

Bend or Break?

Departments with cultures that support mental & emotional health are more resilient when tragedy hits close to home.

By Tim W. Dietz, MA, LPC

May 30, 2002. It is just after 08:30, and I am watching live television news coverage of an alpine rescue near 11,000 feet on Oregon's Mt. Hood. Nine climbers have fallen into a crevasse—five of them firefighters from my organization on a recreational climb—and we were getting reports of three confirmed deaths. The fire chief had notified all stations of the incident, instructing department members to cancel all non-emergent activities and to watch the news unfolding on TV. Information coming off the mountain was fragmented and at times confusing, and my organization was not sure how many of our employees were injured/dead or even actually involved. At 14:00, as the last of the injured climbers was being attached to the Air Force Pavehawk helicopter for hoisting, the helicopter lost lift and crashed—on live TV.

An event like this can devastate a fire department. How fast can an individual or organization recover from the mental and emotional strain of a similar tragedy, if at all, and what determines success or failure? Reflecting on this incident and the interactions I have had with many other organizations that have endured crises—from mass shootings to line-of-duty deaths to employee suicide—I recognize a theme.

Traditionally, the fire service is excellent at incident preparation and mitigation when bad things happen to others. The problem is we sometimes forget about our people.

We know that several variables affect a person's stress response. Genetic influences, past experiences and existing conditions all play into how stressful a situation seems to a person. Because of this, different people can have varying reactions to the same event. It's not only the situation that causes stress, but also an individual's appraisal of the situation and what resources they believe exist to offer support that determine their response.

A study out of Australia states, "Organizational variables have been demonstrated to have more of an impact on post-trauma outcomes in emergency-service organizations than the nature of the event per se, and it has been argued that they account for more post-trauma and crisis variance than individual variables."¹ More simply: An organization's culture probably has the greatest influence on its members' *resilience*. For our purposes, the term resilience refers to the ability of an individual, a group, an organization, or even an entire population to rebound rapidly and effectively from psychological and/or behavioral perturbations associated with critical incidents, terrorism and mass disasters (Source: *Resiliency Science Institutes International*).

Fire departments that are well-functioning and mentally/emotionally healthy before a traumatic event are better equipped to bounce back after something bad occurs. Emergency-response agencies with an established culture that supports behavioral health and that have systems in place to support employees in crisis are more resilient and tend to recover more quickly from tragic events.

"Crisis (as defined by leaders) powerfully embeds learned assumptions because people share intense emotional experiences and collectively learn and remember."

Edgar H. Schein, "Organizational Culture and Leadership"

Our brains play a big part in all of this: The brain remembers traumatic events. It's a biological adaptation that has helped us stay alive. It follows that if a firefighter's experience with an organization under stressful times (including department change) has been one where leadership seems absent or uncaring, their brain will remember this. That firefighter certainly will take a different path during/following a crisis than a firefighter who believes the organization has their best interests in mind.

How to Help Responders Bounce Back

The organizational culture of resilience creates an atmosphere, or organizational climate, wherein growth is promoted, support is abundant and crisis is viewed as an opportunity. The culture of resilience fosters resistance and resilience and allows these principles to serve as the core of organization culture itself.²

A simple plan in creating resilient employees and organizations should include three principles:

1. Foundational training on employee stress resilience and recovery, as well as training on taking care of the customer.
2. Behavioral health development, operational guidelines, peer teams, resource development.
3. Continuing education.

Employee Training on Resilience/Recovery & Taking Care of the Customer

In setting the foundation for a resilient organization/employee, departments must train all personnel on stress resiliency/recovery. This should be done at all new employee indoctrinations or training academies. Let them know where occupational stress comes from, what it looks and feels like, and suggest simple tools to combat stress, such as exercise, eating right and alcohol avoidance (during stressful times). Explain available resources, such as peer teams members (more on this later) or mental health professionals whom the employee can talk to if something is bothering them. These have all been proven to enhance resilience and aid in recovery from stressful situations.

Initial training should also include information on how to take care of other people (the customer) in times of their personal crisis. Stanford University has done some amazing research on how being trained in “compassion” not only helps the civilian in crisis but makes for healthier first responders as well.

