



# Checking in: A Behavioral Health Size-Up

## Episode 1: Introduction

### **Kimberly Lightley**

We were hearing from one of our squad bosses down in the west drainage, and he was calling up to our leadership, to our superintendent and telling that we had a spot or spot fire below them in the west drainage or across the draw. And so, Tom, our superintendent, told John, you guys better get out of there. At that time, the mountain pretty much exploded and we were told that there was a safety zone at the top of this ridge line. It was a helispot that had been cleared off in days prior, and so we were told to run. We lost nine Prineville Hotshots. We lost three smoke jumpers and the two helitack folks that were helping with the helicopter, and they were found as well. In the aftermath of South Canyon. I admittedly was not doing well. I think the body protects a person in some manner. Probably for me, it was a state of shock and I could not face flames.

It felt almost like a betrayal of sorts because fire was my life. And I mean, even in college, I would wear my fire boots during the school year to keep the calluses on my feet. I mean, my dorm room was plastered with Smokey Bear fire posters. I mean it was everything. And that crew was everything to me. So, with the crew, with the girls gone and everything, it was just like I couldn't go back. So, there was a gentleman, and he basically told me it was okay to get help. I was too stubborn to, on my own, but heck, if another firefighter said it was okay to get help. I think that's what gave myself permission to seek that help.

### **Craig Luecke**

#### *Checking in: A Behavioral Health Size Up*

This podcast is brought to you by the National Fallen Firefighters Foundation with funding by the U.S. Department of Homeland Security's Federal Emergency Management Agency's Fire Prevention and Safety Award program. For more information about the National Fallen Firefighters Foundation, please visit [everyonegoeshome.org](http://everyonegoeshome.org) or [firehero.org](http://firehero.org). If you or someone you know is in need of immediate support, please call the National Suicide Prevention Lifeline at 1-800-273-TALK. That's 1 800-273-8255.

**Craig Luecke** Welcome everyone to Episode One of our podcast series, *Checking In: A Behavioral Health Size Up*. I am your host, Craig Luecke, the firefighter you heard at the beginning of the podcast. Her name is Kimberly Lightley. You'll hear more about her in future episodes. (Note: The Lightley podcast is no longer available.) She has an amazing story, and I really hope that you will subscribe to this podcast series on iTunes or your favorite podcast program. So, for this first episode, we're going to meet our panel of experts of stress injury PTSD, and we're going to talk a little bit about what this series is going to be, what you can expect from it. So, let's go around the room and introduce ourselves.

**Patricia Watson** Hi, I am Patricia Watson. I work at the National Center for Post-Traumatic Stress Disorder. I was a former military psychologist and have worked on materials for years now related to practical ways for people to be resilient and get back on their feet in situations of adversity.

**Craig Luecke** Great.

**Vickie Taylor** I'm Vickie Taylor. I'm a licensed clinical social worker and the director of the Prince William County Public Safety Resilience Program and also the Behavioral health Consultant for the National Fallen Firefighters Foundation.

**Richard Gist** Hey, Dr. Richard Gist. I'm deputy director of the Kansas City Fire Department, principal assistant to the fire chief in Kansas City.

**Craig Luecke** Great. Frank?

**Frank Leto** Frank Leto, a captain at FDNY and deputy director of our counseling service unit. Been on the FDNY for 33 years.

**Victor Stagnaro** I'm Victor Stagnaro with the National Fallen and Firefighters Foundation. I am the Director of Fire Service Programs, retired from Prince George's County, retired as deputy chief there after 25 years of service.

**Craig Luecke** We have a lot of experts around the table to talk about this very important subject. Patricia, let me begin with you. Why would someone want to listen to this series and who are we intending this subject matter for?

**Patricia Watson**

So, I would think that a person who would choose to listen to something like this would be interested in it for a number of different reasons. One, they know somebody else who they're concerned about. They have a suspicion that they might need to know more about wellness, resilience, the stress of the job, how stress in their life might affect them on the job, and they want to hear some very simple practical answers to understanding what it might look like in that culture. We know very much so that emergency service cultures are very, very different than other jobs. So, we're trying to aim this to have it be practical to speak to people who either are wanting to know things for themselves or wanting to be that person who can reach out and lend a helping hand to somebody else who seems to be struggling. They're not quite sure they want to know the signs to look for that type of thing.

**Craig Luecke**

Frank, you've done a lot of work with the FDNY, you're on the counsel...

