



Checking in: A Behavioral Health Size-Up

Episode 3: PTSD Self Awareness

Cassandra McEwen

You can imagine that in 20 years plus being a police officer, I've seen some really bad things. The ones that got to me the most were the ones that had to do with the children, and that's because I had young children of my own. But back when I first started getting counseling after a critical event, that just wasn't an option. You sucked it up, threw back a few drinks, if you did that, smoked a few cigarettes, joked about it, black humor, and you moved on. So the final straw, I guess, broke the camel's back, when I lived in my little small town in Hayes and there were only five patrol officers. We did have occasional supportive two troopers. There was a lot of pressure placed on us officers simply because we were trying to cover 24-hour shifts and with five officers and a chief of police, that's pretty hard to do.

There was a lot of call outs because we worked alone and if we needed back up, we had to wake somebody up. I think the issue was that life in balance and how important that is, and I utterly, utterly failed on that. The last two years of my career was dedicated to everything but myself and my family. I wanted to be the go-to person for everything. I took overtime shifts as much as I could. There were a few trouble use in the area that I worked with using horses, and for a while that worked pretty good. And then along came two incidents that really struck me hard, and I just could not get over. And one of them was the death of a person who I had worked with as a probation officer. I thought for sure that that kid was going to make it and he didn't. He did something stupid. The second involved the death of one of our volunteer firefighters from out the road. And what happened after that is I started having a lot of anxiety, a lot of depression, a lot of, I need to keep working so that I don't remember this. And what happens with that? Well, you lose life balancing.

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 US Department of Homeland Security's Federal Emergency Management Agency's Fire Prevention and Safety Award program. For more information about the National Fallen Foundation, please visit everyonegoeshome.org or 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. Welcome to episode three of our podcast series, checking in a Behavior Health Size Up. I'm your host, Craig Luecke. Thank you again for stopping by the former law enforcement officer you heard at the beginning of this episode. Her name is Cassandra McEwen. She's been very open about her PTSD experiences by creating vlogs on YouTube. And if you want to contact her, you can send a direct message on Twitter to @HPDCMC.

On this episode, we're going to focus on firefighter's self-awareness of PTSD, recognizing when it's time to seek help and what to expect. With me once again on a round table of experts, we have Patricia Watson with the National Center for Post-Traumatic Stress Disorder, Vickie Taylor. She's the director of the Prince William County Virginia Public Safety Resilience Program. Dr. Richard Gist, who is the deputy Director of the Kansas City Fire Department. Frank Ledo, a captain with the FDNY and Deputy Director of the Counseling Service Unit. And Victor Stagnaro, director of the Fire Service Programs with the National Fallen Firefighters Foundation. Welcome everybody. Okay, Patricia, I'm a firefighter and I've come upon this podcast series, and I jumped right to the episode about firefighter training. And I need to know as an individual or I'm possibly listening to this for a reason and I'm having issues, what do I need to do?

Patricia Watson

So, I would imagine that if a person's listening to this podcast, they're going to be a person who either is concerned about something in themselves or knows somebody else that they want to know. They want to educate themselves about how to help someone else. So, what I would say is that the reason why we are having this podcast is that we're really well aware that all jobs carry certain risks, but jobs like first response, military, these types of jobs are more likely to have situations that people are faced with that can interact with stress that they're having elsewhere in their lives. So, it is important for people to be more aware and more disciplined about taking care of themselves and the people around them in situations like this, because we want these types of jobs to be long-term jobs that they can grow from, they can be excited about, they can continue to grow and become a person who is resilient through these types of stressors. And so, from my perspective, it's important to educate people about what the signs are that they need to become more alert about taking care of themselves or others. So, if they're not feeling like their normal self, if a person feels like they've lost control somehow of either their behavior or their emotions, if they're feeling some excessive emotions, guilt, shame, blame, anger, fear, rage, or sadness, then those are probably signs that their balance needs to be adjusted.

Craig Luecke

Frank, what have you experienced within the FDNY? Are firefighters willing to come out and look for help, self-recognizing issues they may be facing?

