



Checking in: A Behavioral Health Size-Up

Episode 4: Peer Support

Theresa Trevino

I hear a lot and I heard a lot when I was, whether it be in the service or the fire department, you're just not strong enough. If you go get help, you're weak. If you were to show an ounce of emotion on any call, whether it be a kid that passed away didn't make it, or you definitely didn't want to be the one for anybody to see any type of, I guess, emotion at all, because the stigma is like that's a sign of weakness and you don't want to be seen as the weak person, like I said, military or fire department. I think this is something that they need to teach that to. Especially this new generation coming into fire departments, EMS nursing as well. It's just some people cope with certain things a lot differently than maybe you do. Somebody can go to a car accident, maybe pronounce a young child and walk away from it and say, okay, and that's it.

Whereas other people have kids at home and they walk away and they go home to their kids and maybe that's what they saw on the scene. You never know. People's brains work differently. They process things differently. They relieve stress differently. Some people don't really have a stress reliever. I'm asking everybody from fire, EMS, nursing to even active-duty personnel. If you see signs, if you see any of that, go talk to the person. Go ask them. Hey man, are you okay? Sometimes that's really all it takes. Sometimes somebody just needs somebody else to tell them you matter. Something as simple as that. I mean all the stigma of if you go get help, you're weak and that's because I know that there is people who have been in the fire service over 20 years and you can walk around all day with your shoulders broad and walking like you're hot, like nothing can touch you, but you don't think us younger people can see behind those eyes and see what's really going on. We know you're hurting too. It's really not a bad thing to ask for help. Just let go of that stigma and start helping each other out.

Craig Leucke

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Welcome everyone to episode four of our podcast series, *Checking In: A Behavioral Health Size-Up*. I'm your host for the series, Craig Leucke. Thank you for joining us. The firefighter you heard beginning this podcast, her name is Theresa Trevino. She can be reached at <mailto:TTrevinoemt@gmail.com>. Thank you so much for allowing us to use your audio from your video. That was right to the point. On this episode, we will focus on firefighter peer support. What is it? How does it work? What steps does it take to create the program and so much more and joining me again are the experts, Patricia Watson with the National Center for Post-Traumatic Stress Disorder. Vickie Taylor, director of Prince William County, Virginia Public Safety Resilience Program, Dr. Richard Gist, deputy director of the Kansas City Fire Department., Frank Leto, captain with the FDNY and Deputy Director of the Counseling Services Unit and Victor Stagnaro, director of the Fire Service Programs with the National Fallen Firefighters Foundation. But before we get started, I'd like to welcome our guest Captain Greg Burns from the Howard County Fire and Rescue Department in Maryland. How are you ,sir?

Greg Burns

Good. How are you?

Craig Leucke

You are implementing a new peer support training program within your department. Can you tell me more about what led up to you wanting to do that?

Greg Burns

Well, we've had a critical incident stress management team for years now and we've gone through some times where our team has been very active and changing of leadership and lost members, so we're really taking a look at getting away from the CISM model and calling ourself a peer support team. But the biggest thing we're looking at is training all our personnel within the fire service or in our fire department and giving them skills and awareness of what they can do every day around the kitchen table in the fire stations with their peers, giving them just an education awareness level of what things look like and to recognize when maybe somebody on their shift is struggling with something, giving them the tools to be able to approach that individual and talk to them and maybe help them through their difficult time and then also giving them the tools to recognize where it may be a little bit more than what's needed and that they can provide there around the kitchen table within the fire service and giving them the resources that they can reach out to.

So, we have been working with that by working with our initial recruit class that just came through. We have 37 people that for the first time received eight hours of awareness training, mental health and peer support training. We're kind of really looking at the overall mental health of our workforce, not necessarily a big incident like we did in the past with our CISM team where there was a large event and we would draw all the people into a room and have a debriefing. We've kind of seen that the literature that's out shows that that's kind of beneficial for some and not beneficial to some others, but not hurtful and then it could possibly be even hurtful to other people. We're looking at it more as these people have lives outside of the fire department, they have day-to-day struggles that we all have and they come to work and whether their day-to-day struggles may be related to something in the job, whether it be the hours worked and the struggles that come with that or just other things that they see on a day-to-day basis and don't know how to deal with or don't have the avenues at home to deal with.

Greg Burns

So, we're looking at the overall mental health and wellbeing of our personnel day to day and being able to educate everyone and change a culture so that we can help each other on a day-to-day basis in the fire station and giving them the resources to do so. We are still going to have a peer support team that can come in and give more guidance for those people and then also building out our referrals that we have local mental health professionals that we work with that they are familiar with, whether it be just seeing them through training, seeing them in the fire stations, doing ride-alongs and stuff like that. Obviously, we have EAP in place for our jurisdiction. I don't know that EAP is the answer. I think it's a good resource. However, I think we want a little bit more for our personnel, so we're really trying to build these relationships up with the local mental health professionals that were interested and that we can refer those people to if they choose that they need the referral and they would like to go to 'em.

