Developing Fire Service Labor/Employee Assistance Programs

IAFF — ORGANIZED FED 1918 — AFL-CIO CLC

Developing Fire Service Critical Incident Stress Management Programs

Guide to Developing Fire Service Labor/Employee Assistance & Critical Incident Stress Management Programs

Department of Occupational Health and Safety
International Association of Fire Fighters, AFL-CIO, CLC

Foreword

Fire fighters and EMS personnel respond to emergency incidents that require extreme physical output and often result in adverse physiological and psychological effects. These adverse effects can and do impact the health and wellness of fire service personnel. Recently, the fire service has learned the value of maintaining fit, healthy, and capable personnel. We must recognize that the behavioral health of our members is as important as their physical health.

To maintain the high level of job performance that fire service work demands, our personnel must be able to cope effectively with the emotional, physical, and mental stresses of work and personal life. Investment in the individual, the fire service's greatest resource, is an investment in providing high quality service to our communities while enhancing the quality of life for our members.

We encourage all locals to address the issue of employee assistance programs and critical incident stress management programs. With a positive approach to such issues of stress, mental illness, family problems, substance abuse, and grief we can better assist and understand those among us in need of help. An emotionally and physically healthy brother or sister will help to maintain the highest level of health and safety within the fire service.

The IAFF manual on *Developing Fire Service Labor/Employee Assistance Programs and Developing Fire Service Critical Incident Stress Management Programs* has been developed to assist local affiliates in the establishment of a labor oriented approach to treating work related stress, personal problems, and substance abuse within the fire service. This manual is intended to guide the implementation of fire service EAPs and CISM Programs in association with our labor organization. We encourage all fire fighters to seek assistance for problems that may be affecting their work, personal, and family life.

We are also providing information on locally established EAPs and CISM programs currently available to IAFF members in these jurisdictions. Through networking we hope that each local will establish behavioral health programs that include employee assistance programs and critical incident stress management programs, so that no brother or sister will be without someone to turn to. Fire fighters helping fire fighters, that's what it's all about.

Harold A. Schaitberger
General President

Vincent J. Bollon
General Secretary-Treasurer

Acknowledgments

The IAFF Department of Occupational Health and Safety would like to lend its appreciation and gratitude to the IAFF Standing Committee on Fire Service Labor/Employee Assistance Programs for their valuable insight into a labor oriented approach to the special needs of fire fighters. Each of these individuals serves as a valuable resource on employee assistance and critical incident stress management programs to the IAFF and our affiliates.

Table of Contents

Section I

Developing Labor/ Employee Assistance Programs

Chapter One

EAP GUIDELINES

In their own thoughts, all fire fighters can envision the daily demands of their chosen occupation. To maintain a high level of job performance they must be able to effectively cope with the emotional, physical, and mental stresses of work and personal life. If the ability to cope becomes compromised these stresses may act to unbalance their mental and emotional health. Alcoholism, drug addiction, marital and other problems may be affecting these individuals both on and off the job.

Confidential counseling and help can be available to the fire fighters and their families. Through the use of a Fire Service Employee Assistance Program fire fighters can learn to deal with their illness and begin to resolve their problems. Eventually they can again become effective members of the workforce and society. The IAFF is concerned for the health and well-being of its members as well as the utmost level of occupational health and safety for all individuals and their co-workers. To promote this level of health and safety this EAP manual has been developed to assist local affiliates in the development of EAP services.

THE **EAP**

An Employee Assistance Program is essentially a cost effective, humanitarian job based strategy for helping employees whose personal problems are affecting their work performance.[1] The Employee Assistance Professionals Association has defined the EAP as "a worksite-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns that may adversely affect employee job performance."[2] The IAFF also includes the issue of infectious diseases as a personal concern of its members to be addressed by the EAP.

Assistance programs are referred to in several ways, for instance as an employee assistance program, labor/employee assistance program, family assistance program, or member assistance program. Although the title may not be strictly EAP, each of these programs has a common goal of restoring the individual to a healthy and fully productive life, improving employee morale, and increasing the productivity of the workforce.

A worksite-based program is central to the foundation and purpose of an EAP. The three basic ideals of an assistance program support the need for a worksite-based EAP:

- Employees are valuable members of the team.

