

SARAH HENDERSON & KRISTIN KLIMLEY
**“First Responder Mental Health: The Importance of Training
and Intervention”**
Mental Health Symposium May 27th 2017

[07:28 AM] LV (lorivonne.lustre): Hello everyone.
Today's presentation is being transcribed so those without audio or who
require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed,
NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and
concepts, so that those who are unable to hear or to understand the audio
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You will see the transcription in local chat.
Transcription is provided by Virtual Ability, Inc.

The transcriptionist is
LoriVonne Lustre

The following initials in the transcription record will identify the speakers,
SH: Sarah Henderson
KK: Kristin Klimley

[07:48 AM] LV (lorivonne.lustre): Leandra: I will do both voice and text for
Maria

[07:48 AM] Leandra Kohnke: Welcome to the Sixth Annual Virtual Ability
Mental Health Symposium.
Good morning! I'm Shoshana Hathaway, and this is my 4th year in SL.
I am visually impaired, and use 2 computers, 2 avatars, and 2 viewers,
so I can fully participate and enjoy all that SL has to offer.
My voice, Maria Seconda, is the one standing at the podium,
and Gaia Maria, my main avatar, is sitting there on the bench.
I've been a member of VAI since almost the day I arrived in SL, and have
participated in several activities, (mostly parties) there.
I love musical events and just wandering around exploring .
BTW, you may hear a male voice at odd times.
That will be my screen reader telling me things it is *sure* I absolutely need to
know immediately, whether I do or not but more than enough about me!

Please click the poster up front to get a notecard about Virtual Ability. Visit our blog <http://blog.virtualability.org> for information about this Symposium. Our corporate website <http://www.virtualability.org> tells about our full range of services and projects. Join us also on Facebook or Twitter. As you probably know, Virtual Ability always offers its presentations in both text and voice simultaneously, for maximum accessibility. This morning's presentation is, "First Responder Mental Health: The Importance of Training and Intervention".

Sarah Henderson, MS, and Kristin Klimley, BS, present "First Responder Mental Health: The Importance of Training and Intervention." They will explore the background of the first responder culture, research findings, and interventions. Additionally, they will discuss police officer crisis intervention team (CIT) training and its benefits to the community. Sarah N. Henderson is a fourth year clinical psychology doctoral candidate at Nova Southeastern University. Her research has focused on behavioral health issues in first responders, particularly the effects of post-traumatic stress on physical health conditions. Ms. Henderson has published several articles related to stress and suicide within the fire service and co-created a number of behavioral health programs within Broward (Florida) Sheriff's Office Department of Fire Rescue and Emergency Services.

Kristin Klimley is a second year clinical psychology doctoral student at Nova Southeastern University, hoping to specialize in trauma and police psychology. Ms. Klimley is the Research Coordinator for Dr. Van Hasselt's Police Psychology Research and Training Team, as well as a Nova Players Coordinator working with various hostage negotiation teams in South Florida. Ms. Klimley is engaged in research with various first responder populations including law enforcement, emergency dispatchers, firefighters, and correctional staff.

I'd just like to remind our audience to please save questions and comments to the end. Ms. Henderson and Ms. Klimley, we are excited to have you join us today! Please start whenever you are ready.

[07:53 AM] LV (lorivonne.lustre): SH: Sarah Henderson
KK: Kristin Klimley

[07:55 AM] LV (lorivonne.lustre): SH: hello and thank you
We are excited to be here
I will present the first part. Kristin will present the 2nd part

Who are first responders? Law Enforcement Officers, Firefighters, Paramedics/EMT, Corrections Officers, Dispatchers.

Thank you to our contributing authors

Todd J. LeDuc, M.S., CFO, CEM; Judy Couwels, LMFT; Vincent B. Van Hasselt, Ph.D.

Our contributing authors include a firechief and a police officer

LEO - Law Enforcement Officers

On this slide you see a list of some of the things first responders may experience

Note that there is a lack of control -- they never know what they will confront in a day

Both groups face profound physical and psychological demands as part of their occupation that confer to increase risk for mental health difficulties.

Only recently has research really began to examine the toll of this job.

