from competence in their work and personal roles. The Competence function encourages and supports the reestablishment of important **social skills**, **occupational skills** and **well-being skills**, and to mentor individuals to learn new ways to manage their stress reactions.

When Is Competence Needed?

The need for Competence is signaled by:

1. Indications that an individual does not have the experience or skill level to address the demands of the position.
2. Temporary or persistent loss of previous skills or abilities due to Orange Zone stress.
3. An inability to cope with newly emerging life challenges due to symptoms of Orange Zone distress.

The following are examples of each category of the need for Competence.

1. Lack of experience or training can contribute to difficulty meeting job demands when:

- Specific operational challenges are new to a crew member.
- A crew member does not have the experience or training to handle the specific emotional aspects of the position.
- A crew member has not been trained well in certain aspects of the position.
- Exposure to a PTE leaves the entire crew feeling unprepared to handle their organizational duties.

2. Intense stress can cause the loss of previous skills or abilities, as demonstrated by:

- Temporary loss of mental focus, concentration, or clarity during an Orange Zone crisis (e.g. foggy thinking, freezing or going blank).

- Temporary loss of emotional or behavioral self-control (e.g. panic or rage responses under stress).
- Loss of ability to modulate physiological arousal due to intense stress (e.g. shaking, trembling, pounding heart or rapid and shallow breathing).
- More persistent changes in cognitive functioning due to wear and tear stress (e.g. slowed memory recall, difficulty making decisions or solving problems).
- Loss of enthusiasm and motivation due to acute or chronic Orange Zone stress.
- Decrease in social aptitude due to loss of sense of humor, changes in fluency of speech or decreased range of emotional responses.
- Loss of ability to see the “big picture” due to moral injuries.

3. Intense stress can create new challenges to coping, such as:

- Trauma or loss reminders that cause feelings of dread, panic or anger.
- Disturbing memories of trauma, loss or moral injury that intrude into conscious awareness.
- Difficulty relaxing, slowing down or getting to sleep.
- Difficulty maintaining an “even keel” emotionally when frustrated.
- Dread and desire to avoid re-exposure to situations that are reminiscent of trauma or loss.
- Stress-induced physical symptoms, such as low energy or changes in bowel functioning (e.g. diarrhea).

How Does Competence Work?

The Competence action lays the foundation not only for recovery and healing, but also for growth and development. This can be a realistic outcome when expectations are



managed from the start, every call is considered a learning experience and needed skills are obtained and practiced. Competence can reduce the stigma associated with Orange or Red Zone stress by minimizing its impact on an individual’s firefighting or EMS career or volunteer service. It also reduces the potential social consequences of Orange and Red Zone stress by identifying those interpersonal skills that have been diminished and facilitating their restoration as quickly as possible.

How Is Competence Implemented?

The core process for the Competence function of SFA is to take one step backward in order to move two steps forward. In other words, like an obstacle that suddenly appears on the road after we drive around a bend, Orange Zone stress can present a life challenge that sometimes cannot be circumvented without first stopping, backing up a bit and then changing course. Figure 16 describes the elements of the three Competence steps (1) Stop (2) Back up and (3) Move forward again.

Figure 16. Steps to perform the Competence function of SFA

| Competence Step | Specific Intent | How to Implement it |
|------------------------------|--|---|
| 1. Stop | <ul style="list-style-type: none"> Rest, take time to recover Identify skills decrements or challenges to functional capabilities Don't keep doing what isn't working | <ul style="list-style-type: none"> If possible, take an operational pause Assess functional capabilities and limitations in occupational, social, and personal well-being spheres |
| 1. Back up | <ul style="list-style-type: none"> Retrain and refresh old skills Learn new skills Explore new options | <ul style="list-style-type: none"> Refresher training Leadership mentoring Problem solving Training in new occupational, social or personal wellness skills Enhance wellness through sleep, good nutrition, exercise, meditation, prayer, etc. |
| 1. Move forward again | <ul style="list-style-type: none"> Practice refreshed skills Practice and perfect new skills Find new directions and goals | <ul style="list-style-type: none"> Gradually increase responsibilities and duties Set achievable goals Explore and trouble-shoot obstacles as they arise Reinforce successes Reinforce motivation to overcome challenges |

In addition to training and mentoring in occupational skills, leaders should consider educating their crews in a variety of stress coping skills that are relevant to Orange Zone stress. Examples of important well-being skill sets that should be considered as part of the Competence function of SFA include:

- Goal setting
- Problem-solving
- Physical exercise and conditioning
- Sleep hygiene
- Relaxation and self-care
- Anger management and conflict resolution
- Attitude and belief adjustment



Competence: Leader Actions

Leaders are in a unique position to perform the Competence function of SFA in important ways, including:

- Reduce the exposure to the particular stressors confronting the individual.
- Delegate meaningful activities to the stressed individual to increase sense of competency.
- Find a step-by-step strategy for the individual to resume productive contributions within the organization.
- If the person feels shame about his or her ability to perform in the position, implement remedial steps to offer as an alternative.
- Reduce any sense of helplessness or passivity.