- It is better to offer assistance to employees experiencing personal problems than to discipline or fire them. Rehabilitation, not punishment, is emphasized.

- Recovering employees become more productive and effective.[3]

Through the counseling of an EAP it has been found that 60-80% of individuals involved returned to fully productive status in the workplace.[4] It is expected that individuals affected by a problem may be hesitant to seek support and counseling through the workplace. It is emphasized that fundamental to an EAP's design is the guarantee of complete confidentiality and the assurance that job security or future promotional opportunities are not jeopardized by the employee's use of needed EAP services.[5]

An EAP's benefits are not limited solely to its impact on an employee with problems. The EAP also has been known to develop positive labor/management relationships united toward a common purpose, promote problem resolution, maintain the employee's dignity and confidentiality, and provide the workplace with a return on its investment in the EAP.[6]

EAPS AND THE FIRE SERVICE

Fire fighters that were once dependable and contributing members of the department now appear to be preoccupied away from the job with moody and often hostile dispositions. Their absences increase, they have greater frequencies of accidents or injuries, they use more health benefits, and their job performance declines. These fire fighters are no longer assets to the department and they become a liability. In a profession that requires the utmost skill and reliability these fire fighters may be jeopardizing personal safety and that of co-workers. If these individuals cannot seek help on their own initiative, this deteriorating job performance calls for quick and effective intervention by their superior. Referral of these individuals to the fire service EAP would be recommended after constructive confrontation.

THE MAGNITUDE OF EMPLOYEE PROBLEMS

The facts and figures regarding employee illnesses and problems which are affecting the workplace as well as the employee's family are alarming. Each of these problems can be addressed through the establishment of an EAP. Employers in either the United States or Canada may not believe the problems exist in their fire department, but consider these figures:

- It has been estimated that up to 19% of the United States adult population suffers from alcohol abuse, other drug abuse, or mental disorders.[7]

- The Canadian Mental Health Association reported in its "Agenda for the 80s" that 15% of all workers will develop emotional, physical or social problems that, at any given point, will interfere with their productivity.[8]

- 50 - 80% of on the job problems in Canada relate to problem drinking, family disputes, finances, or emotional stress.[9]

- An alcohol-related family problem strikes one of every four American homes.[10]

- The fire service experiences approximately twice the national average of people addicted to drugs and alcohol.[11]

- In excess of 40% of marriages will end in divorce.[12]

- 3-5% of adult Americans suffer from chronic, psychologically crippling forms of mental illness.[13]

- In excess of 15% of the adult population exhibit some potentially serious symptom of stress.[14]

- A minimum of 6% of those who drink are, or will become, alcoholic.[15]

- The impact of HIV infection on the U.S. workplace from medical, legal, economic, public relations, and human resource standpoints is enormous. Economic impact alone was estimated to cost employers over $55 billion in 1991.[16]

- Alcohol abuse costs the US $89.5 billion a year, of which $54.7 billion is absorbed by business.[17]

- Illicit drug use cost the US $58.3 billion in 1988.[18]

- A large percentage of Americans live beyond their financial means.[19]

THE INVESTMENT

The investment in an EAP is both financially beneficial and humanitarian. The dollars invested can result in a healthier work force and the retention of valuable employees. The magnitude of the effect of troubled employees is substantial. Approximately 18% of any workforce is losing 25% of its productivity as a result of the costs of impaired performance due to alcoholism, drug addiction, and emotional problems.[20] Twenty percent of the workforce also consumes 80% of their manager's time with their problems.[21]

Studies have shown that for every $1.00 invested in an EAP the employer will save $5-16.00.[22] These savings can be seen in a decreased use of medical and insurance benefits, savings in worker's compensation claims, fewer grievances and arbitrations, less absenteeism, less use of management time with troubled employees, less employee turnover, and less personnel replacement costs required of training a new employee.[23] Benefits of the EAP are also expressed through the improved morale of the workforce and the rehabilitation of a valuable trained and experienced worker. The U.S. Department of Labor estimates the average annual cost of an EAP to the employer ranges from $12-20.00 per employee.[24]

LABOR INVOLVEMENT

The union role in the support and development of an EAP is crucial because of the union's established position as the worker's representative, concerned about and protecting the rights of its members. The traditional role of labor lends support to the EAP concept because it involves helping workers with problems which are expressed in their workplace.[25] Labor also supports the EAP from the co-worker's standpoint because union members have a right to work alongside workers who can hold up their end and not be forced to cover up or fill in for workers whose personal or health problems affect their job skills.[26] It is often found that employees with poor job performance records do not improve unless intervention occurs and the employees are forced to confront and deal with their problems.[27] This confrontation based on job performance at an early stage of a problem holds down the number of grievance procedures and saves jobs.

