## Report to the

## **Cumberland Fire District**

# Three Platoon- Fifty Six Hour Workweek Study Committee

On the Social effects of Firefighting and Emergency Response

Prepared By:

Jeffrey McCabe

Lieutenant CFD

October 5, 2015

## Verbal testimony

#### Social effects outline:

- A. Days worked on typical four platoon structure versus a typical three platoon structure, focus on weekend and holidays worked
- B. Alcohol abuse in fire and emergency services
- C. PTSD and Suicide in the fire service.

#### A. Work schedule:

Using typical twenty four hour shifts, and comparing a typical 4 platoon and 3 platoon rotating structure it is revealed that under the 3 platoon rotation, each platoon would be required to work up to 2.5 times more holidays. Using the year 2016 as an example the first platoon would work the same amount of holidays, the second platoon 2.5 times more holidays and the third platoon approximately one third more holidays. These percentages would rotate throughout the platoons in subsequent years.

Using the same rotating structures and comparing weekend shifts, the research finds an increase of shifts worked. First platoon a 40 percent increase, second platoon a 33 percent increase, and third platoon a 26 percent increase. These percentages would rotate throughout the platoons in subsequent years.

Weekend shifts and Holiday shifts are emphasized due to the overwhelming prevalence of family commitments, celebrations, and other social activities that take place on weekends and Holidays. We live in a predominantly Monday to Friday professional occupation culture. Family and social activities from children's birthdays, sports, cookouts, religious celebrations and worship, to leisure time with all family members present are predominantly weekend and Holiday activities.

Using the typical rotating three platoon structure, a firefighter would never receive a three day weekend; weather a Friday, Saturday, Sunday or a Saturday, Sunday and Monday Holiday. Also, when a Saturday and Sunday off comes up in the rotation the firefighter would actually be working the first seven hours of Saturday morning (00:00-07:00), and then may need to rest part of the remainder of the day to recover from the

shift that just ended. Statistically the firefighter would receive just over one full Saturday and Sunday off per month.

### B. Alcohol abuse:

In a study by the American Heart Association, a high rate of alcohol use and abuse is found in the fire service. In an analysis of the data it is suggested that firefighters may use alcohol to cope with the stress of the job and their experiences repeatedly being exposed to trauma. It is estimated that the alcohol abuse disorder rate is 7-9 % for adult Americans and anywhere from 25-30 % for firefighters.

In a separate study, funded by a grant from FEMA's Research and Development, data was collected from 656 male firefighters from 24 departments. Comparing this data with that from the Centers for Disease Control and Prevention show staggering differences in alcohol use and abuse in firefighters versus the general population:

Alcohol use in last 30 days- general 62 %, fire 85 % Binge drinking in last 30 days- general 23 % fire 50 %

### C. PTSD and Suicide in the fire service:

In 2012, firefighting was listed on the list of the most stressful jobs in America. It was chosen as the most stressful job in 2015.

Suicide rates are on the increase among firefighters. There is an overall lack of understanding concerning suicide in the fire service. Out of respect for the deceased and their family and the stigma of suicide, suicide deaths may be classified as something else such as "accidental" or "other". The National Fallen Firefighters Foundation reported that fire departments are four times more likely in a given year to experience a suicide than a "traditional" line of duty death.

The frequency and ambiguity of emergency calls create a stressful environment that can take a huge mental and physical toll. Chronic exposure to these potentially traumatic events and critical incidents increases the risk for post-traumatic stress disorder and subsequent coping mechanisms like alcohol abuse. These stressors and health challenges have led to other negative outcomes, including an increased rate of suicide among firefighters than in years past.

Lt. Jeffrey McCabe

Suicide, divorce, substance abuse and heart attack rates among firefighters are the highest in the nation. The rate of post-traumatic stress disorder (PTSD) for the general population is 6.8% compared to 16-24% in the fire service.