**Frank Leto**

Counseling Services Unit

**Craig Luecke**

Counseling Services Unit. That's great. A department would have a resource like that available. Can you tell me more about what you've experienced out in the field and how this series could be a benefit?

**Frank Leto**

Well, lemme just start by talking about the counseling service unit. Our counseling unit has about 90 employees for 15,000 members of the FDNY. So, we're in five different locations. We have our locations where the firefighters live. We're not all in the city with emergency responders and firefighters. There's a tremendous stigma around behavioral health. We have been the tough men and women. We are the people that help, and we've rarely asked for help, but our occupation lends to depression, PTSD, substance abuse, and we've noticed elevated levels of that in the fire service. So why not have programs fit to help the men and women on the ground?

**Victor Stagnaro**

Just to dovetail as well with some of the things Patricia and Frank said, I think it's important to note that there'd be fire chiefs or people who from the grassroots level, firefighters or command officers that are trying to develop programs within their department. This would be something that's very valuable to them because we want to look at some of the resources. One of the things that was mentioned earlier was the work that the National Fallen Firefighters Foundation has done regarding behavioral health. You have to keep in mind that initiative 13, getting psychological support for firefighters and their families was identified in the initial initiatives that were developed in 2004. And the vision for that, through Dr. Richard Gist through some of the executive director of the Foundation to pull that initiative, pull the information, get the best practices, and develop programs for that. So, this isn't new to the Foundation, this isn't new to the fire service. They identified that in 2004. So, I think there's a lot of value in, in listening to the podcast or listening to information about what resources are available to bring into your department so you can get a program going or to enhance a program you might already have.

**Frank Leto**

One of the things that we've recognized after major incidents is that most departments have no program whatsoever. So, we shouldn't be waiting for a Sandy Hook or a San Bernardino to occur or Orlando Pulse shooting to occur to build a program. Those programs should be built today and we should be focused on individual members of our departments not waiting for this major disaster.

**Richard Gist**

One of the reasons this is important at the department level, our firefighters are our product. They are what we deliver to the public. How well we do as an organization depends on what you do when you arrive on the scene and make your contact with the people who are involved. Whether it's a fire, a rescue, a medical emergency, you are making contact with people at the most difficult days of their lives. Over the course of your career, the career will change you in your relationship to the job and it ought to be a positive change. You'll be learning new techniques, you'll be learning new skills, you'll be getting a broader view of the world in which you operate and do your work. But at the same time, the work that you do will be changing your view of the world you work in. You'll be seeing things that other people walk away from, you'll be taking back with you things to think about that other people don't have to confront, and we're going to keep you for 25 years. We don't rent you, we own you. And people, unlike most other careers, stay in this job forever, and you really get good at it as you mature. We want to make sure as an organization

**Richard Gist** that you're getting the positives out of it and not getting burdened down by the baggage you have to carry as you learn them.

**Frank Leto** We do a terrific job of taking care of our equipment, our rigs, our apparatus. We have annual maintenance, weekly maintenance, but when it comes to the men and women, we're not doing as good a job.

**Richard Gist** I think one of the things for people to understand about FLSI 13, this is not a program. This is not something where we tell you to do 11 specific things and how to do them. It's a toolkit. It's a set of things that you can use to look at what your organization needs, how your organization operates, what fits you best. You can take the things from that toolkit and make them work for your needs in your department, your resources, what you've got available, and the Foundation's role is to help get those things where you can get them, most of them without any cost to you whatsoever. And then to make sure that you've got the folks in this room and the other folks that the Foundation provides to the industry to help you work your way through building what you need to build to make your department stronger and healthier every day.

**Vickie Taylor** So, the thing about adding the kinds of tools that Victor referred to in this National Fallen Firefighters Initiative 13, I think the power of it is the simplicity and the practicality. It's an opportunity to learn not only about your community and how you deliver the best service to people on their worst day, but also what about yourself? How do I help my coworkers? Because let's face it, firefighters are the first ones to know when one of their friends or coworkers is in trouble. So how is it that we create an atmosphere that allows for those conversations to happen in a very natural way and then allows people to say, "I know what action to take, I'm comfortable doing it," and it simply becomes part of what you do.

**Craig Luecke** Okay, how about if I'm a 10—or 15-year paramedic and I happen upon this podcast? I'm going through some troubling times right now, and I feel like I'm having problems. I don't want anyone else to know about it, and I'm too embarrassed to ask for help. What am I going to get out of this series?