ENDNOTES

[1]U.S. Department of Labor: What works: Workplaces Without Drugs, August 1990.
[2]Employee Assistance Professionals Association (EAPA): Legislative and Public Policy Handbook, February 1991.
[3]Ibid #1.
[4]State and Local Government Labor-Management Committee: Joint Solutions to Substance Abuse.
[5]Lawton, Bryan PhD: The EAP and Workplace Psychiatric Injury. Occupational Medicine: State of the Art Reviews 3(4): 695-706, October-December 1988.
[6]EAPA: Employee Assistance Programs - Theory and Operation.
[7]Colantonio A: Assessing the Effects of Employee Assistance Programs: A Review of Employee Assistance Program Evaluations. The Yale Journal of Biology and Medicine 62:13-22, 1989.
[8]Csiernik R: Developing an Employee Assistance Programme: Essential Aspects and Components. Employee Assistance Programme Council of Hamilton-Wentworth, 1991.
[9]Ibid, #8.
[10]The Gallop Poll, "Alcohol-Related Family Problems Strike One-Fourth of US Homes," April 1987.
[11]Breedlove D: personal statement. Breedlove & Company CPAs, Houston, TX. February 1988.
[12]Ibid, #6.

[13]Ibid, #6.

[14]Ibid, #6.

[15]Ibid, #6.

[16]U.S. Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration: AIDS/HIV Infection and the Workplace, 1990.

[17]Fitzgerald ST, SC Hammond, and KA Harder: Role of the Employee Assistance Program in Helping the Troubled Worker. Occupational Medicine 4(2):233-243, 1989 .

[18]National Council on Alcoholism and Drug Dependence, Inc.: NCADD Fact Sheet: Alcoholism and Alcohol-Related Problems, November 1990.

[19]Ibid, #6.

[20]Masi DA: Employee Assistance Programs. Occupational Medicine: State of the Art Reviews (1)4: 653-665, October-December 1986.

[21]Ibid, #17.

[22]Ibid, #1.

[23]Ibid, #1.

[24]Ibid, #1.

[25]Winick C: Starting an Employee Assistance Program: A Guide for Unions and Councils. Employee Assistance Promotional Service, New York State AFL-CIO, 1985.

[26]Ibid, #25.

[27]Austin RL: Employee Assistance Programs. Clinical Chemistry 33/11(B):101B-105B, 1987.

Chapter Two

SCOPE OF EAP

EAPs have traditionally been referred to as specific type programs or broadbrush programs. The specific programs focus on one issue such as alcoholism which can interfere with the employee's functioning on and off the job. Broadbrush programs offer varied assistance for a wider range of employee problems. Quite often an employee's primary need for assistance will be accompanied by other underlying problems also requiring support and counseling.

Broadbrush programs address a wide range of issues pertaining to the health and well-being of active or retired union members and their families. The scope of problems dealt with in an EAP may include areas such as alcohol/drug addictions, stress, marital concerns, family/child issues, emotional, legal, financial problems, and death/grief counseling. As EAP's have become more diversified in recent years employee issues including medical concerns, infectious disease and AIDS issues, career/vocational concerns, gambling addictions, veterans affairs, and critical incident stress management programs (CISM) have come under the umbrella of EAP attention. Broadbrush EAP's may also focus on health promotion and education through the development of wellness programs.