Frank Leto

I think 9/11 changed a lot at FDNY. Almost all firefighters needed some type of support after 9/11. Even those that were able to work through 5, 6, 7 months without going to get help at some point recognized that they needed help. Firefighters in the stations became the best advocates for mental health because they were talking about it at the kitchen table. They were arguing who had the best therapist. So that was something that happened nowhere in the fire service. So, at FDNY, we were jumpstarted by 9/11 and it's become part of the culture. So, firefighters recognize stress injuries in each other. Firefighters recognize substance abuse issues in each other, and they know that if they get support, it's not going to be punitive. And I think that that's the rub. That's what happens in many departments. It may not be punitive, but people think it would be or it's going to be.

Frank Leto

So, we have to eliminate that. We've been able to do that at FDNY where we have support programs readily available, and we're talking a lot about counseling and therapists. 95% of those interactions will not result in someone going to therapy. 95% of those interactions or even more will be connecting somebody with something in the community, connecting them with a family member or a friend or resources in the community. It may be that your child was just diagnosed with cancer. What do you need? What do we know about our community that can support us? So, I think putting people together that have an understanding of the culture and of the resources in the community has gone a long way at FDNY.

Craig Luecke

Vickie, what are the most common signs and symptoms that you have found that firefighters are displaying when dealing with stress and PTSD?

Vickie Taylor

The first thing that they recognize is an extreme change in their sleep habits, different than normal sleep issues that people who do shift work have. Many reports a very different level of irritability, easily angered about things that they will later look back on and say, that was such a stupid thing, I don't know really why I flew off the hook like that. Sometimes people are, I think we have in some ways confused people about signs of simple things like being depressed. That people think that means you're crying all the time or you're so sad you can't get out of bed. But we see many more people who are angry and irritable and really hard to connect with. And the last thing I think that we see a lot of, which is one of the protective factors, and that is a big break in their social connections. So, connections to coworkers, connections with friends, connections with their family members begin to get fractured, and so that network of comradery is dissolving in front of their eyes and they don't exactly know what to do to put it back together.

Craig Luecke

Victor, is it true that there's a level of stress that is, and of course I'm doing air quotes right now, normal for first responders, and how do we know when things are not healthy?

Victor Stagnaro

My view of it is that there are, in the fire service working in a fire station, we like that level of stress. In fact, we thrive on that level of stress and that helps us bring focus. It helps us operate more efficiently sometimes. So, I think when we've done some of the stress first aid courses, one of the things that we talk about is the different zones of stress with green, yellow, orange, and red. Most often firefighters are operating in that orange zone on a daily basis and just being on that edge of the next call, the next incident, that preparation that's required adds that stress, but we tend to like that. So that's kind of what helps us do what we do. There's a certain element of adrenaline rush that we appreciate about being in the fire service that most of the community outside the fire service wouldn't understand.

Craig Luecke

Patricia, with your experience with the fire service and the military, is there any training provided to families to not add to the stress of their loved one who's on the job? For example, a firefighter paramedic works a long shift running 10 to 15 emergencies of all kinds, right? It's a very long shift and he comes home, and the wife is stressed over the dog urinating on the carpet. So, to her, the dog and the carpet is a major stress and the world's falling apart. But to the husband who just came home after running a bunch of calls, that is probably the lowest level of what he's thinking about. So, we have this gap in there. How do we deal with that? How do we make people understand?

Patricia Watson

There has been some stress first aid training for family members in Navy and Marine Corps, but I'm not sure you can't reach everyone. What I tend to see happening is that peers do it for each other. One spouse will talk to another spouse. Most spouses find ways to normalize and find the balance that PTSD or other types of stress reactions become the norm in the house. So, they learn about triggers, they learn what's going to be most upsetting to the person, and they make a lot of modifications to schedules, to where you eat, to how you go into crowds, to what they speak with their spouse. If they have a good relationship, they talk with their spouse about what their triggers are going to be, about what that person needs when they're in a mood or when they're having trouble sleeping, and then they work together as a team to try to figure out the way to best support each other actually, because both of them tend to get triggered after a while.