- Find ways to integrate the individual back into their role within the department.
- Provide supportive, corrective feedback and resources.

For example, if a firefighter is avoiding some aspect of his or her duties, resulting in a hesitancy to return to full duty, a progressive program could be devised to gradually help him or her to “get back on the horse.”

What Are Potential Obstacles to Competence and How Are They Overcome?

Restoring and enhancing Competence in all important life spheres can be challenging. Figure 17 lists a few possible obstacles to Competence and ways to mobilize resources to overcome them.

Figure 17. Potential obstacles to Competence, and how to overcome them

| Potential Obstacles to Competence | Mobilize Resources to Overcome Them |
|---|---|
| You do not have the time, trust of the individual or motivation to restore Competence | <ul style="list-style-type: none"> ▪ Coordinate with others in the unit to support mentoring, retraining or skills building ▪ Coordinate with others to trouble-shoot obstacles to restoring the individual’s competence. ▪ Refer the individual to the Peer Support Team or the Behavioral Health Assistance Provider |
| The individual does not recognize their need for the Competence action | <ul style="list-style-type: none"> ▪ Repeatedly but tactfully describe your observations about his/her functional capabilities and performance to the affected individual ▪ Coordinate with others to do the same |
| The individual lacks motivation to retrain or develop new skills | <ul style="list-style-type: none"> ▪ Appeal to the person’s loyalty to peers, family members and others who rely on him/her ▪ Coordinate with other influential people in the individual’s life to enhance motivation |
| Resources are not available for retraining or training in new skills | <ul style="list-style-type: none"> ▪ Actively address the need for resources ▪ Consult with other commands to brainstorm ways to address lack of resources |
| You are not sure you have sufficient skills to implement Competence | <ul style="list-style-type: none"> ▪ Consult with others; seek mentoring ▪ Refer individual to other levels of care |
| | |



Example

“A company in our department created a Line-of-Duty Death (LODD) Book which is really an SOP manual for how to handle a line-of-duty death. It references florists, people to contact, phone numbers, transportation, resources for the family, etc. An officer from the station that had the last LODD delivers it to the newly impacted firefighters as soon after the death as possible and goes over the book with them. The company with the most recent death holds onto the book and adds to it. Our peer support team also provides ongoing support to the company that suffered the LODD.”

Example

“Our fire department had training on conflict resolution because we saw that when our young firefighters were under stress, they didn’t really know how to manage their irritability and anger. They also did not know how to communicate directly, effectively and assertively with others—they were more used to texting than talking. The training helped everyone in the department become better at handling conflict.”

Example

“An EMT who was a veteran was experiencing panic attacks on certain roads while driving off-duty. A peer support team member rode with her to calm and support her until she was desensitized to the situations that caused the attacks.”



Confidence

Confidence is the final SFA action, and focuses on building realistic self-esteem and restoring hope, both of which are often diminished in the aftermath of intense or prolonged stress. Confidence is the capstone of the process of recovering from stress, becoming stronger, more resilient and more mature as a result the experience.

Realistic self-confidence and self-esteem are earned by overcoming obstacles and hardships to master challenges and achieve goals. After a PTE, fire service leaders and peers play a pivotal role in this process by supporting personnel as they make sense of what has happened. Through this growth process the stressed individual will come to understand his or her role in what happened and learn from mistakes (if any) that were made. If properly supported by department culture, he or she will also develop a personal philosophy of learning from, rather than being crushed by, intensely stressful events. Personnel will also learn to set realistic goals, work to achieve those goals and maintain a positive but realistic self-image.