ALCOHOLISM

Alcohol is by far the most abused substance. Based on surveys of the population it is estimated that approximately 10% of the working age population abuse or are dependent on alcohol.[1] Alcoholism has been recognized as a treatable disease by the American Medical Association since 1956. Because it is a progressive illness, it takes time for it to become a chronic problem resulting in deteriorating job performance.[2] Therefore, it is important that troubled workers receive early intervention with referral to a Fire Service or Union Local EAP. Early intervention will benefit alcoholics, their family, and the employer. Successfully treating alcohol problems costs ten times less than the current cost of alcohol problems to society.[3]

DRUG ADDICTION

Drug abuse is a major concern of industry today. Despite the fact many corporations have drug testing programs, some employees may continue to abuse drugs on and off the job. In the United States nearly 25% of full-time employed 18 to 25 year-old males and 15% of 26 to 34 year-old males reported using an illicit drug in the past month.[4] The drug abusing employee will not be able to remain free of the influence of their substance or substances at the workplace. Work function will be impaired from off duty substance abuse.[5]

Drug testing programs, whether they are based on "cause" or "random", are in place in many fire departments. An EAP must be a part of any drug testing program in order to emphasize substance abuse rehabilitation, not termination, of the fire fighter. Rehabilitation does not replace discipline. However, rehabilitation of the troubled fire fighter is the most effective and compassionate means of retaining a valuable member of the department.

JOB STRESS

The fire fighters' jobs of long hours, shift work, sporadic high intensity situations, strong emotional involvement, and exposure to extreme human suffering may eventually impose undue stress upon them and their families. Often, fire fighters cannot deal with these mental states on their own and they develop disabilities. Stress is now recognized as a major contributor to a variety of health problems.[6] Fortunately, the EAP can act as an outlet to these pressures by providing counseling and critical incident stress debriefing. Some fire depart-

ments have found EAP services utilizing peer counseling have greatly aided their fire fighters. The success of the peer counseling program is attributed to the value of fire fighter counselors and their ability to relate to fellow fire fighters in crisis.[7]

FAMILY RELATIONS

The demands of the fire fighting profession may eventually take its toll upon a marriage and the family. Psychological stress, substance abuse, and emotional unrest can be displaced onto the family. A study reported a high divorce rate among fire fighters, increasing with rank and, presumably, with years of service.[8]

LEGAL AND FINANCIAL CONCERNS

Fire fighters may find themselves in need of legal or financial services. Court referrals may send the individual to the EAP for counseling if the individual is convicted of driving while intoxicated. Since the majority of fire departments require a valid drivers license as a condition of employment, the successful use of the EAP may help the fire fighter to remain employed. Counseling and financial advice can be provided to the individual through the use of EAP community resources.

INFECTIOUS DISEASE ISSUES

On the job, fire fighters may come in contact with individuals who have been exposed to or infected with such contagious diseases as hepatitis, tuberculosis, and HIV/AIDS. Perhaps the exposed or infected individual is a coworker. These issues are very real in today's workforce and the EAP has the unique ability to provide needed counseling and important educational workshops to the fire fighters and their families. The 1988 US Presidential Commission on the HIV Epidemic stated that education is one of the most formidable weapons for attacking the anxiety, hostility, fear, and ignorance associated with HIV infected individuals and maintaining a calm work environment, as well as stopping the spread of HIV infection.[9]

The World Health Organization has recognized the central role the workplace plays in the lives of people everywhere. The WHO states that a consideration of AIDS in the workplace issues would strengthen the capacity to deal effectively with the problem of HIV/AIDS at the local, national, and international levels.[10]

EAPs have a new role to play with the increasing concern over contagious disease exposures in the fire service and many existing EAP programs will need to make adjustments in their services. Departments and locals currently developing an EAP must anticipate the need for these services. The EAP can provide confidential counseling to the fire fighter with AIDS, including referral to treatment resources as well as psychological and financial counseling. The EAP counselor should be able to assist an infected fire fighter with information on and assistance with employee benefits and social services. EAP services should include individualized counseling to fire fighters without AIDS who may be troubled about the risk of contracting AIDS in the workplace. Finally, the EAP should assist in the development of fire department infectious disease policy and assist in ongoing employee educational campaigns to provide realistic information to employees and their families about the risk of AIDS/HIV infection.[11]

HEALTH PROMOTION

Health promotion programs can be operated through the EAP or as separate entities. The purpose of the health promotion program is to provide preventive health activities and incentives to promote the adoption of healthy personal behaviors. Health promotion programs usually include educational seminars and material distribution on a variety of topics of interest to the health and welfare of fire fighters and their families, including potential health risks in the workplace and lifestyle behaviors. Such issues which can be dealt with through these programs include weight control, nutrition, smoking cessation, fitness, stress management,

hypertension awareness, preventive medicine, substance abuse, retirement planning, and career/vocational guidance.

