

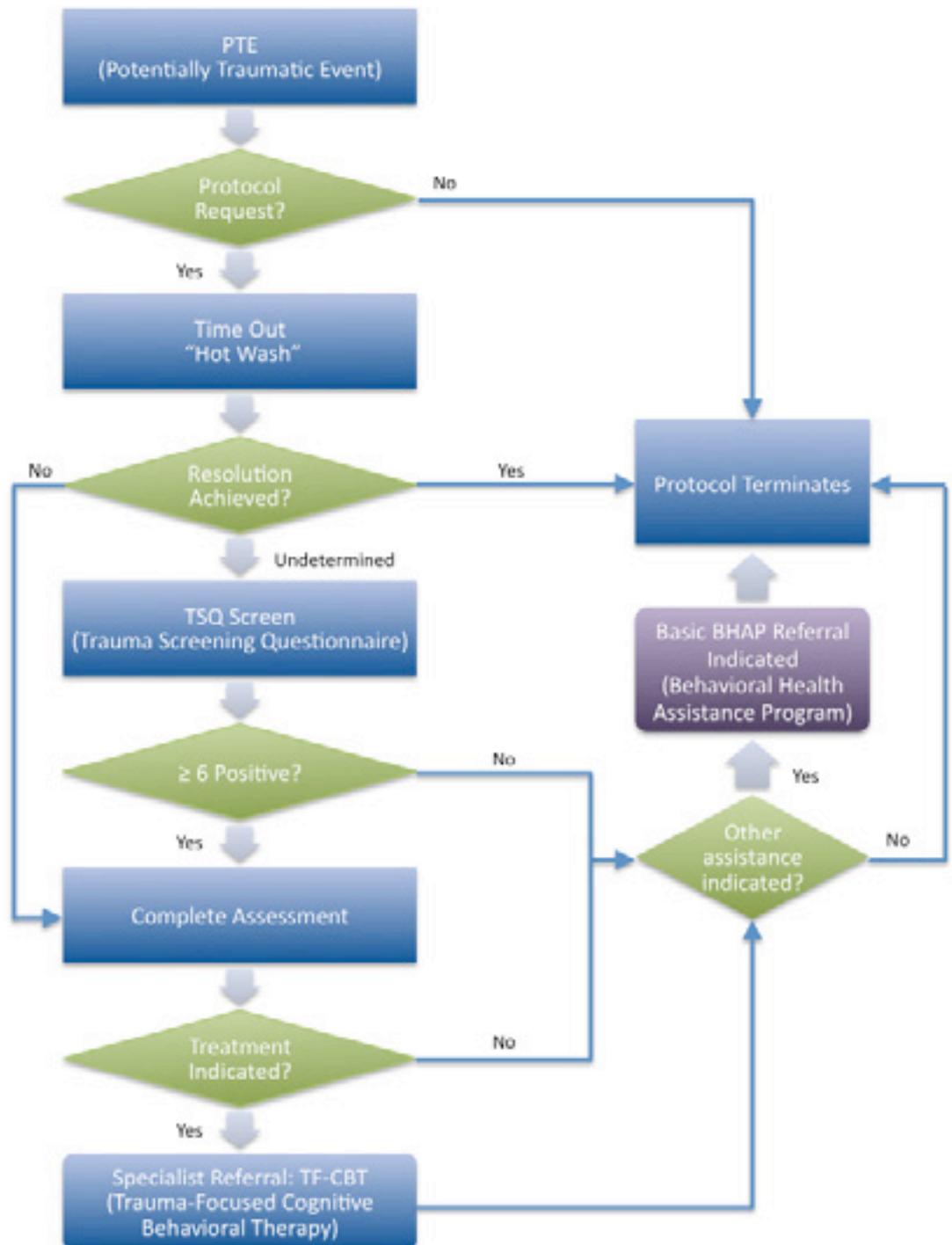


Firefighter Life Safety Initiative #13:
Firefighters and their families must have access to counseling and psychological support.



Occupational Stress Exposure

Recommended Protocol





Recommended Protocol for Exposure to Occupational Stress

The stress to firefighters that is created by exposure to traumatic events is very real. These kinds of experiences happen with unfortunate regularity because they are an essential part of what the fire service does. No matter the size or type of the organization, it is important that firefighters be prepared to deal with the impacts of these exposures, and that fire departments provide access to resources that can make a difference.

The actions recommended in the model shown in the flowchart (on Page 1) reflect best practices based on current research, and should fit easily into the operations and support systems that most fire departments have in place. The key elements of this model include:

Determination of a Potentially Traumatic Event (PTE): A trauma for one responder may be a routine event for another. Reaction to a trauma is subjective, driven by an individual's experience, sensibilities and personal situation. After exposure to a PTE, members should be asked if they require assistance. If so what type? If not, expression of support may be all that is required.

Time out/hot wash: This concept is borrowed from the military as an element of After Action Review (AAR). It is a mechanism that allows those affected by an event to review what happened, what was successful, what could have gone better and how they might improve the next time they respond to a similar situation. This post-incident

assessment will often help firefighters put the event into perspective. After a brief "time out," they may elect to return to service.

TSQ screening: The *Trauma Screening Questionnaire (TSQ)* is a straightforward and easily scored instrument to identify who is progressing well, and who may need additional help down the road. Used 3-4 weeks after the PTE, it consists of ten simple questions about recent symptoms. More than six positive responses suggest that a more complete screening by a competent behavioral health professional may be warranted.

Complete assessment: This can typically be accomplished by a referral to a department or jurisdiction's Behavioral Health Assistance Program (BHAP) or other competent behavioral health professional. BHAP counselors can often help with managing specific symptoms and dealing with other non-event related stressors of daily living (such as marital problems, financial issues, etc.) that might be interfering with a member's recovery from exposure to a traumatic event.

Treatment by specialty clinician: If more intensive care is needed, it should be provided by a specialist (psychiatrist, doctoral-level psychologist, licensed clinical social worker or licensed professional counselor) with advanced training and supervised clinical experience in specific evidence-based treatment for PTSD, anxiety disorders and depression.

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To learn more about the National Fallen Firefighters Foundation's FLSI #13 Behavioral Health Protocol and for information regarding training in its use, visit

<http://www.everyonegoeshome.com>.