Respectfully submitted,

Jeffrey McCabe

Lieutenant, Cumberland Fire District

## Days Worked by Public Safety Employees Not traditionally Worked by Private Sector Employees Calendar Year 2016

4 Platoon 42-hour Week	make respective
# of Holidays Worked	
1st Platoon:	3
2nd Platoon:	2
3rd Platoon:	- 3
4th Platoon:	4
# of Weekend Days Worked	
1st Platoon:	25
2nd Platoon:	27
3rd Platoon:	27
4th Platoon:	26

3 Platoon 56-	hour wee	K mineralminaria san
# of Holidays Worked	•	<u>% Increase</u>
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2nd Platoon:	5	250.00%
3rd Platoon:	4	133.33%
# of Weekend Days Worked		<u>% Increase</u>
1st Platoon:	35	140.00%
2nd Platoon:	36	133.33%
3rd Platoon:	34	125.93%

## 4 Platoon 42-Hour Work Week

Calendar Year 2016

(Current Schedule)

January 2016

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24 Hour (current)

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24 Hour (current)

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December 2016

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015 7:44 PM					24 Hour (current)					Page	- 40

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## 3 Platoon 56-Hour Work Week

Calendar Year 2016

(4<sup>th</sup> Platoon dropped from calendar)

January 2016

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February 2016

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3 platoons

**April 2016** 

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June 2016

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Lt. Jeffrey McCabe

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## Firefighter Suicide: The Need For Examining Cultural Change

It is well documented that first responders face profound physical and psychological demands on the job from multiple car pile-ups to child drowning's. The National Fallen Firefighters Foundation reported that fire departments are four times more likely within a given year to experience a suicide than a "traditional" line-of-duty death. Research suggests, that firefighters are not immune to the excessive stressful nature of their careers, making firefighter mental health a critical issue of firefighter wellness and safety.

Firefighter culture demands members be mentally tough as well as physically strong. Silence regarding personal problems and use of poor coping mechanisms (e.g. alcohol) are often found all too often within firefighter culture. Recently, during the National Fallen Firefighters Foundation Tampa 2 Summit in 2014, fire service personnel and researchers have further discussed and developed programs and concepts to combat the tragedy of suicide in the fire service. A small number of departments have created programs to address suicide, most notably Phoenix, Chicago, and Houston. Sadly, these programs were initiated following a number of suicides in their departments. It is becoming increasingly clear that Fire Departments need to have proactive programs for education, prevention, and intervention while also establishing policies and procedures in the aftermath of a suicide if they want to make a difference in the suicide rate.

At this time, there is an overall lack of understanding concerning suicide of fire service personnel. One problem doing such work in this area involves the classification of firefighter deaths. Out of respect for the deceased and their family, the existing stigma, as well as to shield the department, suicide deaths may be classified as something else such as "accidental" or "other". Also, a national database to track suicide by firefighters is lacking and needed. In 2011, Captain Jeff Dill attempted to combat this problem by creating the Firefighter Behavioral Health Alliance website to facilitate efforts to track firefighter suicides. The website reports that from the information they gathered between 2000 and 2013, there were 360 confirmed firefighter suicides. Even with this website, the true numbers of yearly deaths by suicide are under-or inaccurately reported.

## Challenges within Firefighter Culture

Similar to law enforcement, an "us vs. them" mentality exists towards those not in the fire service, creating camaraderie with their peers, but isolation from outsiders. This brotherhood can function as a protective factor against post-traumatic stress and depression, by providing support and understanding of the stresses and challenges encountered on the job. However, this mentality can both function as a risk factor, creating isolation for firefighters who feel they cannot talk to anyone other than fellow first responders about job stress, ultimately inhibiting them from seeking help from mental health professionals or other non-uniform personnel. The fear of seeking services from mental health professionals "who don't understand" leaves the door open for tragedy.

Silence and refusal to discuss mental health issues that are common, such as depression and anxiety, compound the problem of addressing suicide among firefighters. Firefighter culture dictates that mental health problems are a sign of weakness and failure. Mistrust of a member who admits to these problems is a possibility, as fellow firefighters may feel the person is not stable and a risk to their personal safety on calls. Also pervasive within firefighter culture are traditional male values and machismo identity. There are aspects of the culture that are part of being an effective firefighter, but when they inhibit help seeking behaviors they become a contributor to suicide rates.

Cultural codes in the fire service that inhibit help-seeking behaviors and create a negative attitude toward seeking mental health services will require change. The message from fellow fire fighters (who have been

there) needs to endorse a cultural shift change, that proactively addressing mental health problems in general, and suicide in particular, is actually a life saving intervention and not a sign of weakness.