Patricia Watson

They both tend to be triggered by each other. My experience has been that if they have the same language, that helps. So, the stress first aid model is a nice way to do that. I've heard people who put a thermometer on the refrigerator, okay, what zone are you in right now? What do I need to do when you're in this zone versus this zone? How can we work together so that we're not making things worse for each other and for the kids, by the way? So, people tend to find ways to adjust to this new norm. It's a very new norm for what's okay in the house.

Craig Luecke

Vickie, you've worked with families at the National Fallen Firefighters Foundation and the loss of loved one through a line of duty death. What have you seen because this sounds very familiar with what Patricia was talking about?

Vickie Taylor

For the families of fallen firefighters, they often feel very isolated unless they are connected with another family who has experienced a line of duty death. It is one of the things that we try to do is provide that support and connection to people who can provide upward comparisons that are good role models for things get better over time, because in the moment it feels like I am always going to feel like this, and my life is over. So, to really try to give back that sense of hope and a sense of future, even though we don't know what it might look like. Now for the families of firefighters who survived a line of duty death, there's a whole other set of things that happen. Firefighters close ranks, as we all know they want to be together. They find it comforting to be with other people who understand this is what we went through, this is what I'm feeling, these are my reactions.

Vickie Taylor

So, it's very safe. It feels very isolating for families, and much of our work in that area is simply trying to educate families about what that means rather than reading into it. He doesn't love me anymore. He'd rather be at the firehouse than be with me. No, there's a different level of support that's happening there. So how can we get a balance and make both things happen? One of the things that I heard a firefighter talking about the other day who is a survivor of a coworker line of duty death, he said, one of the things I learned, and I might not have learned it any other way in my career, was that I needed a period of decompression. So that I'm at work, I have all the excitement and the things that I love about my job, and I need a way to now come down, feel in a more calm state so that I can get home and I can talk to my wife about the cat that went to the bathroom on the carpet, right? That's a really big deal to her that the washing machine doesn't work, and the children are driving her crazy. So that there's that period in there where I take care of myself. I have that moment, whatever it is, and then I can reengage with my family. I think those pieces are really important for young families to learn, for our families to learn while their loved one is in recruit school.

Frank Leto

It's one of our biggest challenges. How do we support families that are scattered all over the area? The firefighters, like Vickie said, we'll close ranks, we'll come together, and we'll support each other. Meanwhile, we have these families a hundred miles away that are suffering, and they may not be from that culture whatsoever. All they see is their spouse going down the tubes and it affects the family. It ripples through the family. You talk about post-traumatic stress and post-traumatic stress disorder. You're not talking about an individual. You are talking about a family. It spreads out. It's in the kids, it's in the spouse. I believe it's the responsibility of the community of the department to support those families. We haven't found really great ways to do that. We've tried to send educational information home with the firefighter. We've tried to educate the firefighter about how to get along in the family, but when you are struggling, it's really hard to educate anyone. I mean, this is a challenge that I don't think there's been a really great solution to yet.

Patricia Watson

I mean, we know from some really recent research that if a person can be flexible in their way of coping, they tend to do better. So if you're in really high intensity stress, generally, distraction has been shown to be helpful. What we see is that when people are in high intensity jobs and they're under stress a lot, if they stay in that distraction mode, they don't talk at all. Even when things are a little bit better, they just keep in that mode of distraction, distraction, distraction, which could be drinking, which could be all I want to do is watch tv. I don't want to talk to you because when I talk to you, it makes me feel, right? Those people are more likely to go on to have PTSD than the people who can kind of take a step back and say, all right, now, as Richard said, now I can talk about it now that it's a little less intense.

The ones that are able to do that and have somebody there who will listen at that time tend to do better. So I think if families know that, I think if firefighters know that it, is actually important to move out of that kind of distraction mode into something where they're sharing or they're finding some way to process it, they will do better in the long run. A lot of times people don't know that. They just stay in that I don't think, I don't want to feel, I don't want to feel mode, and for them, that feels more safe. Numbness to me is a sign that I look for in people. If it's extended over time and it's affecting your relationships, then you need to put your antenna up and say, I need to figure this out.