What we do know is that:

The two leading causes of mortality for firefighters are heart attacks, other forms of cardiac problems, and cancer. In fact, approximately half of all firefighter fatalities are the result of a cardiac condition.

We are only starting to discover the suicide rates with these groups

Alarmingly, the National Fallen Firefighters Foundation reported that a fire department is four times more likely within a given year to experience a suicide than a line-of-duty death.

The job of a firefighter has changed considerably within the past few decades.

Due to improved prevention methods, the number of actual fire calls has declined. Yet, fire departments have increasingly taken on new responsibilities including vehicle extrications, incidents involving hazardous materials, and medical aid calls. In 2013, 68% of the calls nationwide for firefighters were medical compared to only 25% of fire-related calls (National Fire Protection Association, 2014). The increased volume of non-fire related calls, notably medical emergencies and vehicle collisions, has resulted in increased exposure to traumatic events.

Why study Law Enforcement Officers (LEO)?

We find higher rates of cardiac problems and cancer

Since 2011, we have seen increased incidence of PTSD

What we do know is that:

The two leading cause of mortality for LEO is cardiac problems and cancer
LEOs are 25 times more likely to die from cardiovascular disease (CVD) than from the action of a suspect.

LEOs live on average of 15 years less than the average American

As a group, law enforcement officers have a greater mortality rate than the general public, due mostly to cardiovascular disease, colon cancer, and suicide.

First Responders are at an increased risk of many mental health problems.

Statistics: Firefighters

It is difficult to study these populations

Stigma is a big issue

And if the firefighter is a volunteer, they may not identify as a firefighter primarily

Majority of firefighters in the US are volunteers

PTSD: Increased exposure to traumatic events, increased potential for PTSD symptoms. Large percentile variation. This is due to 1) self report measures, we can both agree not all firefighters who have PTSD will admit it to peers or researchers, 2) variations of self report PTSD measures used (PCL-C, PTSD screening measures etc.) and with different “cut off scores” for criteria of what meets PTSD so someone could have sub-threshold PTSD in one study but if you lowered to cut off they would meet criteria for PTSD.

Firefighters have a high rate of alcohol abuse. This is cultural
Drinking is part of the culture

Bars were prominent in the fire houses up north (Boston). If you visit any of the old stations they may still have the bars inside the stations (although not active).

Alcohol is part of first responder culture, police, military etc. as a way to de-stress and unwind as well as socially bond, especially socially acceptable for males to use alcohol.

Alcohol is socially acceptable in America culture in general to use.

Why is sleep research important for firefighters?

Psychological distress and unhealthy alcohol use are related to these sleep disturbances

More than 50% of firefighters report some sleep disturbance

Most studies have not identified what type(s) of sleep disorders may be present among firefighters

A recent nationwide study found that 37.2% screened positive for a sleep disorder

Obstructive sleep apnea – 28.5%

Shift work disorder – 9.1%

Insomnia – 6%

Majority of on-duty fatalities among firefighters are due to heart attacks and motor vehicle crashes.

Sleep disorders can be independent risk factors for both heart attacks and motor vehicle accidents

Suicide in the Fire service

Suicide is a difficult topic to discuss, particularly within first responders.

This slide shows suicide statistics across the US for Firefighters

I will discuss the interventions in Houston later

Suicide is not tracked for firefighters.

The FFBHA is one of the only website/database that tracks fire department suicides. These are self-reported by departments and families so likely not accurate.

Culture and stigma are issues in underreporting.

Rates of suicide within the fire service have risen from 69 in 2013 to 112 in 2014 and in 2015, 117.

Fire Service Suicide

One of the most recent studies (Stanely, Hom, Hagan, & Joiner, 2015)

The career prevalence estimates of suicide.

17% had engaged in self-harming behaviours
15% had suicide attempts
Significant difference between firefighters and general public

High risk factors

Key factors associated with increased risk for reporting suicidal thoughts and behaviors included

lower firefighter rank,

Fewer years of firefighter service,

Membership in an all-volunteer department,

A history of professionally responding to a suicide attempt or death,

Active duty military status

Note, most US firefighters are volunteers. They may not have the protective supports of a firefighter community

Statistics: Police Officers

Internal Stressors, External Stressors (e.g., organizational stressors, public complaints, etc.)