#### **Risk Factors**

Similar to military personal, first responders are a unique group of individuals who rely on each other for survival while placing their lives on the line everyday to protect communities. Part of the job is responding to a variety of challenging situations that are potentially traumatic. The frequency and ambiguity of these calls create a stressful environment that can take a huge mental and physical toll. Chronic exposure to these potentially traumatic events and critical incidents increases the risk for post-traumatic stress disorder and subsequent coping mechanisms like alcohol abuse.

The following are known risk factors for suicide for firefighters:

- Expressing feelings of hopelessness and helplessness,
- Feeling as if they are a burden
- Previous suicide attempts
- Increases in alcohol or drug use
- · Changes in sleeping pattern,
- Social withdrawal or isolation
- Anxious or agitated behavior.

Peers within a firehouse can observe many of the risk factors for suicide, so if firefighters are able to learn and recognize signs of possible suicidal behavior, there is an increased likelihood that a tragedy may be prevented.

Specific to the fire service, Caucasian males ages 18-24 and 40-55, those who have experienced a history of trauma, as well as acute and chronic stress have been shown to be at an increased risk for suicide. Personal life challenges, such as chronic health problems or illness, interpersonal relationship difficulties, death of a close friend or family member, substance abuse, aggression, and impulsivity all are contributing risk factors for suicide as well. Interestingly, the above mentioned age ranges are typically towards the beginning and end of a fire service career. This may be due to difficulty adapting to the stresses of the job including increased trauma exposure, transitions of adjusting to retirement, and the feeling of a loss of identity. Firefighters not only experience stress from calls for service, but from real or perceived internal organizational pressure, lack of administration support, negative media coverage, and a lack of balance between work and family life. It is clearly apparent that a vast number of risk factors are evident in this population that may increase suicide potential, therefore there should be a greater focus on protective factors to combat suicide.

#### **Protective Factors**

Numerous studies have identified risk factors for suicide, but little has been conducted on protective factors against suicide among firefighters. One important protective factor that has been identified is having a social support system such as family and friends as well as a religious community. As mentioned previously, firefighters think of each other as family; thus, this bond may act as deterrent from suicide. Firefighters derive a sense of purpose from their career, which has also been shown to function as a protective factor decreasing the likelihood of suicide. Consequently, firefighters who have disciplinary leave, job loss, or retirement may lose a vital protective factor against suicide. Future efforts need to be focused on protective factors and causal linkages.

## **Recommendations for Future Initiatives**

The unique risk factors for suicide that are found within the fire service need to be further researched in order to tailor education and prevention programs. This information is imperative for peers and personnel to be aware of in order to actively recognize a fellow firefighter who is exhibiting signs and symptoms of suicide risk. As underscored by BSO Fire Chief Todd LeDuc, "2015 is a year for the fire service leaders to confront the cultural stigmas head on and develop programs designed to ensure the behavioral health and safety of our firefighters on the front line and those who support them" (LeDuc, 2015).

The emotional and physical cohesiveness related to the strong bond among firefighters is important for researchers to recognize and integrate into programs targeting firefighter wellness. Departments need to adopt peer counseling or support programs that aim to recognize signs and symptoms of suicide risk and increase the willingness of firefighters to seek professional help. Goals of such programs should include: raising awareness of suicide risk and protective factors; letting others know they are not alone; and developing a more educated, understanding, and supportive environment. Fire Department Suicide Awareness Programs need to be created to reach every firefighter with the goal of addressing suicide in a direct and non-judgmental manner. Resources should consist of: Employee Assistance Programs (EAP's), easily available psychologist resources, availability of mental health agencies, consideration of a Chaplaincy Program, and peer support efforts. These resources should be made available for firefighters and their families. Fireacademies should also devote time to psychoeducation on stress and stress management to point out and support the use of proactive coping mechanisms, so that new firefighters are better prepared and equipped to handle their new career. Finally, retirees should not be forgotten, as they are also a group that is at a higher risk for suicide.

Firefighters are used to solving other people's problems; it can often be a challenge for them to address their own, particularly with regard to their self-care and wellness. The experiences that firefighters endure every time they bunker out can overwhelm even the most resilient firefighter and strongest coping strategies. Compounding the situation is a firefighter culture that embraces an attitude of suspicion and resistance towards anything that may result in the suspension or loss of their careers, including seeking mental health services. Resources and policies take time to implement; however, what can and needs to change is the fire service attitude towards mental health. Although the fire service has begun to take a more accepting view towards mental health services, further gains are needed. Firefighters need to know it is not an admission of weakness to ask for help. The fact that greater recognition of suicide within the fire service is indeed a problem, helps start the discussion of what can be done to prevent the continuing alarming number of firefighters who die by suicide.