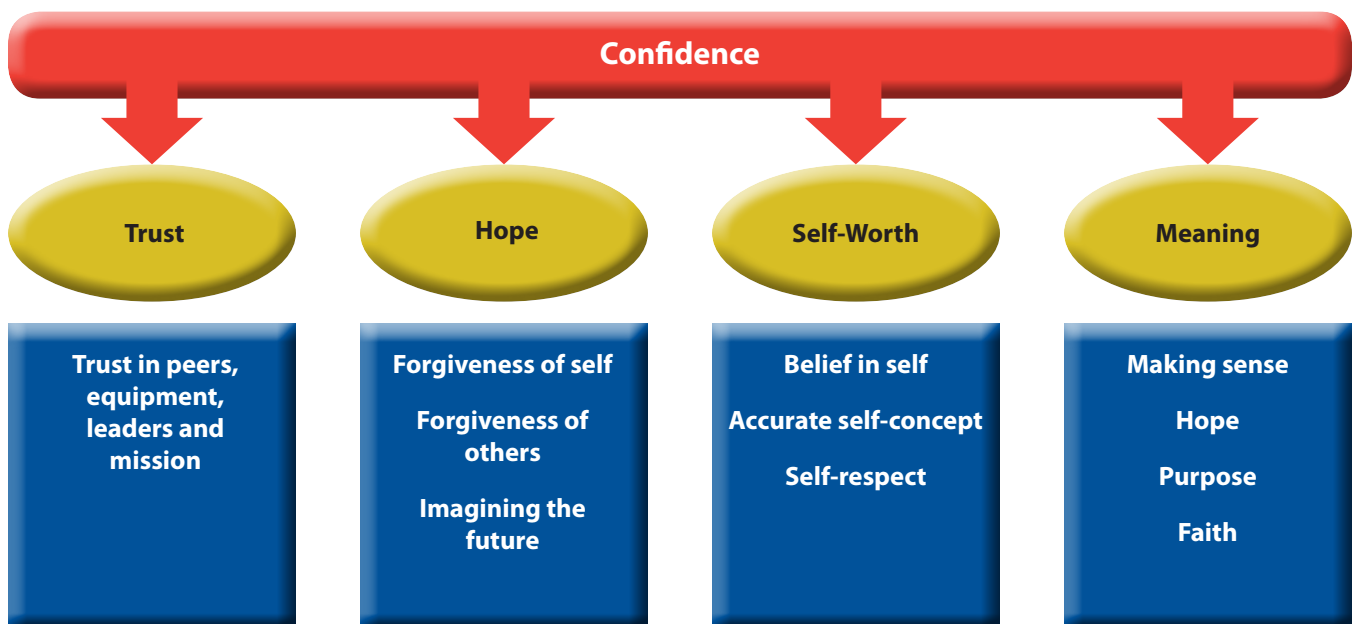
Figure 18 depicts the four components of the Confidence function of SFA: **Trust, Hope, Self-worth, and Meaning**. Each of these is a key to living a constructive, creative and fulfilling life—as an individual, and in relation to important others, institutions and values.

When Is Confidence Needed?

Each of the SFA actions discussed up to this point addresses a potential need of an individual who is currently experiencing intense stress. It is important to note that for a person in the Orange Zone, these needs can be experienced as deep insults to self-esteem. This can be especially true within the fire service culture, which prizes self-sufficiency and autonomy. However, the strong connections present in the fire service culture can be an asset as Confidence depends on a firm social base to be effective.

Confidence addresses the need to restore a positive and sustainable self-image based on a realistic sense of one’s own capabilities. The life

Figure 18. Components of the Confidence function of SFA





challenges addressed by Confidence are common to all human beings throughout their lives. It can be assumed that everyone who experiences a reaction to stress will face a challenge in restoring and maintaining a positive self-image in relation to the world and can benefit from the Confidence function of SFA.

Confidence is directly related to having a sense of positive self-worth, meaning, trust and hope. The urgency and importance of the Confidence function of SFA becomes apparent when one considers the alternatives: the alternative to hope is despair, the alternative to trust is alienation, the alternative to meaning is emptiness, and the alternative to positive self-worth may be suicide.

How Does Confidence Work?

Confidence builds positive self-esteem and self-image by:

- Helping to restore confidence in self, leadership, organizational mission or core values and beliefs.
- Helping the individual to make sense of what has happened, and mourn losses and limitations so that self-worth is restored.
- Exploring possible obstacles to confidence, and problem-solving solutions.

Building confidence often involves helping people to change their perspective or reframe the way they think about themselves, their life

and the world. It also usually entails helping them make sense of what happened so that it doesn't bleed over into the next event or experience. Often, too, it means helping them find forgiveness and trust in themselves, the people around them, their values and their spiritual beliefs.

