

Good Enough

By Ryan Van Buskirk

Am I good enough? That was the question I asked myself the first time I agreed to attend a CISM debriefing after an incident. I always did a good job. Having received many commendations from my superiors, I was confident in my skills. Now I was the only one on my crew to agree to attend the debriefing. I had no idea insomnia, anxiety, irritability, and uncontrolled flashbacks of the scene would cause me to question my career choice, the ability to handle the emotional tool the job demands, and how that would affect the lives of those close to me. Like many of my peers in public service, I had been the first on scene of a traumatic call. Did the fact that I was experiencing a stress reaction to the incident thereby define my inability to do this job? Is one of the unwritten responsibilities of a police officer or firefighter the ability to be unaffected by emergencies? Does showing affects thus disqualify us from our line of work?

While I was the only one of my crew to attend the debriefing that day, there have been many conscientious public servants who have experienced similar feelings of post-traumatic stress, which can quickly develop into depression and self-doubt. Whether a police pursuit that ends in a major traffic accident or a firefighter pulling a deceased victim from a house fire, we all have a tendency to experience disturbing scenes that can develop into guilt, self-doubt, or depression. Anyone who is successful in his or her profession knows that self-reflection is a positive thing. It helps people learn and grow from their successes and failures. However, in professions where lives are on the line and every second counts, there are rarely any easy answers to these questions. This frustration further lends itself to guilt and depression.

However, our job is to respond to emergencies. We see terrible things, We Chose this career. Many “good” cops and firefighters have used Critical Incident Stress Management. “Bad” calls are not unusual for our line of work. At my “bad call,” my truck responded with three members; I was the only one who enlisted the help of CISM after the incident. Others decided not to attend the debriefing or defusing-does that make them any better at their job? For the sake of anonymity, I will not go into details as to the incident for which I received CISM, but I had been to similar calls prior to this one. What made this call special? Was this my body’s way of telling me that I should pick another line of work?

Dr. Robert Solomon, a Ph.D. from Auburn University, and one of the nation’s leading experts in the field, defines critical incident stress as, “Any situation beyond the realm of a person’s usual experiences that overwhelms his or her sense of vulnerability and or lack of control over the situation,” (Smith, 2004). What makes some feel more affected by calls?

In recent years, the National Institute of Mental Health, the U.S. Department of Health and Human Services, and the World Health Organization have stated that Critical Incident Stress Management is “not recommended” in the Public Safety Community. They state that the

defusing and debriefing processes do not prevent likelihood of symptoms from occurring, and should not be held in such chronological proximity to the event. If CISM teams are not recommended, the question then is *how* to provide support for fire fighters and police officers with problems? For example, a fire fighter may be having a stress reaction to an incident. Without CISM, his employer would then have to provide treatment, such as a mental health provider, in the same manner as an on the job injury. Many departments utilize this concept with Employee Assistance Programs. In most departments, with any on the job injury or request for EAP, the employer can request medical records *as in pertains to the complaint* (i.e.: knee injury suffered on duty, the employer can inquire of any past knee injuries or ailments). Many of the complaints with EAP are that the employer (Chief, Town Manager, etc.) is then privy to such medical information about the employee. The Americans with Disabilities Act does not view substance abuse alone as a “disability,” and rightly so. However, what if substance abuse develops because of a stress reaction? The American with Disabilities Act excludes substance abuse, including alcoholism, as a disability. However, can it then be classified as a *symptom* or *side effect* of a mental illness? If I show signs of a stress reaction am I “*mentally ill*?” If so, does that become a matter of public record? These are all questions that asked at my firehouse when discussing CISM.

One of the benefits of the CISM team is the inclusion of “peers,” fellow fire fighters, or police as the situation dictates, to provide a support system. According to the ICISF, this management does not intend to take the place of professional treatment, but rather be the first step to helping the public servant deal with the event, many times by trained peers.

If you feel yourself being “affected” from a call, or wish to talk to the local CISM team, do not feel ashamed, If you think you may need help, you probably do. It does not show your inability to be a Public Servant. Do not let others on your shift, crew, or company make you feel inferior for showing affects. You may have a pre-existing condition, such as depression, or previous personal events (sometimes with no similarity to the incident in question) that can trigger responses. It does happen to everyone. Brave firefighters still take breaks at fire scenes. Good cops still call for backup. You are “Good Enough.”

Ryan Van Buskirk is a Professional Fire Fighter/Paramedic as well as Executive Director of True Blue Flu, Inc., an organization designed to act as a peer support network for public servants throughout the United States and Canada. To find out more, visit www.trueblueflu.com or follow on Twitter: @trueblueflu.