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## Firefighter Suicide: The Need For Examining Cultural Change

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# SUICIDE RATES RISING AMONG FIREFIGHTERS 08/13/2015

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By Mark Lamplugh

Suicide rates are on the increase among firefighters. In fact, the rates are beginning to catch up with the rates of law enforcement officers. Some of the same stressors affect both groups and more corporate culture changes are needed to ensure that the best possible assistance is provided to first responders who are feeling so stressed that they experience suicidal ideations.

Little boys and girls often dream of becoming firefighters. The Halloween costume with the big red hat has been a perennial favorite for generations now. Every child loves the red trucks, the sirens, and the perception that firefighters are heroes as they save lives, help people, and save property. And they are heroes, selfless heroes who should be celebrated perhaps more than some of the so-called heroes admired by today's young people.

Underneath all the glamour that many kids perceive as they think about firefighting is a difficult job. In fact, firefighting is so difficult that the profession was chosen as the most stressful job of 2015. Overlooking the obvious, the danger of firefighting which causes an increased rate of both morbidity and mortality, what are some other stressors involved?

Writer and former firefighter Linda F. Willing suggests the following job stressors: rotating schedules, lack of sleep, inadequate training, technical problems, bad crews, malicious co-workers, inconsistent policies, and poor leadership.

Most firefighters sign on because they enjoy the excitement of the job and want to rescue people, despite the risks. Most of us continue to find satisfaction in these aspects of the profession, but then some of the stressors Ms. Willing mentioned can detract from job satisfaction.

Many cities face decreasing budgets which lead to long hours for fire and EMS. Baltimore, for example, is critically short of these first responders. *The Baltimore Sun* reported in February 2015 that 1/5 of the EMS positions were unfilled, leading to others picking up the slack. While the overtime pay is certainly welcome for personnel who struggle to make ends meet, the toll of the extra work can exacerbate work stress. Baltimore is well-known for an extremely high volume of 911 calls. *The Sun* reports that 80 percent of these calls are for EMS services.

Studies show that firefighters are 100 times more likely to die from a heart attack during fire suppression activities than in any other job-related activity. Scientists continue to study and obtain documented evidence why, as the reasons are not yet clear. Many scientists believe that the reasons may lie in the combination of the extreme heat and the physical stress involved.

Dr. Helene Wilson of the British Heart Foundation theorizes that the toxins released during fires and inhaling smoke play contributing roles in firefighter mortality. The Foundation has commenced a study to determine why heart attacks are so prevalent while fighting a fire and what measures can be deployed to improve health outcomes for firefighters. Researchers hope to better understand how fire stresses the body and how to protect the health of firefighters. Initial research findings indicate that small changes such as drinking water more frequently may reduce risk.

Sadly, all of these stressors and health challenges have led to other negative outcomes, including an increased rate of suicide among firefighters than experienced in past generations. The National Firefighters Foundation reports that in any year, a department is four times more likely to experience the suicide death of a member than a line-of-duty death.

Stress, negative health changes, the physical rigors of the job, and mental health challenges are taking their toll on our nation's bravest.

The brotherhood (and sisterhood) of firefighting is unique, with a strength that is often not available in many other professions. Cops, firefighters, and EMS personnel take care of their own. An esprit de corps is essential, certainly while fighting a fire, but also in the many other daily responsibilities firefighters have. The firefighting culture supports colleagues coming back from physical injuries or from a loss within a family.

However, authorities at Nova Southern University have suggested that the corporate culture of firefighting may need to change to create an environment which more is supportive of firefighters and EMS personnel who are experiencing problems more difficult to see than a burn or broken leg.

NSU has a unique partnership with the Broward County Florida Sheriff's Office, one of the largest public service agencies in the United States, providing public safety services which include firefighting. The NSU-BSO partnership has resulted in a number of valuable research studies regarding First Responders, including studies about sleep quality, protecting members from PTSD, First Responder behavioral health training and a very important study entitled, "Firefighter Suicide--The Need for Cultural Change."