Restoring Confidence requires strong communication and/or leadership skills. It is only through the empathic but honest support and feedback provided by a trusted individual over time that people recovering from intense stress can find sustainable self-worth, meaning, purpose, trust and hope for the future.

It is important to meet people where they are, without preconceptions or pre-determined solutions. During the course of recovery, individuals must perform hard work—grieving losses, giving up immature ways of viewing themselves and their relationship to the world and forgiving themselves and others for their failings.

How Do You Implement Confidence?

Confidence requires an empathic, honest relationship between the SFA provider and the affected individual. There are no shortcuts. The SFA provider must be respected so that distortions of thought and perception, once confronted, will be genuinely reconsidered. Tapping into respected symbols and ceremonies may also prove helpful. Figure 19 lists some possible procedures to develop Confidence.



Figure 19. Steps to perform the Confidence function of SFA

| Confidence Step | Specific Intent | How to Implement It |
|-------------------------------|--|---|
| Assess needs | <ul style="list-style-type: none"> Assess self-image, understanding of meaning of life events, level of trust in self and others and hope for the future | <ul style="list-style-type: none"> Listen empathically Develop a trusting relationship Ask questions and offer tentative observations and understandings |
| Connect with resources | <ul style="list-style-type: none"> Restore depleted physical, psychological, social and spiritual resources | <ul style="list-style-type: none"> Coordinate with all possible sources of needed resources Address financial problems, family problems, occupational problems, health problems, etc. Identify obstacles and find solutions to overcome them |
| Encourage growth | <ul style="list-style-type: none"> Remove excessive guilt or shame Promote forgiveness of self and others Establish new meaning and purpose Set new directions and goals | <ul style="list-style-type: none"> Listen for and confront distorted conceptions or perceptions of self or others Encourage the individual to see events through the eyes of others, and to walk in the shoes of others Appeal to trusted authority or spiritual figures Encourage making amends, or giving to others the same things that he or she has lost Encourage learning and education |

Confidence: Leader Actions

Leaders play an important role in building trust and self-worth by developing clear lines of communication; reducing stigma; offering encouragement and praise; fostering and supporting efforts that will alleviate and mitigate stress; and helping to re-establish confidence in colleagues who are experiencing stress reactions.

For example, if a firefighter has been temporarily removed from duty due to Orange Zone stress injuries, supervisors can convey a realistic timetable for recovery and return to work. Company officers can also work with crew members to support the affected firefighter by:

- Gradually increasing duties and responsibilities.
- Being willing to cover, check and compensate for his or her work for a period of time.
- Being patient and open to the possibility that the affected individual can return to duty.
- Looking for positive changes in the firefighter’s behavior.
- Helping to clear up the difference between making assumptions based on no past breach and establishing trust after a break.

What Are Potential Obstacles to Confidence and How Are They Overcome?

Restoring and enhancing Confidence is one of the greatest challenges of SFA. Figure 20 lists a few possible obstacles and ways to overcome them by mobilizing resources.



Figure 20. Potential obstacles to Confidence, and how to overcome them

| Potential Obstacles to Confidence | Mobilize Resources to Overcome Them |
|---|--|
| The individual is unable to grieve the death of a friend or co-worker | <ul style="list-style-type: none"> ▪ Search for and confront excessive self-blame or blame of others ▪ Relentlessly point out the self-destructive nature of stalled grief ▪ Encourage the individual to imagine how the deceased person would want him/her to feel, or how they would want the other person to feel if the situation were reversed ▪ Encourage the individual to talk to trusted friends or family members ▪ Encourage physical memorials and ceremonies |
| The individual has lost portions of himself or herself that are viewed as essential | <ul style="list-style-type: none"> ▪ Encourage supportive relationships with others who have sustained similar losses and found new hope ▪ Identify and confront excessive self-blame or blame of others ▪ Encourage the learning and mastery of new skills and abilities |
| The individual feels unforgiveable | <ul style="list-style-type: none"> ▪ Encourage the making of amends, even if that will be a life-long endeavor ▪ Invoke an authoritative social or spiritual image to promote forgiveness ▪ Consistently point out the self-destructive nature of self-blame |
| The individual cannot forgive others | <ul style="list-style-type: none"> ▪ Consistently point out the self-destructive nature of blame and revenge motives ▪ Encourage the individual to learn more about and empathize with those who are blamed ▪ Appeal to core values |
| | |

Even under the best of circumstances, it takes concerted effort over a long period of time to restore Confidence. Both the stressed individual and the SFA provider(s) must try to be patient and accepting that today’s efforts will bear fruit in the future.