Craig Leucke

Howard County is located smack in the middle between Baltimore and Washington DC. How big is your department?

Greg Burns

We're about 400 personnel.

Craig Leucke

And is it combination, paid, volunteer?

Greg Burns

It's paid and volunteer, yes. The 400 is paid personnel.

Craig Leucke

What are the implementation steps you plan to use to get training to all of the members and how will the volunteers be included in the program?

Greg Burns

Yes. We initially started with the National Fallen Firefighters came out and we're starting with the Stress First Aid program. We are implementing that class and trying to get as many people involved with that. We also are doing some online stuff to assist with the training of all our personnel. Again, when we go through inservice, we have tactical fire in services, we have hazmat, confined space, medical EMS in services. We're looking in the future to do mental health in service. Along with that, we are looking for ways to implement resources for our people. We have a health and wellness board in all our fire stations where we update the boards on a monthly basis with different mental health topics that people, if they choose to read, and then we also have permanently posted resources for different hotlines or our 24-hour peer support hotline where they could reach out. We've also done things in the sense of our safety messages we have on our webpage. We do that to build awareness and we've been doing topics on mental health, PTSD, substance abuse. We also have done different things to assist our personnel where we have on our webpage, under our peer support tab where you can go on and you can get the contact numbers for all the people on the teams. So, if there was an individual that may feel comfortable with another individual and they can look up and reach out to that person individually.

Craig Leucke

Captain, can you tell me how valuable the National Fallen Firefighters Foundation has been in assisting you in implementing the program?

Greg Burns

Oh, they've been a great value to us. We have worked really close with Dr. Sara Jahnke when she came out and did the initial beginning part of this program. They're assisting us with the online training and then also they're coming in and teaching the Stress First Aid program to our members. We're obviously looking to build relationship with them and moving forward and looking at other training options for our peer support team members and then obviously going forward to hopefully trickle that down to all our personnel to assist in changing this culture and building their awareness level.

Craig Leucke

What was the trigger that caused the department to change from a CISM model to a peer support team to recognize PTSD and stress injury?

Greg Burns

I was doing some research when I came into this position and was kind of talking with the fire chief and kind of felt like the CISM was a brand of the I-C-I-S-F and it was kind of more around these huge incidents and we kind of wanted to, again, to really address the day-to-day wellness of our personnel, and we felt that calling ourself a peer support team really would represent that better rather than when you start thinking of a CISM team, you think you're coming in with a lot of mental health professionals and maybe doing some things that we are technically not capable of doing. So we really wanted to do that and change the way that our membership really looked at us in the sense of saying, we're one of you and we're here to help. We can relate to your issues. We've been there. You can trust us to build that level of trust.

Craig Leucke

Frank, you're with the FDNY and you have a counseling services unit that deals with this sort of thing. How would a department go about implementing such a program like this that Howard County has done and the FDNY?

Frank Leto

Well, the way Captain Burns has described it, I mean that is a perfect way to go about it. My compliments to Howard County. But I think when you think about peer support program, you have to think about it in the context of a comprehensive behavioral health program. A lot of things Captain Burns mentioned was education. We really do have to start by educating all our members on behavioral health issues right from the day they walked into probie school. The other part is direct services. What can the department directly give to the members? Outside resources and then the peer support. So this is for components of a behavioral health program. Peer support is the outreach, peer support is the boots on the ground. Peer support is the bridge if necessary to that higher level of care. And I always say that peer program is experts in everything.

Frank Leto

We are experts in having a family member with cancer. We are experts in having a child with autism. We are experts in dealing with elder care issues. Let's spread that around. Let's give that information out to other members. We don't need to relearn every time a family gets a diagnosis of a child with leukemia, we don't need to relearn the system. We can use our peers that have gone through it, that have lived through it, have come out the other side to support other members. Almost all the peers on our team have come back after being supported and said, I'm here today because my child was diagnosed with leukemia four years ago and he's doing well, but I'll never forget what you did for us and now I want to do the same for someone else. And that's how to build a program. Again, we've talked a lot about counseling, a lot about therapy. Peer support is really being with somebody, being present with someone showing compassion through a difficult time and holding their hand if necessary, and just being an ear or a shoulder to lean on.

Craig Leucke

Frank, what is involved with this peer support training? What are the steps? How long is the course? Who's involved? Who is targeted?