The study concludes by noting that the culture of the fire service often inhibits a member asking for help for a mental problem. Firefighters fear admitting a problem or are suspicious that accessing services will present a potential for suspension or termination from the department. The study's abstract ends by stating, "Greater recognition of suicide within the fire service and the realization that suicide is, indeed, a problem, helps start the discussion of what can be done to prevent the continuing alarming number of firefighters who die by suicide."

Our nation's bravest deserve nothing less.

To learn more:

http://www.careercast.com/jobs-rated/most-stressful-jobs-2015

http://www.baltimoresun.com/news/maryland/baltimore-city/bs-md-ci-fire-ot-20150213-story.html#page=1

http://www.jems.com/articles/2012/12/scientists-study-why-firefighters-are-hi.html

http://nsubso.nova.edu/programs/research/firefighter-suicide.html

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- Recognizing and Combating Firefighter Stress
   RECOGNIZING AND COMBATING FIREFIGHTER STRESS
   12/01/2012

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## BY P.J. NORWOOD AND JAMES RASCATI

Over the past few years, there has been a positive trend in firefighter training; firefighter awareness; and instructors' writing, teaching, and preaching toward firefighter fitness. It is a topic that had been taboo for many years in the fire service. Many firefighters across the country are focusing on their level of fitness, and many departments have put mechanisms and programs in place that encourage weight loss and increased physical fitness.

However, although the fitness drum is being beaten, there is still an area of firefighter wellness that is not being discussed. Firefighter stress and post traumatic stress disorder (PTSD) are real threats to the American fire service. As you are reading this article, a firefighter is feeling the stress of the job, which is creating unhealthy behaviors that only compound the problem. There is ample clinical evidence that untreated stress impacts physical health. In addition to cardiovascular problems, stress is correlated with increased alcohol and drug abuse, depression, obesity, back problems, and the worsening of diabetes.

### HOW BAD IS THE PROBLEM?

As we are all aware, our job may be the best job in America, but it is also extremely stressful. In 2012, firefighting is second on the list of most stressful jobs in America. This stress has led to early retirements, injuries, divorces, suicides, and firefighters partaking in risky behaviors. Suicide, divorce, substance abuse, and heart attack rates among firefighters are the highest in the nation. Furthermore, the rate of 16 percent to 24 percent for PTSD in the fire service is well above the national average for adults, which is 6.8 percent. It is well established that firefighters are impacted by critical incident stress. Also, suicides within the fire service community continue to escalate at an alarming rate.

Alcohol abuse has been and continues to be an issue for both career and volunteer firefighters. It is estimated that the alcohol abuse disorder rate is seven to nine percent for adult Americans and anywhere from 25 to 30 percent for firefighters. Alcohol abuse has been a culturally accepted way to deal with the stress inherent in our profession. Prior to the advent of employee assistance programs (EAP), critical incident debriefing, or other counseling services, some firefighters dealt with stress by self-medicating with alcohol.

#### WHAT IS STRESS?

Stress is defined in multiple ways, but the key part of every definition mentions the short- and long-term changes to the body. Look at the following excerpt from the definition of stress and consider the effect it has on your system:

Upon immediate disruption of psychological or physical equilibrium, the body responds by stimulating the nervous, endocrine, and immune systems. The reaction of these systems causes a number of physical changes that have

both short- and long-term effects on the body.

Now consider the stress your body is under every day during the normal duties of your job. Multiply your body's response with a career spanning 20 to 25 years or more. We are affected every day by the stress, both physically and emotionally, and we must begin thinking of our emotional stress as it directly relates to our physiological well-being and overall fitness.

There is no way to predict what will and what will not affect you. It may be a critical or multiple death incident; a call that you can relate to, say, an injured child of similar age to your child; an incident that doesn't turn out as expected or planned; a long rescue where you "bond" with the victim; or the death of someone you know or to whom you have ties-all have different effects on us. It also can be an everyday "routine" call that for some reason has a negative effect on you. It does not have to be a high-profile call or one of the above examples. Any call at any time can sneak up and have a negative effect on you or a coworker.