**Victor Stagnaro**

One thing that just from the story, from the time where we delivered a stress first aid program, I had a two-year firefighter, not a 15-year paramedic, but a two-year firefighter who came to me and said, "I've been having nightmares, I just thought that was normal. And now that I've taken this course, I recognize that's not normal and maybe I need to do something about it." So that's, I think one thing that will be beneficial is to be able to begin identifying those things that maybe we think are normal because of the people we work with, the things that we typically see and recognize the fact that maybe there is a problem here and I should go talk to somebody about it.

**Frank Leto**

One of the most effective tools that we have is just opening up the discussion, going to the fire station and start talking about depression. Let's put it on the table. This is something that affects us. Let's start talking about post-traumatic stress. This is going to lift the stigma. It's going to engage us. We're not accountants, and when we're not on our game, it's not a math error. Lives are at risk. So we really need to be on top of our game.

**Patricia Watson**

And I would say if you're a person listening to this podcast and you have some concerns about things that are happening inside of yourself, we would say that there are certain key things to be looking out for. There are certain reasons why it's more important to pay attention to them in this type of job than it would be in other jobs. As Frank said, you're not an accountant. You have to take care of yourself on all levels in a job like this to stay fit mentally, emotionally, physically, because it's important for a job like this in the long term to be fit in those ways. It's a job that requires more from people emotionally, physically, mentally, than other jobs. So, in this podcast, we talk about the reason why people don't just go from great to ill, in and out of different range of levels of fitness and wellness.

We will talk about that. We'll talk about some of the signs to look for. We'll talk about different strategies that people can use if they're in a setting where they have support around them versus settings where they don't feel like they have support around them. What can they do if they don't have people they can sit down with on the job for whatever reason? There might be other strategies they would need to take in situations like that. And we'll talk about some of the need for different types of resources depending on the severity of the situation.

**Vickie Taylor**

I think the thing that fire and EMS are great at is responding to people's injuries. And so if we take this out of the realm of something that's a mental health problem that has stigma attached to it and the belief that, well, I'm a firefighter, I'm a medic -I don't know anything about that to here are some really basic things. We all get bumped around in life just by being alive. You get bumped around in life and you go through those kinds of phases from being really well to being ill, that Patricia talked about. But if you also respond to other people on their very worst days, then you need a different level of resilience, and we need to pay attention to what are the injuries that can come from that. And I think that what I've learned from firefighters and medics across the country, and certainly mostly in my own County of Prince William, is the enormous dedication and resiliency of responding, the joy of response and how to keep that excitement going and to recognize, yeah, some days you bump up against something that will give you what we call a stress injury, but that's okay.

Let's recognize it. Let's figure out what are those strategies and then let's put together all of the things that might be a menu for you to choose from that help you stay healthy.

**Craig Luecke**

I did an anonymous poll, completely non-scientific whatsoever within the department where I worked. The poll contains seven simple questions. One of the questions was, do you trust your employee assistance program or EAP? Another one was, did you find CISM beneficial after an incident? I found that more than half of the respondents did not trust EAP, and even more did not like being in the CISM environment. However, many of the departments that I'm familiar with really pushed CISM after an incident. Do you have any input for those who feel they are not getting any benefit from these services?

## Richard Gist

I think CISM got really big in the industry because it's what departments had to offer. So, you use what you got. But we learned fairly quickly, certainly in my organization, that the logic of it may not have been too well grounded. I once described it as by asking people to think about coming home from work and they see firetrucks and police cars next door. They go over and neighbors tell them that Bob just had a heart attack during dinner, had the big one. And you ask yourself, what do I do now? Well, what do you usually do? You go home, you feel upset, you got to do something. You know they aren't going to want to cook. You take over a casserole, you go back the next day you ask is there's something I can do? Maybe you pick somebody up at the airport. Well, anyway, long story short, six months later you see your neighbor and she tells you how great that was, how helpful you were, and you're thinking, I didn't do anything.

Okay, try this alternative. We push all the furniture out of the living room, put the dining room chairs in the circle, bring in a shrink they'd never seen before, and asked him to recount and vivid detail how Bob looked funny, grabbed his heart, fell on the floor, had a convulsion, medics came, talked to Ramparts on the phone, shot stuff out of needles, put 'em in a plastic bag and left them on the front porch for the corner. Now don't you feel better? Well, hell no, you don't. The question is, how do we in this industry deal with things and instead of trying to force us to deal with it the way it might seem most reasonable to a social worker or a counselor, we need to look at how our folks have done this for 200 years and come out of it strong and make those practices stronger.