CRITICAL INCIDENT STRESS MANAGEMENT

CISM includes pre-stress and post-stress activities. Critical incident stress or reactions from an event have the power to temporarily overcome the fire fighters' usual coping abilities.[12] The CISM team can operate and coordinate with the EAP program within the department. Specifically, the team administers the reactive form of treatment either on the scene of a disaster or within a short period of time after the disaster by means of debriefing the fire fighters and other emergency response personnel.[13] CISM can help to accelerate the emergency responders' normal coping mechanisms, to help prevent burnout or the serious condition of post traumatic stress disorder.[14]

Regardless of an employee's problem the maintenance of a healthy and effective member of the work force and society is paramount to the operation of an EAP. The IAFF encourages local unions to develop a broadbrush labor/employee assistance program for the fostering of the physical, mental, and emotional health of active and retired members and their families.

ENDNOTES

[1]Colantonio A: Assessing the Effects of Employee Assistance Programs: A Review of Employee Assistance Program Evaluations. The Yale Journal Of Biology and Medicine 62:13-22, 1989.

[2]Austin RL: Employee Assistance Programs. Clinical Chemistry 33/11(b):101B-105B, 1987.

[3]Institute of Medicine: Broading the Base of Treatment for Alcohol Problems. Washington, DC: National Academy Press, 1990.

[4]Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration: AIDS/HIV Infection and the Workplace, 1990.

[5]Cannella JM: Drug Abuse in the Workplace: An Industries Point of View. Clinical Chemistry 33/11(B), 61B-65B, 1987.

[6]Lawton B: The EAP and Workplace Psychiatric Injury. Occupational Medicine: State of the Art Reviews 3(4):695-706, October-December 1988.

[7]Schweizer C: Firefighters Battling Addiction and Stress. Firehouse: April 1988.

[8]Fjelstad MA:Can a Firefighter Have a Successful Marriage?" Fire Chief 22:76-77, August 1978.

[9]Ibid, #4.

[10]Ibid, #4.

[11]Ibid, #4.

[12]Flannery, David R: CISD: An available resource. Carlisle Fire Department.

[13]International Association of Fire Chiefs Foundation: Stress Management Model Program for Firefighter Well-Being. Federal Emergency Management Agency, United States Fire Administration, 1985.

[14]Ibid, #12.

Chapter Three

WHO BENEFITS FROM AN EAP?

THE FIRE FIGHTER

The primary purpose of the EAP is to council and rehabilitate troubled fire fighters. Fire fighters who seek help will be the individuals with the most to gain through the EAP. They may save their jobs, marriages, families, and perhaps even their lives. Fire fighters can benefit from EAP assistance when the overwhelming demands of their occupation and the deterioration of job performance force them to responsibly seek treatment and face their problems.[1] Retired fire fighters can also benefit from the use of EAP counseling and other EAP services.

THE FAMILY

Quite often the problems of troubled individuals may have effects upon their family. The lives of at least four other people are usually affected by each case of alcoholism.[2] Alcoholism has been referred to as a family disease, directly affecting others close to the alcoholic.[3,4] A recent study showed that husbands' drinking had substantial influence on their wives. The wives reported effects on their: mental health (62%), self-esteem (50%), motivation (47%), risk taking (30%), and physical health (35%).[5]

Families have an important role to play in the initiation and success of recovery. A spouse, child, or other significant person can provide powerful motivation for an individual to seek treatment. It is important for the whole family to be involved in the recovery by providing support and encouragement. The family is also important in the treatment and aftercare by facilitating lines of communication and expression of the recovering fire fighter.

Other individuals, such as the fire fighter's spouse and children, need and deserve appropriate help to recover as well. Family members can benefit through the EAP by learning ways to deal with the illness and to avoid becoming an 'enabler' through the denial of the illness of their loved one. Apart from the EAP, self-help groups exist to support the friends and family affected by someone else's troubles and addictions.