Every firefighter's response and ability to process stress has some variations. You cannot predict what will affect one firefighter and not the next. For some, the daily political environment within the firehouse, city, or town plays a role. We have the added issue of bosses who don't want to be bosses. They allow a lot of problematic behavior to continue because they don't want to be seen as a "bad guy" or to be accused of "forgetting where they came from." Ignoring the daily issues that occur does not sit well with the troops who do the right thing every day. These scenarios will wear down firefighters in the department, causing stress that affects everyone. The stress is compounded by today's budgetary constraints, office or crew politics, and even the pressure from the governing bodies to do more with less.

#### **EFFECTS OF STRESS**

Stress of the job has many physical and emotional effects on firefighters and their families. Everyone processes the stress differently. Some of the documented effects include but are not limited to divorce, depression, alcohol or substance abuse, financial hardships, gambling, poor work habits, cardiac disease, high blood pressure, and obesity. We must begin looking at stress as a killer of firefighters. Stress is not the direct agent, but we must start to track death rates of firefighters off duty and after retirement. I believe if these data were to be captured, we would directly correlate many of those deaths to the stress that was affecting firefighters' health for many years.

To help address the problem, we must identify what it is doing to us and our coworkers. Firefighters spend countless hours in and out of the firehouse with the same people. We routinely spend more time with our fellow firefighters in the firehouse than with our own families. We must start to tune ourselves in to signs and symptoms that indicate that stress may be affecting our fellow firefighters. If we cannot recognize that there may be a problem, we will not be able to help them if there is an underlying problem.

## Warning Signs of Stress

Some signs that stress may be affecting you or your coworkers are the following:

- Physical: headaches, diarrhea, indigestion, upset stomach, tiredness.
- Emotional: anxiety, irritability, sadness, inability to make decisions.
- Behavioral: lack of interest, sleep problems, clumsiness, overeating or other changes in eating habits, increased use of alcohol or other drugs.
- Job-related: change of performance, being argumentative, isolation, tardiness, excessive calling in "sick."

Warning signs of risky behaviors that may be linked to stress include the increased use of drugs or alcohol, increased short temper, impulsive behaviors, and significant changes in personality.

## **GETTING HELP**

If you are feeling the stress from a job-related incident, communicate with a trusted source, friend, coworker, clergy, spouse, or family member and an employee assistance program. Know that you are not alone. You are not the first firefighter to experience job-related stress. Opening the lines of communication will help you process your personal

response to the stress. If your department has a peer support program, talk with someone on the team. If you do not seek assistance, the stress will impact you negatively for many years.

As you move through the ranks, communication with others changes. Supervisors should not "complain" to ranks below them. Doing this only adds stress and slowly chisels away at the department and company morale. They should communicate upward, which can add additional stress to officers because the pool of those with whom they can speak shrinks and also because they may not want to talk to their superiors about "issues" they may be having. This highlights the importance of having a network of relationships outside of your department and outside of the fire service.

If someone you work with is showing signs of job-related stress, listen and observe. Be empathetic, not judgmental. Remain calm, and help define the problem through clarifying questions. Offer an ear or a shoulder. Facilitate contact with a member of your peer support team (if there is one), an employee assistance program, or other licensed behavioral health professional.

If your coworker is resistant to seeking professional help, remind him that there are excellent treatments available and that such services are confidential. If your coworker declines assistance and continues to demonstrate job-related stress, do not abandon him. Keep in contact while sharing your concerns and encouraging him to seek appropriate intervention.

If at any time you have concerns regarding his safety at work-that is, fitness for duty-you must bring this to Command's attention so they can take appropriate action.

#### LET'S CHANGE THE PATTERN

Departments that are more psychologically minded recognize the importance of providing assistance, either counseling or support, to firefighters who may be struggling with the stressful aspects of their jobs. Firefighters have always talked about the family nature of their crew. The fact that we work; sleep; eat; and, for some, play together for an extended period of time creates an "extended family." This is both good and bad dynamics. The relatively closed culture of firefighting does not easily lend itself to talking to someone outside of the profession or family. This is especially true for talking with an EAP or mental health professional.

When firefighters recognize that their alcohol abuse, prescription drug abuse, or stress is getting out of hand, they are reluctant to seek appropriate psychological intervention. Many times, this stems from the false notion that using an EAP or other behavioral health services will "jam them up in their career." This perception is inaccurate and potentially deadly. Licensed behavioral health professionals, whether through an EAP or a licensed therapist in private practice, *must* maintain confidentiality. The only exception to confidentiality required by law is if someone presents a danger to himself, to others, or to children or the elderly.