In 2009, I published a book titled, “Scenes Of Compassion: A Responder’s Guide For Dealing With Emergency Scene Emotional Crisis.” While researching this project, I learned there are many benefits to teaching our members on-scene compassion for customers:

- Compassionate responders help agencies gain public support.
- When learning how take care of the customer, compassionate responders become better equipped to take care of themselves and their co-workers during difficult times.
- Responders who work for agencies that value compassion are more likely to follow their leaders during times of adversity.
- Compassion training helps foster mentally healthy employees. Healthy employees = healthy organization.

Compassion training isn’t about shouldering other people’s grief; it is training that helps us understand where people in crisis are coming from and how to interact with them. Compassion training equips responders, who have an authentic desire to help, the tools to do so. (As a wise man once said, it comes down to something pretty simple: *Be nice!*)

Please note: When we train our employees to be compassionate, it is not the same as training them to be empathetic. Empathy is the visceral or emotional experience of another person’s feelings. It is, in a sense, an automatic mirroring of another’s emotion. Compassion training simply helps the responder understand people when they are having a horrible day by learning how the brain responds to crisis.

Behavioral Health Development—Peer Support Teams & Outside Resources

The majority of the public is probably not interested in what firefighters *really* do for a living. They want to hear about the cool stuff: Rescuing women and children from horrific fires,

Daily Bread for Heart & Head

In my work with emergency-service agencies, I often hear (usually after a firefighter death), “We do everything we can to take care of our people. We have a policies in place for stress,” and/or “We have an employee-assistance program (EAP).” It’s one thing to have written policies, but it’s quite another thing to practice them. Policies and EAPs don’t mean jack if they aren’t put into practice. So how can an emergency-service organization assure its members they will be supported? It’s really quite simple: The department and its leaders must demonstrate care on a daily basis in simple, visible ways. Doing so establishes an atmosphere of caring so responders know their department will be there to support them if necessary.

The organization that went through the climbing accident described in this article’s intro had been caring about its employees for years before this tragedy. How? The fire chief would visit members in the hospital if they were injured, and he would call if a family member was seriously ill or injured. Battalion chiefs would stop by their designated stations to see how the crews were doing and compliment members on a job well done. Department leadership worked hard to give firefighters the skills to care for their customers with compassion—and we know that compassionate responders are better able to care for themselves and each other. A couple examples: Responders were taught to be patient and caring toward customers in crisis. They carried cash (from a Community Fund) in their apparatus drug safe to help people in need—no questions asked. This organization taught new recruit firefighters about stress and its causes in the academy. They learned about the mind and body’s reaction to it, and then learned the skills to not only enhance their own resilience and recovery, but also how to recognize and help fellow firefighters through stressful times.

In addition, this department had established peer-support teams, and it provided specialized training to its EAP so therapists could better understand fire-service culture and offer proven treatment plans for those who work in stressful occupations. Firefighters in this organization would likely tell you that because department leadership spends so much time teaching them how to help others in their time of need, they certainly will take care of its members

saving entrapped animals, risking our lives to save others, and other incidents that attract media attention. They are not so interested in what most of our work really involves: the invalid assists, the path houses (hoarders), the fallen elderly people who remain in their pee and poop for three days because their families are too busy to check on them. Nor are they interested in the malnourished or abused children we see, the domestic violence—the basic tragedy of human life we sometimes see in the streets. So if the majority of the population—even trained therapists and counselors—do not want to hear about what we truly do, whom can we talk to if something is bothering us?

We can talk to others who understand our experiences via peer-support teams, aka critical incident stress management (CISM) teams. To clarify, CISM teams are not the same as critical incident stress debriefing (CISD). CISD is a formal group process and one of many options in a CISM program. CISM teams, on the other hand, comprise trained peers who have several tools to help support and guide co-workers in stressful times. These tools include one-on-one crisis intervention (most used), small-group interventions (non-formal) and debriefings (least used).

A peer-support team member's role is to *acknowledge* the incident, *normalize* the employee's response to the incident and *remind* the employee they are resilient and can/should use tools that have helped them get through stressful times in the past. They can also offer additional ideas to help recovery, such as exercise, healthy eating, limiting alcohol and getting enough sleep. Peer-support team members can also provide behavioral-health education to members at recruit academies, in stations and to other groups as needed.

Sometimes the best thing for a department member in crisis is to consult a trained professional outside the organization—perhaps through an EAP. However, when developing outside resources, we want to ensure these local therapists are culturally competent.