Frank Leto

Okay. Again, you need an infrastructure. You do need a person that's going to be coordinating the program. So, if you do a peer support training in a department and there's no infrastructure, it's just going to kind of dissipate. There are a number of different peer training programs that you can research online. It's typically a two-day program with online trainings prior to that program and then follow up. That's probably the most important part is the follow up of talking to programs where you can be matched with programs that are about the same size department in the same part of the country where you can bounce off each other. We're New York and we have an established peer program that's been going on for 20 years, but we are learning every day from other departments. We have close relationships with Chicago and Phoenix and Boston where they are innovative. We don't need to relearn that. Everything that we have, we probably stolen from someone else. Our program was no one's brainchild. It evolved probably through mistakes that we made, mostly. I would say there are lots of resources when it comes to building these programs. Find them.

Richard Gist

I think one of the key things any organization ought to think about when they're starting this, build from your baseline. You look at what you've got in Howard County, they have a CISM team that was a part of their organization. New York had the counseling unit. Whatever you've got, you start there and then you build it. Much as Frank said, you build it organically rather than trying to hammer your department into a mold, you find the things that work in your department and keep building on those. People think they got to have this thing up and running and have all the bells and whistles on it on day one. No, you just got to start. It'll work itself out and the more it produces, the more folks will get behind it. I think maybe the second thing to think about in the whole peer support concept is that a peer support program is an essential bridge to help firefighters from where they live and work around the kitchen table, on the apparatus floor, to build bridges to all those other resources that are out there.

It's not in itself a behavioral health program. There's a whole lot of stuff that has to be built behind it to make that bridge possibility to work. And you have to be building that at the same time you're building out that program or you're going out finding people who need help and not having something to do with them. But where the rubber meets the road in a fire department is with those peers at that working level who know the people next to them, know their experiences and what they've been through, are they're able to see changes that we won't see in the puzzle palace for a long, long time and be able to do something about it before it gets so serious that we're fixing damage.

Craig Leucke

Victor, I think a lot of people are probably surprised by now that the National Fallen Firefighters Foundation actually has other programs. They usually only think of the memorial. If someone wanted to contact them about the program, what is the process, the cost, what are the next steps?

Victor Stagnaro

There's lots of elements to the program and some of the things we've discussed in previous podcasts, after action review is a component of behavioral health. In the beginning, I didn't understand how an after action review connects with behavioral health, but as was explained, and actually Dr. Gist did a terrific job of enlightening me on that by demonstrating that firefighters want to be operationally excellent, that's where they're judged. So an after action review gives us the ability to address those operational components of an incident. It also, we understand that if an incident was well-managed and well run and it had a bad outcome from a behavioral health standpoint, we can probably walk away from that feeling a little better than when it was poorly managed, we didn't operate well and it had a bad outcome and now there's a sense of the organization or maybe I personally failed.

So, after action review is an important component of it and that's why we stress that every company officer ought to be doing that on a regular basis on every incident. There's free training online at the Fire Hero Learning Network and get training on after action reviews. The second piece is ,we also have this online, it's Curbside Manner -Stress First Aid for the Streets. That is a course that outlines the things we do for our citizens every day. When we go out on an incident, we're taking care of those citizens, whether it's handing them a cell phone so they can call a loved one or making a phone call for them or providing some assistance or going in and getting their medication after they can't go inside their burned-out structure. All kinds of different ways in which we support our citizens. And that helps us to highlight the fact that these skills that we're talking about in Stress First Aid, we use them every day when we're out there working with our citizens.

Victor Stagnaro

And then there's the Stress First Aid program that goes a little bit deeper, but essentially, it's those same skills that we address our citizens for or how we assist our citizens. We have to be doing for one another. So that's kind of the first step is you can just go online. The Fire Hero Learning Network has those courses and they're free. So that's one good start. And then just as Howard County has done, they can contact us, can come in and connect them with people who can do the stress first aid day long training. And that's generally more for the folks who are going to be peers, people who are going to be managing a program, and then they can begin to launch into building that organization within their department to create that peer support network. And I think the other piece is there are those peer members who are designated to reach out and connect with the firefighters, but the other thing that stress First Aid does, it gives everybody in the organization that baseline of stress first aid. So every firefighter, every company officer is essentially a peer. So that's another component of the training that needs to be incorporated.

Craig Leucke

Frank, after you implemented the program of the FDNY, did you notice a culture change changes in the fire stations?

Frank Leto

We were mostly responding to major incidents. We didn't have in the station, at the academy education that we do have now. What has changed? I think most of the firefighters that have come on, it's 15 years since 9/11, most of the firefighters, this is what they're used to. This is what they expect. They deserve resources at their disposal when they need it, and they have that at FDNY, so they wouldn't settle for anything less and hopefully they'll never have to.