#### FIREFIGHTER PEER SUPPORT

A number of progressive departments have developed peer support programs. There are many models of peer support. Some consist of firefighters who have specialized training in specific areas like alcohol abuse, depression, suicide, stress, and family issues. Others combine trained firefighters with their EAP or other licensed behavioral health professionals. Still others have an interest in and are committed to volunteering their time and efforts with no special training or linkage with licensed behavioral health practitioners.

In general, the intent of these programs, regardless of the model, is to provide support, a needed shoulder to lean on, or to link with the appropriate EAP or therapeutic resources if professional intervention is necessary. The fact remains that the majority of firefighters, when and if they do need professional intervention, may not seek it on their own for a variety of reasons. For some, there are confidentiality concerns, or they worry their job will be impacted in a negative way. For others, it challenges their notion of being macho tough firefighters who should be able to handle whatever is thrown their way. And, of course, there is the ever present issue of the stigma some firefighters feel-that they are less of a firefighter if they are getting help. Although the stigma has lessened greatly over the past 20 years, it still exists-and in a significant way.

Nevertheless, there are better treatments today than ever before, both in terms of psychotherapy/counseling and psychopharmacology. Since we know that stress impacts many physiological problems, there is no reason firefighters should not be receiving behavioral health interventions whenever necessary.

Fire department peer support can be a valuable resource to help firefighters. The overall objectives of firefighter peer support should be the following:

- Provide information and education.
- · Provide an ear or a shoulder to lean on.
- · Identify at-risk firefighters.
- Minimize stigma.
- · Diminish stress/dysfunction and increase coping ability.

## CRITICAL INCIDENTS IN THE FIRE SERVICE

The other valuable benefit of peer support is that the peers are involved after the occurrence of critical incidents. However, it is recommended that firefighters receive specific training in psychological first aid with an experienced and similarly trained behavioral health therapist. There are a number of challenges in providing psychological first aid services to firefighters. First, some departments are relatively closed cultures that are not readily acceptable to nonfirefighters. As stated previously, many departments are like families and are very protective of each other, especially from "outsiders." If EAPs and other mental health professionals are not known to the firefighters, it may be difficult to gain their trust and respect.

Another challenge is dealing with the "macho mentality" that sometimes exists and that has nothing to do with gender. We know that all firefighters are physically tough. However, how many departments teach their firefighters how to deal effectively with the emotional aspects of their jobs? It has not been uncommon to hear a commander express the "suck it up; it's your job" refrain when attempting to deal with the emotional impact of a horrific event. We describe these leaders as not being psychologically minded. It is, therefore, not surprising to learn why there are high rates of alcohol abuse and divorce among firefighters: Historically, they have not been taught more adaptive ways to deal with their stress other than using alcohol.

We believe that the best way to address these challenges is to have a peer support team comprised of trained firefighters who volunteer their time and behavioral health professionals, both of whom have been trained in providing psychological first aid. Each brings their respective training and expertise to the task.

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We, the authors, one a firefighter and the other a social worker, recognize that neither profession is going to stop all fires or cure everyone. However, with the proper precautions (fire safety training, flame retardant materials, fire detection devices, standards and regulations) and taking care of one's physical and emotional health, we may help mitigate the damage and destruction from fires and the inherent stress firefighters encounter in their jobs.

We must all take a vested interest in our physical and psychological well-being. We all have dreams of retiring someday. Let's make sure we achieve our dreams without extra psychological baggage to carry around. Take care of yourself today for a better tomorrow for you and your family.

### **Endnote**

1. Boxer PA, D Wild. "Psychological distress and alcohol use among firefighters." Scand J Work Environ Health; 19(2): 121-125. PubMed: www.ncbi.nlm.nih.gov/pubmed/8316779.

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Career cast 2012, Victoria Brienza, http://www.careercast.com/jobs-rated/10-most-stressful-jobs-2012.

Our job may be the best job in America,

but it is also extremely stressful.

firefighter stress

firefighter stress

- firefighter stress
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Firefighter Research
with Sara Jahnke
Sponsored by Masimo

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Firefighters and alcohol, what the data says

Research on firefighters' relationship to alcohol and how that compares to the general public reveals some interesting and useful findings

When it comes to alcohol consumption, how much is too much? And, do firefighters drink too much?