**Frank Leto**

I think we have to be careful in the sense, and I agree with everything that Richard said, but I think that we have to be careful because there are functional CISM programs throughout the country, and we don't want to throw out the baby out with the bathwater. How can we use CISM if it's effective as a tool in the toolbox, not the program? I mean, I think that's what has happened in the past is we have an EAP here and we have a CIS team here, and neither of them are trusted or trusted a little bit, and the department takes a mark that they've taken care of their people. They're not taking care of their people. We need a comprehensive program like we have for our rigs and for our saws. We needed a comprehensive program to take care of our men and women. And CISM may be a component of that, but it's not it. It's certainly not it. We did a survey of 24 different departments out West and we asked members of that department, do you have an EAP? And I think almost everyone said they had an EAP, do you trust your EAP? And it was 38%. So I mean, everybody has one. Almost everybody has one. Do you have a CISM team? I think it was 75%. Do you trust the CISM team? And it was way down. So, we need to build programs that people trust.

**Patricia Watson**

I think one of the biggest fundamental differences in the way we have viewed a framework that's helpful for people is that it's not based on critical incidents because we know that when you really look at what people are dealing with, oftentimes it's the cumulation of stressors in their life, both at home and at work that build up, build up, build up. If you're on a critical incident stress management team or they're looking for critical incidents as the stimulus, what we're saying is that you need to be looking for signs of stress in people over time. Even if there haven't been any critical incidents this year, you're still going to have people on your team. You have to know what to look for when they're having stress injuries or stress reactions. Okay. Secondly, we know that especially recently in the last year, there have been some studies that show that coping ability is really based on a person being able to flexibly choose their coping strategies.

**Patricia Watson**

We also know that when people are in high intensity stress, they're more likely to choose and have it be effective, the strategy of distraction. And that is effective under those circumstances. So you take people from a high intensity stress situation, try to sit them down and not distract themselves, but actually talk about the worst possible thing that they don't want to talk about that might not be the appropriate timing at that moment. Later down the road, we also know that reframing, being able to say to a person, let's look at this differently or let's talk about this and think about it slightly differently, actually is the best strategy, but only in lower stress circumstances. So a person needs to be able to choose to go back and forth between those two. When people get stuck in distraction and they try to carry that through low stress, they also don't do so well. So we're trying to match the strategies to the situation, and sometimes the existing programs aren't able to do that. CISM doesn't always carry people through across time. And EAPs don't know the culture. They're not in it. People don't trust them, and so they're not there. They don't know how to speak the language. They don't know how to observe people over time. So, both of those have gaps that we think are pretty crucial.

**Victor Stagnaro**

I think the other area that we need to consider is what is critical incident stress and what isn't? And I'll give you the example. We have a local assistant state team that was responsible for doing or coordinating multiple funerals for an incident where multiple firefighters were killed. As they debriefed and they were giving other teams Just an example of how they operated, one of the things they said was the critical Incident stress team or a member of the critical incident stress team came in to check on us. That wasn't a debrief, that wasn't a critical incident stress management event. It was actually stress first aid. It was a firefighter, a peer coming in and checking on that crew –“Hey, how are you doing?” But they described it as something that we would say that wasn't CISM, but to them that was. So, I think there's a differentiation that we need to make as organizations have developed, a lot of those teams are actually adopting that peer model and doing those kinds of things. They just call it something that's not what we would necessarily call it.

**Frank Leto**

The best interventions don't look like interventions at all, and peer support has to be weaved into the fabric of every department. We do a great job of taking care of each other, but in the past and in the present, we've taken care of each other to death. We watch people with substance abuse problems or other mental health issues and taking care of them and not giving them the help that they need or led them to the help that they need. So, we need to really take a look at that and change the culture in that way.

**Craig Luecke**

As you can see, we have plenty to talk about throughout this amazing podcast series. And I'd like to thank our subject matter experts that join me today, Patricia Watson, Vickie Taylor, Richard Gist, Frank Leto, and Victor Stagnaro. Thank you for joining us today and giving us this great information. Everyone, please subscribe to the podcast on iTunes or your favorite podcast audio app. Share it on social media with your friends, your workmates agencies. Look, everyone deals with stress and everyone can benefit from this. And we sincerely hope everyone goes home. If you have questions or comments regarding the program, you can send them to [info@everyonegoeshome.org](mailto:info@everyonegoeshome.org). And remember, if you or someone you know is in need of immediate support, please call the National Suicide Prevention Lifeline at 1-800-273-TALK. That's 1-800-273-8255. I'm your host, Craig Luecke and we'll see you on the next *Checking In*.