Alcohol: "Choir Practice"

15% of Police Officers who committed suicide had a prior history of alcohol abuse.

'Choir practice' is going out for drinks after work

Relationship issues are also high for police officers

Divorce: High risk job, shift work, stress

Rates of domestic violence among law enforcement differ from 7% up to 40%.

Average US citizens may have no idea what police officers face on a day to day basis

These are more common in men in general with depression

Anger often is a more comfortable emotion (action emotion). Men have more pressure to "not be depressed/show emotion". Women are likely diagnosed more than men is b/c they admit to the "classic symptoms". Anger is expressed in violence, impulsivity and addiction.

The culture of first responders is quite unique

First Responder culture can be a protective or risk factor for mental health difficulties among officers

Law enforcement have a culture all their own that is often referred to "blue wall", "blue code", or the "blue shield" the idea of an unwritten rule not to report on a colleague's errors, misconducts, or crimes, including mental health problems.

Firefighters are similar in the sense that this job is not just a profession it is a brotherhood and a familial bond.

This culture is built and maintained on a strong Bond between each other that is similar to the military.

So non-first responders are viewed as "others". This us vs. them mentality can hinder first responders from seeking help from MH. Professionals as they are "outsiders"

Asking for help is seen as a sign of weakness

It is important for us to step in and help

Culture

Asking for help can be seen as a sign of weakness and first responders are told, "If you can't handle the stress of the job, get out of the profession."
LEOs/ Firefighters will risk their lives to save a fellow officer/firefighters while at the same time may ignore their own dangerous behaviors (Risk taking, increased alcohol use)
This culture is a resistance towards mental health
Part of the problem is a fear of job repercussions and stigma and a lack of resources

Behavioural Health Training intervention
This psychoeducational training program targets mental and physical health problems that are common among first responders (LEO, Firefighters, corrections, dispatchers)
Normalize experience
Tailored to the audience
Interactive presenting style (true/false)
Case examples/quotes from fire rescue personnel
Conversing with audience before/after
Dissemination of resources
Presenter preparation
Sought familiarity with fire rescue and police culture via ride-alongs and sitting in with dispatchers

Another intervention that is helpful, especially for firefighters, is peer support programs
Peer support programs are crucial to mental health intervention and suicide prevention. Firefighters spend 1/3rd of their life at a fire station and LEOs have a strong bond with their fellow officers, it is likely that officers and firefighters know when a peer is displaying different behavior but may be unaware of exactly what are suicidal signs and symptoms.
Baylor College of Medicine and Houston Fire Department Psychological Services created a unique program that utilizes a peer-based suicide prevention team. This group of firefighter peers acted as an internal unit along with a staff psychologist and several other department support systems to comprise the Firefighter Support Network within the department.
These firefighters were trained by their staff psychologist to identify, assess, and deal with crisis situations so that their fellow peers could utilize them as a resource to seek further professional help. Five years following the start of their program there were no reported suicides.
Since 2000, police have utilized the crisis hotline Cop-2-Cop, a peer support-based program for assessment; mental health referrals to practitioners who have experience working with law enforcement.
Moving forward, they need increased programs and supports
Thank you. Over to Kristin

[08:23 AM] LV (lorivonne.lustre): KK: Hello
I am going to be talking about crisis intervention team training
Crisis Intervention Team (CIT)
Working as a first responder (e.g., law enforcement, fire fighter, correctional staff) carries many job related stressors.

In more recent years, one stressor has come from first responders who encounter individuals with mental health problems. Insufficient training, or lack thereof, can increase job related stressors that our first responders experience.

The introduction of CIT was aimed at raising awareness and increasing self-efficacy on the job.

Before the Crisis Intervention Team

Deinstitutionalization led to the increased level of interaction between individuals with mental illness and law enforcement

Up to this point, law enforcement received little training on how to effectively interact with the mentally ill

That is exactly what happened in the UK

Hospitalization was also difficult during this time, which made the law enforcement have to work harder to get individuals care.

As a result, there was both higher arrest rates and a higher proportion of inmates with mental illness possibly due to law enforcement lack of training or inadequate knowledge about mental health.

Arrest and incarceration is a relatively easy and well known tactic for law enforcement.