The employee may not be the only individual within the family unit who would benefit most from EAP services. It is recognized that a person's job and well-being may be affected by persons in the family who have alcohol, drug or other emotional or behavioral problems.[6] General Motors found that besides their employees, the next largest group of people coming into treatment were children of the employees. Eighteen percent of substance abuse insurance claims involved their employees' children.[7]

It is becoming increasingly evident that heredity factors are a major contributing cause of chemical dependence. Genetic factors have been found to be selectively important in the development of alcoholism and drug dependence.[8] While counseling one member of the family for substance abuse it is important to realize another may be experiencing the same problems and in need of the services of the EAP.

THE EMPLOYER

The effects of employees' personal lives are brought to work with them every day. If there is a problem in the family, it will eventually surface in the work setting. Although individuals may not appear impaired, they may be emotionally preoccupied or otherwise distracted.

Similarly, the substance abusers bring their problems to the workplace. Ninety-five percent or more of all individuals experiencing alcohol- or drug-related problems are either employed or the spouse or dependent of someone who is working.[9] To the employer, this relates to increased costs, lower productivity, increased frequency of accidents, and greater absenteeism among other problems.[10]

THE UNION

Concern for the health and well-being of members and their families and for job security makes assistance programs a natural for unions.[11] Through the services of an EAP the union can assist fire fighters with their problems and ensure a safer workplace for other members. The union can also utilize the EAP as a means of disseminating health promotion and wellness information.

CO-WORKERS

When fire fighters use the employee assistance program's services, the benefits include improvements in the safety and morale of their entire fire department. Similarly, co-workers can benefit by seeking assistance from the EAP to cope with and understand another employee's addiction, illness, suicide, or death. Co-workers can also benefit from the EAP by learning to recognize changes in behavior of other individuals and by avoiding becoming enablers for that individual. Peer support services can prove beneficial to individuals emotionally stressed from the job.

SOCIETY

When individuals seek help, society also benefits. The community at large depends on fire fighters for its safety. If the performance of fire fighters is adversely affected by occupational stresses, the community's safety is threatened. The financial liability of increased accidents, damaged equipment, greater insurance and worker's compensation claims also impart effects upon the taxpayers.

ENDNOTES

[1] Rowntree GR, Brand J: The Employee with Alcohol, Drug, and Emotional Problems. Journal of Occupational Medicine 17(5): 329-332, May 1975.

[2] Asma F, Hilker R, Shevlin J, Golden R: Twenty five Years of Rehabilitation of employees with Drinking Problems. Journal of Occupational Medicine 22(4):241-244, 1980.

[3] Steinglass P: The Alcoholic Family. New York: Basic Books, 1987.

[4] National Council on Alcoholism and Drug Dependence, Inc.: What Are the Signs of Alcoholism? March 1990.

[5] Casey JC, Googins B: The Alcoholic Family at the Workplace. Research Track Presentations, 19th EAPA Annual Conference, October 1990.

[6] Ibid, #1.

[7] Austin RL: Employee Assistance Programs. Clinical Chemistry 33/11(B):101B-105B, 1987.

[8] Gallegos KV, Keppler JP, Wilson PO: Returning to Work After Rehabilitation: Aftercare, Follow-up, and Workplace Reliability. Occupational Medicine: State of the Art Reviews 4(2):357-371, April-June 1989.

[9] Ibid, #7.

[10] Ibid, #7

[11] Fitzgerald ST, SC Hammond, and KA Harder: Role of the Employee Assistance Program in Helping the Troubled Worker. Occupational Medicine 4(2):233-243, 1989.

Chapter Four

THE IMPORTANCE OF EAPS TO THE FIRE SERVICE

Fire fighting has long been known to be one of the most hazardous and stressful occupations. The IAFF Death and Injury Survey has continuously demonstrated fire fighting as the occupation with the highest number of job related fatalities, injuries and illnesses. The emotional, physical, and mental demands of the job may eventually begin to affect the fire fighter's personal life and work life.

In an attempt to relieve the stress and pressure of the job, fire fighters may turn to substance abuse. Occupational stressors are good predictors for the excessive use of alcohol. Individuals who have high job stress and who are also divorced or separated and living in urban areas have the greatest risk for harmful behavior that includes the excessive use of alcohol for escapist reasoning.[1] Other ways fire fighters may unintentionally vent their tension is by fighting with spouses. The fire fighters may keep the pressures inside until they build to dangerous levels, adversely effecting their total emotional well-being. All of these, and many more, results of job stress can impair the fire fighters' job performance and state of health. The Fire Service EAP can help by providing counseling and referral services for fire fighters and their families. The local union EAP can provide confidential counseling by fire fighters for fire fighters.