SFA providers must understand boundaries, and be careful not overstep either training or relationship with the affected individual. If the provider is unable to provide the appropriate assistance, it is important to know what

resources are available, and to be creative in finding an appropriate person to connect with the affected individual, such as a friend, counselor or a trusted mentor.

Finally, in promoting Confidence, it is essential to continuously monitor (Re-Check) affected individuals for possibly dangerous thoughts or impulses. If necessary, actions should be taken to ensure the safety of the affected individual and of others by making a referral for a behavioral health evaluation and possible treatment.



Example

“I give my crew members the message that you don’t take ownership of injuries or deaths unless you’ve clearly stepped over the line. Did we do everything that could be done? If so, God decides who lives or dies, and we just try to buy a few extra minutes in case he changes his mind. If not, let’s do an AAR and improve what we do the next time. Every incident can bring learning.”

Example

“We had a roof collapse and a firefighter fell to his death. Ten or twelve people felt responsible, so I got them in a room for an After Action Review. The ground rules were that they had to keep it to what they saw and did at the scene (to get all the puzzle pieces together) and to keep emotion out of it. Through the discussion they were able to see that they weren’t responsible.”

Example

“It’s about reframing. A traumatic event is like a tattoo. It hurts and it will stay with you forever, but you learn to live with it and after a period of time it won’t hurt as much. I try to use what I’ve learned from these events to help others.”



Summary: Stress First Aid (SFA)

Stress First Aid actions are to be used as needed with personnel who are experiencing either significant distress or impairments in functioning caused by stress reactions. SFA should be incorporated into departmental operations in a natural, seamless way, and implemented when needed. In most cases, it is not necessary to provide all the SFA actions. A summary of SFA is provided below.

| SFA FUNCTIONS | POSSIBLE ACTIONS |
|-------------------|--|
| Check | <ul style="list-style-type: none"> Assess current level of distress and functioning Assess immediate risks Assess need for additional SFA interventions or higher levels of care Reassess progress (Re-Check) |
| Coordinate | <ul style="list-style-type: none"> Decide who else should be informed of situation Refer for further evaluation or higher levels of care, if indicated Facilitate access to other needed care |
| Cover | <ul style="list-style-type: none"> Ensure immediate physical safety of stress-injured person and others Foster a psychological sense of safety and comfort Protect from additional stress (ensure respite) |
| Calm | <ul style="list-style-type: none"> Reduce physiological arousal (slow heart rate and breathing, relax) Reduce intensity of negative emotions such as fear or anger Listen empathically to the individual talk about experiences Provide information that calms |
| Connect | <ul style="list-style-type: none"> Encourage connection to primary support persons Help problem-solve to remove obstacles to social support Foster positive social activities within crew |
| Competence | <ul style="list-style-type: none"> Help mentor back to full functioning Facilitate rewarding work roles and retraining, if necessary Encourage gradual re-exposure to potentially stressful situations |
| Confidence | <ul style="list-style-type: none"> Mentor back to full confidence in self, leadership, mission and core values Foster the trust of unit members and family members in the individual |



EVERYONE GOES HOME[®]

FIREFIGHTER LIFE SAFETY INITIATIVES

1. Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.
2. Enhance the personal and organizational accountability for health and safety throughout the fire service.
3. Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities.
4. All firefighters must be empowered to stop unsafe practices.
5. Develop and implement national standards for training, qualifications, and certification (including regular recertification) that are equally applicable to all firefighters based on the duties they are expected to perform.
6. Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on the duties they are expected to perform.
7. Create a national research agenda and data collection system that relates to the initiatives.
8. Utilize available technology wherever it can produce higher levels of health and safety.
9. Thoroughly investigate all firefighter fatalities, injuries, and near misses.
10. Grant programs should support the implementation of safe practices and/or mandate safe practices as an eligibility requirement.
11. National standards for emergency response policies and procedures should be developed and championed.
12. National protocols for response to violent incidents should be developed and championed.
13. Firefighters and their families must have access to counseling and psychological support.
14. Public education must receive more resources and be championed as a critical fire and life safety program.
15. Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.
16. Safety must be a primary consideration in the design of apparatus and equipment.

Learn more at www.EveryoneGoesHome.com

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