This caused a constant cycle of interactions between law enforcement and individuals with mental health problems who did not receive adequate care.

Law Enforcement Response

The law enforcement community responded in several ways to help combat this cycle

Mental health-based specialized responses

E.g. Mobile Crisis Units

Police-based specialized mental health responses

E.g. non-sworn social workers

Police-based specialized police responses

E.g. Crisis Intervention Team (CIT)

I will be speaking about CIT

The introduction of the Crisis Intervention Team during crisis calls with community members

Crisis Intervention Team (CIT)

First established in Memphis as a law enforcement intervention with the help of community, health care, and advocacy group partnerships (e.g. National Association on Mentally Ill (NAMI)).

This was to ensure that the individuals got the appropriate level of care

Goals

Reduce use-of-force with mentally ill

Reduce injury to consumers/officers

De-criminalize mental illness and reduce the stigma

Implications

Reduction of criminal justice system's "revolving door"

More positive interactions between officers and consumers

On the slide you see the training process and program goals

Training Components

Identification of signs/symptoms of mental illness
Pharmacological Interventions and side effects
Crisis intervention and de-escalation (Active Listening Skills)
Role plays
Knowledge of community resources
The Memphis Model, which is currently utilized in South Florida, incorporates various modalities over a 40 hour, one week course to assist law enforcement in their training.
Sarah and I are in South Florida
Training incorporates various topics related to identification of various mental health disorders (E.g., signs and symptoms of depression)
Additionally, de-escalation techniques or “active listening” skills are introduced to help law enforcement during crisis intervention.

Training Format
Didactics/lectures
Role plays
Exposure to mental health facilities
Community based resources are also provided to law enforcement in order to facilitate partnerships between law enforcement and the community mental health groups.
Lectures are often given by mental health professionals or students, who have first hand experience working with the population
Role plays allow for officers to practice their newly acquired de-escalation techniques and recognizing certain mental illnesses

CIT covers a variety of topics over the 40 hour course
Importantly, officers had little information regarding medications and subsequent side effects, which is now provided during the training.
Terms and names of medications change frequently, so CIT keeps up
Clinical issues related to mental illness
Medications and side effects
Alcohol and drug assessments
Co-occurring disorders
Developmental Disabilities
Family/Consumer perspective
Suicide prevention and practicum aspects
The identification of co-occurring mental health disorders (e.g. depression and anxiety) are discussed.
Law enforcement officers are introduced to the family and consumer perspective and also exposed to individuals with mental illness and their families.
Suicide is often a “taboo” topic that is difficult for society to discuss. Law enforcement officers now receive training regarding suicide and de-escalation techniques for the crisis situations.

CIT: De-escalation techniques
Once the officer is able to identify the possible mental health problem that an individual in crisis is dealing with, de-escalation techniques can be used to defuse the situation without the use of physical force.

Non-verbal communication = body language (e.g. posture, arm placement, eye contact), proximity to the individual
Active listening skills are a crucial component to defusing a crisis situation.
Tone – an individual's tone can convey meaning behind the officer's words. It is imperative that officers have a calm, relaxed tone of voice
Reflection – repeating the individual's words back to them can show them you are listening
Emotional Labeling – putting a label to the individual's words (e.g. angry, betrayed, sad, hopeless)
Clarification – if the officer does not understand the individual or wants to confirm what they have said
Summarization – Giving a succinct re-iteration of what the individual has said and how they are feeling.
LEOs can have difficulty with Emotional Labelling
Correctional Officers are also starting to include CIT in their training
Overrepresentation of individuals with mental illness in jails and prison settings.
Estimated between 13 – 56%
Suicide is current leading cause of death in the jail setting.
Correctional officers have one of the highest rates of nonfatal job injuries.
Due to the confined spaces that correctional officers operate within, the risk of injury appears to be greater.
In order to defuse crisis situations in such small spaces, CIT training has also been introduced to correctional officers.
CIT Training and Correctional Officers
An evaluation was conducted for CIT for Maine Correctional Officers with the help of NAMI in 2007.
Following the CIT training the correctional officers appeared to exhibit similar increases in self-efficacy and comfort when dealing with the mentally ill.