Through the EAP, employees benefit from the opportunity to recover from a problem with substance abuse, family discord, or psychiatric illness.[2] Without counseling, these individuals may place coworkers' health and safety at risk, cost the employer and community money, create a negative work environment for all or lose their jobs.[3]

Troubled employees may be jeopardizing their own safety and that of fellow fire fighters. Health and safety, and perhaps even lives, may be at risk when someone is using drugs or alcohol on the job.[4] For example, the US Chamber of Commerce estimated that typical drug users in today's workforce are 3.6 times more likely to injure themselves or another person in a workplace accident. Also, absenteeism among problem drinkers or alcoholics is 3.8 to 8.3 times greater than normal. When co-workers fail to report to work, others will have to do their jobs.[5]

The fire department also benefits when troubled fire fighters seek the assistance of the EAP. The employer is able to recover the effective job performance of employees who had been impaired in their work. The department also retains employees in which there is a substantial recruitment and training investment.[6] The cost of training a new fire fighter for 12 weeks is approximately $80,000, but the value of that fire fighter can never be adequately measured.

Through the services of a local EAP the fire department and union can help individuals with mental, emotional, or physical problems to maintain their job, their dignity, and sense of their own worth.[7] Ultimately, however, it is up to the fire fighters to seek help. EAPs can be a catalyst to help fire fighters confront their problems and cope with the many potentially harmful occupational stressors.

ENDNOTES

[1] Roman PM, TC Blum, and JK Martin: Job Characteristics in Relation to Workers' drinking Behavior: Drinking to cope or self-medicate and workplace enabling. CEAP Research Presentations, Track A:29-34,1989.

[2]Roman PM, and TC Blum: Formal Interventions in Employee Health: Comparisons of the Nature and Structure of Employee Assistance Programs and Health Promotion Campaigns. Social Science Medicine 26(5):503-514, 1988.

[3]U.S. Department of Labor: Workers at Risk: Drugs and Alcohol on the Job. 1990.

[4]Ibid, #3

[5]Ibid, #3.

[6]Ibid, #2.

[7]Rowntree R, and J Brand: The employee with alcohol, drug, and emotional problems. Journal of Occupational Medicine 17(5):329-332, 1975.

Chapter Five

EAP LEGISLATION AND LEGAL ISSUES

Administrators of Fire Service Employee Assistance Programs should be aware of federal, state, and provincial legislation, regulations and standards which directly effect the operation of the EAP and the troubled fire fighter's position in the workforce.

NFPA 1500

NFPA 1500, *Standard on Fire Service Occupational Safety and Health Program*, states that fire departments shall provide a member assistance program. This assistance program should identify and assist members and their families with substance abuse, stress, and personal problems adversely affecting job performance. The program must provide appropriate referral services to all members and their families with the intention of restoring these individuals to health and the member to expected job performance levels. A written policy statement should be adopted on alcoholism, substance abuse, and other problems covered by the assistance program. Written rules should similarly be adopted regarding the maintenance of assistance services. NFPA 1500 also states that the member assistance program shall provide health promotion activities that identify physical and mental health risk factors and shall provide education and counseling for the purpose of preventing health problems and enhancing overall well-being.[1]

REHABILITATION ACT OF 1973

The purpose of the Rehabilitation Act of 1973 is to mandate the development and implementation of employee services. These services are to guarantee equal opportunity, vocational rehabilitation, and independent living for individuals with handicaps in order to maximize their employability, independence, and integration into the workplace and the community.

This Act pertains to fire fighters and emergency responders as public safety officers protecting the property and safety of others. The "individual with handicap" referred to in the purpose of the Act is any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (ii) has a record of such an impairment, and (iii) is regarded as having such an impairment. An individual currently engaging in the use of drugs is not covered. Similarly, an individual who is an alcoholic and is currently using alcohol is not covered under this act.