Craig Luecke

Okay, Vickie, I've determined that I have a problem and I want to take the next step to get help. Okay, so what should I expect if I go to a therapist? Are they going to commit me to a psych ward or something like that? What actually does happen?

Vickie Taylor

I think it's one of the big misconceptions because it's not really that common for people to go to therapy. So, we see lots of different representations of what that looks like and people have all kinds of different ideas about what it's going to be. That in itself is a barrier. They're going to ask me things I don't want to talk about. They're going to want to know about my relationship with my mother. They're going to want to know about all kinds of random stupid things I don't want to talk about, so I'm not going to go. For people who enter into, particularly first responders, it is really critical that you have providers who are very comfortable in their own skin and that they are people who have very strongly developed skills that are skill-based approaches. This is not a population in my experience, who would like to come in and for an hour talk about how I feel.

Vickie Taylor

They already know how they feel and very much what they would like to do is say, how do I move to the next place? So much of it is a really simple process, if you will. It's creating a trust in the relationship between the person coming in and the therapist, that I have your best interest in mind, that I am interested in what you want. What do you want to accomplish? How would you know if this process was helpful? So that that person becomes the partner. It's not come in, the expert tells you what to do and everything moves along. It's together, we're going to have a partnership where we identify what is it that you are trying to achieve, how would you know when you got there, and then what are we going to do in between that is absolutely skill-based and builds people's level of competence in coping skills and in managing their symptoms, their triggers, so that not only do they resolve the present issue, but they get a bigger skill set for going forward.

Craig Luecke

Okay, everyone around the table, how would I find a clinician that is qualified to talk to a first responder? How does that work? Because I've heard stories where a first responder went to a therapist and they ended up crying because they couldn't believe what they were hearing from the firefighter. I mean, Frank, you've told us a story about that. How do I find the right person to talk to?

Frank Leto

It's so interesting to me, and firefighters are incredible at this, and when they look for a bargain and buying a refrigerator, they'll check out 10 refrigerators. They try to find the best price, and they shop, and they look at all online, and then when it comes to a therapist, they're not doing the same thing. Therapist is the same way. You need to shop for one, you need to find one that connects with you. If you don't connect with a therapist, doesn't necessarily mean that there's something wrong with you or something's wrong with the therapist. It's just not a good connection. In communities where there's an abundance of therapists, like New York City, you can bump into one down the street. You can do that. In other places, obviously, you're not going to have that kind of choice if it's not done for you that you have to do it yourself.

Frank Leto

I mean, this is a big deal. It's your own health, and it doesn't mean you're crazy if you're going to a therapist. I mean, I think that's a misconception that a lot of people have. Okay, I must be going nuts. I'm going to a therapist. It doesn't mean you're dying if you go to a doctor. It means you may need some extra level of support. So, we have to get rid of the misconceptions. Put therapists out there, what they are, what they can do, what they can't do. We have to educate our members. We need to be on our game to be the best firefighters we can be.

Vickie Taylor

I love your point about people think, oh, well, I must be crazy if I'm going to therapy. No, it just means that perhaps it would be helpful to have another level of an objective view of problem solving.

Frank Leto

One of the big changes that has happened at FDNY is people are calling up and saying, you know what? I'm not being prodded. I think I need to go to counseling. That didn't happen before. So those conversations are going on. Why do you think you need to go to counseling? That's not my question. If you think you need to go, we're going to try to get you the right match, and if this doesn't work, we're going to find the right person that is a match. So, I think it can change. I think it's not going to change overnight, but it can change for all departments.

Craig Luecke

Okay, I'm going to throw this out there. What should a firefighter do if they are considering help? Should they go to their supervisor? Insurance company? What would be the first step?

Richard Gist

I don't know that it matters so much where they start as long as they start. And one of the objectives is making sure that we should be building in the organization whoever you reach out to, they can immediately get you into that chain that's going to get you what you need. If you've got to figure out who's the one person in this organization I could go to, we're going to miss way too many people. Every one of us is obligated to be that guy.

Frank Leto

And I might reach out to somebody that I really trusted as well, a friend, a family member or clergy. Make it a team effort. If you don't have the organization within your department that you can go straight to help, get other people involved, make connections, and get support that way.