Law Enforcement Response to CIT

CIT Training appears to increase law enforcement's understanding of mental illness (e.g., Schizophrenia) and its underpinnings while reducing the stigmatization of mental illness.
While law enforcement officers did not differ in level of self-efficacy prior to CIT training, those who completed it had an increased level of self-efficacy
This is most likely due to increased level of training that allows the officers to perform their job more effectively.

CIT Efficacy

CIT training did not observe a difference between CIT and non-CIT trained law enforcement for arrest rates.
Violence potential was correlated with use of force for CIT officers.
CIT trained officers referred more individuals to treatment facilities than non-CIT officers.
CIT trained officers are more readily able to identify individuals with mental illness, regardless of dispatch code
Use of force was used more conservatively with CIT trained officers
Use of force may be necessary, however this type of training is another tool on the tool belt.

Future Directions

Increase training opportunities for various police departments across the country

Include stress management into CIT training courses

Sarah and I are fortunate to work with various 1st responder populations

Thank you on behalf of Sarah and myself. We are passionate about our work with 1st responder groups

Questions?

[08:38 AM] Gentle Heron: Thank you Sarah and Kristin. I have to say this is frightening information about the mental health of people we rely on!

QUESTION: What can the disabled populations who are NOT first responders do to help?

[08:39 AM] LV (lorivonne.lustre): KK: I would say in South Florida we are having presentations with LEO on how to approach people who may be different

How to understand about various disabilities and what is known. Education is the biggest thing

[08:41 AM] Gentle Heron: [08:38] Faust Saenz: Does that connect with community policing?

[08:42 AM] LV (lorivonne.lustre): KK: hmmm... as far as we know, community policing is more of an ideology than anything else
This would be incorporated for those officers as well
It would be important as well

[08:39 AM] Gentle Heron: [08:20] any1 Gynoid: I am wondering if any country handles these issues well... I can't believe that this mental health crisis is unmanaged everywhere in the world

[08:41 AM] LV (lorivonne.lustre): KK: I am not sure about other countries doing more in this area. Mental health is stigmatized. It will take a while to get awareness and information out there

[08:40 AM] Draxtor™ (draxtor.despres): I am not sure but I think in Germany There is a lot of training and help in the mental health arena

For first responders

There is a lot of resources for that

Every department of police and fire dept

They have a psychologist

Or more than one

They have a lot of financial resources for that

[08:41 AM] LV (lorivonne.lustre): KK: that is interesting Drax

[08:41 AM] Slatan Dryke: same for Italy, PTSD been lately considered a "real" disease

[08:41 AM] Leandra Kohnke: My daughter dated a policeman for a couple of years and she was invited into a support group for spouses. Even though the relationship ended support for spouses was a very good thing. DO you work with spouses and partners?

[08:42 AM] Gentle Heron: [08:39] Polaris Grayson: QUESTION: In your interaction in this highly specialized demographic, what hurdles or resistance did you have to overcome when approaching the response teams for your presentations and data collection? Did this population resist this taboo topic (topics avoidance)?

[08:44 AM] LV (lorivonne.lustre): KK: Sarah mentioned earlier that Mental Health is a taboo in general, 1st responders especially. We try to approach this with humour and are present with the groups we work with. We get them to feel comfortable with us, allowing us to approach the topics with greater ease
They respond well and ask good questions. They are receptive and thankful

[08:46 AM] Faust (faust.saenz): Do they train the officers in Blue Courage there? <https://www.bjatrainng.org/media/tta-spotlight/educating-21st-century-police-officer-%E2%80%93-teaching-blue-courage-way-life>

[08:46 AM] Gentle Heron: Thank you Sarah and Kristin! 15 minute break before the next presenter.

[08:46 AM] Slatan Dryke: thanks again Kristin and Sarah, interesting talk!

[08:46 AM] Sister (sister.abeyante): Thanks, good presentation!

[08:46 AM] 01 (01.hifeng): that was so interesting

[08:46 AM] LV (lorivonne.lustre): Drax is talking about the mental health system in Germany. Yes, taxes are higher, but the services are worth it

[08:47 AM] LV (lorivonne.lustre): KK: thank you allowing us to present.

[08:47 AM] LV (lorivonne.lustre): <<transcription ends>>