Mental-health professionals are very good at treating anxiety, anger issues, grief, substance abuse, marriage and family issues, and other struggles the majority of the population encounters. However, they tend to fall short when it comes to understanding the unique stressors emergency responders face, how they are wired and their motivation. Wouldn't it be sad for a responder to seek outside help, only to have that help recommend they quit their job? I actually had a therapist tell me this. When a first responder tells a therapist that yesterday they responded on their sixth pediatric code in a week, and they are tired of seeing dead kids and don't want to do it again, what they are typically saying is, "Yesterday sucked. Help me get through it so I can get back to work."

EAPs and other mental-health organizations that market themselves as being first-responder savvy should have this understanding. If not, the emergency-response organization has the power and responsibility to request they get more informed and better trained to become "culturally competent." If they can't or won't do this, it's time to look for another EAP or support agency.

Continuing Education

Continuing education is key to maintaining a healthy organization and should address stress-related topics and issues specific to the particular organization. This can be accomplished through the usual training rotations, or a peer-team member can roll out the training at different stations. Use this continuing ed as an opportunity

to remind employees about the importance of self-care in high-stress situations. Offer additional tools and/or reminders to address the stress involved in department change, and help them develop communications skills they can use in the station, on calls and even at home. Peer teams are good at checking the temperature of their organization and coming up with educational topics.

"...Demonstration of caring is more important than all other leadership traits combined, according to research by the Center for Risk Communications... Caring during crisis is not feeling. Caring is a set of organization and personal behaviors that show impacted employees that you and the organization care."

Bruce Blythe, CEO Crisis Management International

The real intent behind this article is to remind fire-service members to take care of themselves and each other because it is directly related to how well an organization rebounds from adversity. Only employees that work in your organization know what it's actually like to work in your organization. Therefore, it's a cool idea to offer peer-based training, culturally competent resources and continuing education to help members stay in their jobs—the best job in the world. This needs to happen from the top down. Everyone helps take care of each other and creates an atmosphere that produces resilient firefighters and a resilient organization. **BS**

1 Gist & Woodall (2000). Paton (2006). Cited in Shakespeare-Finch. "Building Resilience in Emergency Service Personnel Through Organizational Structures." *School of Psychology and Counseling & Institute for Health and Biomedical Innovation*, Queensland University of Technology.

2 Everly, GS, Jr. (2012). "Resilient Leadership and the Organizational Culture of Resilience: Construct Validation."



Tim retired after 28 years in the fire service. He is the CEO/owner of Behavioral Wellness Resources, a consulting/counseling firm catering to the behavioral wellness needs of emergency response organizations and individuals, and works with several response agencies in developing the "culture" so responders feel comfortable seeking help. He is the mental-health advisor to the U.S. Forest Service (PNW Region 6), and worked with the U.S. Coast Guard following hurricanes' Katrina and Rita. He is a Clinician/Peer at the West Coast Post-Trauma Retreat, a residential treatment facility in California specializing in

first responder PTSD treatment and recovery, and was instrumental in getting the Post-Trauma Retreat set up in Oregon (one of only two in the world.). He is an adjunct faculty member at George Fox University's Trauma Response Institute, and the University of Maryland's Resiliency Science Institute. Tim lives in Oregon and has a small private practice in Oregon's beautiful Willamette Valley. He is the author of the book "Scenes of Compassion." A Responder's Guide for Dealing with Emergency Scene Emotional Crisis, and has written articles on "Coping Beyond the CISM Response," and "Discussing Suicide," in the first responder professions.

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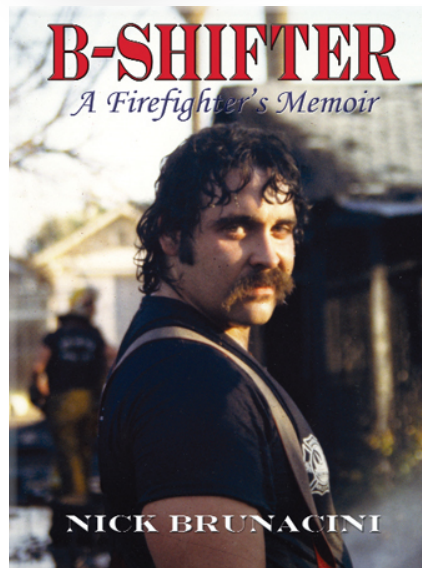
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