Science defines binge drinking as five or more servings for men or four or more servings for women. The definition is based on blood alcohol content (BAC) — that consuming that many drinks within two hours typically raises BAC to 0.08 g/DL or higher.

One drink is defined as a 12 ounces of 5 percent alcohol beer, 8 ounces of malt liquor with 7 percent alcohol, 5 ounces of wine with 12 percent alcohol, or 1.5 ounces of 80 proof spirits or liquor, which is 40 percent alcohol.

In a study funded by the American Heart Association, among firefighters across the country in more than 30 departments, we asked about alcohol use and binge drinking in the fire service. When we gave the scientific definition of a binge, it was usually met with laughter.

#### Related Feature:



## The adult conversation about firefighter drinking

Alcohol and other substance abuse is a serious issue that requires root-cause investigation and correction to have any meaningful impact

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#### Perceived differences

One of the first questions we asked was what the personnel thought about the rates of alcohol use among firefighters, and the question met with a mix of answers.

Some believed that the amount firefighters drink is similar to the general population and other groups of workers. Others believed that alcohol use was high among firefighters and that drinking was supported by the social norms in most departments.

Given totally opposite opinions on the matter, it is difficult to know whether alcohol is an issue that needs to be addressed. This is where the data i3 important.

In a separate study, funded by a grant from FEMA's Research and Development, we asked firefighters about their alcohol use. Data was collected from 656 male firefighters from 24 departments in the Missouri Valley region.

The departments were randomly selected and 97 percent of the personnel asked agreed to participate in the study, which means the results are likely accurate for the region surveyed. Female firefighters were not included in data analysis because of the extremely low rate of female firefighters in the sample and the inability to draw meaningful statistics from such a small number.

#### The results

Of the firefighters surveyed, 85 percent of career and 71 percent of volunteer firefighters reported drinking alcohol in the past 30 days. Approximately half of career and volunteer firefighters reported binge drinking in the past month.

We found that, on average, career firefighters reported drinking 10 days per month, which is about half their off-duty days in most departments. Volunteer firefighters reported drinking an average of 12 days a month.

Of note, chiefs had a lower prevalence of binge drinking than firefighters.

How does that compare to the general male population in the United States?

According to the 2013 National Survey on Drug Use and Health, 62 percent of males reported consuming alcohol in the past month — significantly lower than the fire service.

In 2010, the Centers for Disease Control and Prevention published data on binge drinking from more than 176,000 males. They found that 23 percent of males reported binge drinking in the month previous — half the rate of binge drinking in the fire service.

We also looked at the relationships between drinking and other health outcomes. Overall, the best health and safety outcomes were for those who drank some alcohol but did not binge drinking. The results are similar to those in the general population, which has found there is some protective effect of moderate alcohol use.

## Addressing 'why'

So, if the data shows rates of binge drinking double the general population, why were the perceptions so varied?

It could be that the social norms among firefighters lead them to believe their drinking is normal — if all your friends and co-workers are drinking in a way similar to you, you are more likely to believe your drinking is normal.

As for the reasons for the high rates of alcohol use, the analysis of the AHA data provides some insight.

One of the common suggestions was that firefighters may use alcohol to cope with the stress of the job and their experiences repeatedly being exposed to trauma.

Others highlighted how firefighters use drinking to encourage social bonding and camaraderie. Some felt the shift schedule and being off duty on so many days when others aren't might contribute to drinking.

Whatever the reasons, alcohol use among firefighters deserves some attention. While binge drinking can lead to some memorable evenings and some fun stories, excessive drinking also can lead to increased risk of some cancers, cardiovascular disease and liver disease.

The amount of calories consumed in alcohol also needs to be considered. A binge-drinking episode can have as many calories as a meal, which can contribute to excess weight gain.

Managing the health effects needs to start with awareness of the negative impact of binge drinking for firefighters.

## About the author

Sara A. Jahnke, Ph.D. is the director of the Center for Fire, Rescue and EMS Health Research at the National Development and Research Institutes Inc. Dr. Jahnke has served as the principal investigator of two large-scale studies of the health and readiness of the U.S. fire service funded by the Department of Homeland Security and a qualitative study of health and wellness with a national sample of fire service representatives from the American Heart Association. She serves as the principal investigator of a study on the health of women firefighters. She also

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