Patricia Watson

I would say too, if you're an introvert and you don't have people that you feel like you can reach out to and trust, you could do some of this foundational work on your own where you sit down and just try to reflect on where you are, where you want to be, how you can get from A to B, what are the next two steps that you need to take to get there. For each person, it's going to be different, but you got to kind of start with what's not working and how do I get from here to there?

Vickie Taylor

And once you identify resources that are in your community, within your department, within the area around you, have it easily accessible. So that person that doesn't want to say anything to anybody else can go on your health and wellness site of your department and see, here's five different places you can get help, and here's some people that if you want to, you could reach out to who could help you make a choice of a therapist who might be a good match for what you're looking for.

Patricia Watson

And for other people, it's not going to be a therapist because they'll never trust a therapist. It might be a peer, a retired first responder, a chaplain, a family member, an online support group, Alcoholics Anonymous, whatever it is for that person. Just somebody that will help them expand their view and their awareness and be able to kind of think things through slightly differently.

Victor Stagnaro

And I think that's huge. You just recognize you don't have to go it alone. There's people who've been down the road and they can help you. If you don't know who they are, you can ask, but even if you're afraid to ask, there's people you can reach out to, whether as Frank said, a chaplain, a loved one, a coworker, someone you respect. I think that's the main thing, is to know you don't have to go it alone.

Craig Luecke

Okay. Everyone knows I'm very, very active on social media. I'm on every platform that exists, right? Every now and then I will see in the newsfeeds, say, first responders from various agencies around the country or even around the world, they're posting differently, if you know what I mean. I can sense there's something going on, and when they post, they're really getting ignored. No one's liking, nobody's commenting. Maybe everybody else is thinking the same thing. What should I do as a person?

Frank Leto For our peer team who, let's say there's 60 members of our peer team and they have on let's say Facebook, thousands of connections. That's a real concern of ours. How do we reach out to a person that is posting something of concern? We have not found a real effective way unless we know that person. We can give them a call and ask them how they're doing.

Craig Luecke Is it just a simple sending 'em an instant message saying, Hey, how you doing? Just be a friend. Say, is everything okay?

Frank Leto I would call them. I mean, who knows this person? Where does this person work? Who knows this person? Does anybody know somebody to know? Give them a phone call. Let's not. Let's not fool around with text messages or Facebook. Let's give this person a call and see how they're doing. Let's show up at their firehouse and see where this is going.

Richard Gist I'm reflecting on where this question has, where I've heard this question before. Usually it's somebody who comes into the office and says, I'm concerned about this person here. And usually my response, because often it's a battalion chief or someone like that, it's how well do you know him? Who knows him well, and it's exactly what Frank said. Somebody needs to call them. This is not a time for a text message or Facebook IM, it says, pick up the phone and call.

Vickie Taylor And then just be direct about it to help that person say, I'm really worried about what I saw you posted on Facebook, and I'm checking in on you because that worried me.

Richard Gist Right? A good WTF response sometimes starts the conversation going, well, hey, whatever you put up there, just scared the hell out of me. What's going on?

Craig Luecke

So basically what you're saying is—if you see something, say something. Thank you very much, Richard. We are out of time for this episode of *Checking In*, focusing in on firefighter training. I hope you found this very informative and you will continue to listen to all of our episodes and a very special thank you again to our panel of experts, Patricia Watson, Vickie Taylor, Richard Gist, Frank Leto and Victor Stagnaro. Thank you very much for your time, everyone, and you the listener. Please take time to subscribe, like comment on the podcast on iTunes or your favorite podcast audio app by searching for checking in, share it across social media with your friends, family, coworkers. Everyone can benefit from this series whether they're a first responder or not, and we sincerely hope everyone goes home. If you have questions or comments regarding this program, you can email info@everyonegoeshome.com. And please remember everyone, if you or someone you know is in need of immediate support, please call the National Suicide Prevention Lifeline at 1-800-273-TALK. I've been your host for the series, Craig Luecke and we'll see you on the next *Checking In*.