Patricia Watson

Also, if you look at some of the research on peer support evidence, there aren't a lot of studies, but the ones that have been conducted would indicate that programs that have peer support teams report significant gains in people's ability to make decisions, function socially, and in their job reduces people's isolation, creates a better impetus for people seek support. Also, things like they're more likely to pursue their personal goals, report that they have a greater capacity to deal with adverse life events. And particularly in light of some of the recent research about two of the components that have been shown to be related to suicide or a feeling that you're a burden on others and a sense of isolation. So I think people that are supported by networks that they're working within, feeling like they can talk to people if they have to, knowing that people are there, even if they don't want to talk, are less likely to feel like a burden and more likely to feel connected to others.

Richard Gist

I think the biggest response for the organization with a good program like this in place is it makes the organization a healthier, stronger place to work on a daily basis. And one thing we know for absolute certain, after years of doing this sort of stuff, coming in after the fact and trying to help a department put the pieces together after a really bad event, a department that is healthy, strong, and functioning when it happens will find its way through it pretty much regardless of what we do or don't do afterward. At an organization that is struggling at dysfunctional full attention, it'll pretty much come apart at the seams no matter what we do or don't do after the fact. So again, this is part of having that strong functioning organization there before you take the kick to the gut and being able, I mean, that's what resilience means. It doesn't mean you don't get kicked, it means you get back up.

Patricia Watson

So, building strong skills within a person and also building a strong organization are sort of like the immune system model where you want to build the immunity, take the vitamins, do the things that make a strong person and a strong organization ahead of time so the person and the organization are more resistant to the stresses and strains that they meet.

Frank Leto

What we've seen time and time again after major incidents around the country is we get there and there are no programs in place and the department's in disarray. They did not plan for this and some things you can't plan for. Some of these tragedies are horrific and no one would expect them, but if you don't have a program in place, it's so difficult to start from scratch at that point.

Craig Leucke

Okay, everyone. How does the department go about selecting peers for this program?

Frank Leto

There are a number of ways. One of the more innovative ways from the relatively small department in the Northeast, they did a kind of popularity contest. They put a survey out and asked if you had an issue in your life, who are the top three people in this department that you would speak to? And they took the top 10 or 15 people on that list and they invited them to the peer training and the chief said some of the people that on that list, it was like, no way should this guy be on the list. But your peer team really has to reflect the department, not necessarily the person that you would go speak to. It has to look like your department. It has to be diverse. It has to have all types of people. So that's one way. The way we do it is kind of word of mouth. Because we have an established program, we expect our peers when they recognize someone that has the skills to bring them forward, and we ask them if they'll join us. And sometimes we beg them to join us and it's always on an interim basis. So we say, this may work for you or may not work for you. Let's come back and have this conversation in three months if either of us are not comfortable with it, let's part with no hard feelings.

Richard Gist

I think the things that programs that work, like Frank was talking about there, the things they share in common about selection is they decide who are the people they're looking for and they go bring them into the program. One of the risk factors unfortunately is that if you ask who wants to do this kind of thing, you may get good people. You may get people who are wanting to air their own baggage one more time. And the people that you need here are the people who are positive role models of successful adapting. The people that can say, I've been there, done that, got the T-shirt and I came out better on the other end.

Frank Leto

We make sure that if someone is recovering from PTSD, depression, substance abuse issue, that we're really not early in their recovery. They really do have to focus on themselves. If somebody comes early in their recovery and I'd say, this is great. I'm glad that you want to do this, come back in a year and we'll talk about it. We don't want to interfere with their recovery.

Vickie Taylor

One thing we have neglected to mention is we very much use peers to bridge people to resources, but often on the behavioral health provider side, we also use peers to help mentor people back. To help people who have such alienation, they need somebody who will kind of champion them to help them with skill building. I think that is a really critical piece too, is that that kind of bridging goes both ways.

Frank Leto

We can't forget that we have to support our peer teams and they are taking a lot of trauma on, so we have to try to work with them to avoid burnout, vicarious traumatization, and the way to do that is with supervision and group meetings. We at FDNY, once a month, we'll have small support groups for our peers where they get together in groups of six or eight and they talk about their month's work. And then we will have lunch together where we make our own lunch and it would be in a fire station, and then we have an education piece, and then we have a group meeting. So once a month, we want to be eyes on each other. We want to have supervision. We expect our peers to practice what they preach. If they recognize another peer needs support, address that peer, refer them. If we are not doing it, then how can we expect the rest of the department to?

Craig Leucke

Thanks, Frank. If your department wants to get more information on how to start a peer support training program or you just have some questions or comments regarding this program, you can email info@everyonegoeshome.com. I'd like to thank our special guest Captain Greg Burns, as well as our panel of experts, Patricia Watson, Vickie Taylor, Richard Gist, Frank Leto and Victor Stagnaro. Thank you everyone once again. You can help this podcast by subscribing, liking, commenting, sharing across social media. Everyone can benefit from this series, your friends, your coworkers, it doesn't matter. Please remember, if you are 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 Leucke, and we'll see you on the next *Checking In*.