It is important that Fire Service EAP administrators are aware of this Act as it pertains to the job security of many individuals utilizing the EAP services. The Act specifically states that these individuals who (i) have successfully completed a supervised drug rehabilitation program and are no longer engaging in the illegal use of drugs, or (ii) have otherwise been rehabilitated successfully and are no longer engaging in such use of drugs; or (iii) who are participating in a supervised rehabilitation program and are no longer engaging in such use are covered under this act as "handicapped." For alcoholism the Act also supports the provision of reasonable accommodation to an alcoholic. This reasonable accommodation includes rehabilitative assistance or counseling. However, the employee also must recognize the problem and be willing to accept assistance from the employer.

AMERICANS WITH DISABILITIES ACT

The ADA is a United States statute that prohibits various forms of discriminatory treatment against people with disabilities (or who are perceived as such) in private and public employment, public accommodations, public transportation, and other governmental services and

telecommunications services.[2] The ADA prohibits covered entities from discriminating against any "qualified individual with a disability" in all aspects of employment. Employers, labor organizations, and/or joint labor-management committees are covered by this act.

Some disabling conditions covered under the ADA include emotional illnesses, HIV, past illegal drug use, and recovering alcoholism. Current illegal drug users are not protected, only those drug users who have completed a supervised drug rehabilitation program or are currently participating in such a program are covered by the ADA.[3] The act also excludes individuals such as compulsive gamblers, homosexuals, and bisexuals from coverage. Although individuals, such as alcoholics, are protected by the act, they may still be held to the same job qualification standards or job performance level of other employees.[4]

When feasible, employers are required to make reasonable accommodations for disabled individuals to perform their jobs. These accommodations must not impose a direct threat of harm to the health and safety of these disabled individuals or other employees. Additionally, owing to the confidential nature of EAP participation, an employer is not held liable for failing to make reasonable accommodations in instances where they are not aware that a person has a physical or mental impairment.[5]

EAP counselors must be familiar with the provisions of the ADA. This brief description is in no way intended to be comprehensive, but rather as a tool to emphasize the importance of this far reaching legislation.

CONFIDENTIALITY OF RECORDS

The US Federal Confidentiality Statute (49 U.S.C.A. ¶290dd-3) and regulations (Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 (1983)) apply to the patient records of all employers or EAP services which receive direct or indirect federal financial assistance.[6] These regulations apply to the records of an alcohol abuse program which is assisted or licensed through a US department or agency. For instance, this applies to programs with IRS income tax deductions or tax exempt status. These records are solely for the use of EAP services and are not to become a part of an individual's personnel file. EAP records including attendance and patient status are confidential and may be disclosed only if specifically authorized by the patient. If a crime is threatened or conducted by a patient against EAP personnel or on the premises of the program the aid of law enforcement may be sought as long as the individual's patient status is kept confidential.[7]

Individuals may agree to disclosure of pertinent information within their records only with detailed written consent as to the purpose of disclosure and the person(s) to receive the information (42 C.F.R. ¶2.31, 2.35. 1983). The information may not be disclosed by the recipient. Third-party payers or funding sources (i.e. insurance carriers) may only acquire relevant patient information with prior written consent by the patient, and these records containing the identity of the patient are covered by the confidentiality regulations.[8]

If and when participation by the individual in a treatment program is a condition of the individual's status in the criminal justice system, the individual may consent to unrestricted communication between any program and the court, parole board, probationary or parole officers. This consent expires within 60 days or the occurrence of a substantial change in the individual's status, whichever is later.[9]

Disclosure of confidential information from a patient's record may occur without the individual's consent provided the information is used solely for its intended purpose. These purposes include: medical emergencies; anonymous scientific research; court orders for specific testimony and for procurement of crucial evidence in the investigation of a serious crime.[10]

Patient access to their own records is also covered under these regulations. This access can only occur under specific conditions. The request for disclosure of information within the record must not cause substantial harm to the relationship between the patient and the program. Additionally, the request for disclosure must not be harmful to the patient and this information is to be limited to that which the patient already knows through participation in the program.[11]

THE DRUG-FREE WORKPLACE ACT OF 1988

The Drug-Free Workplace Act is a United States federal statute which requires certain federal contractors to maintain a drug-free workplace in order to be considered a "responsible source" for federal contracts or grants. Included in this act are requirements of the employer to: (1) certify a drug-free workplace will be provided; (2) publicize a policy on the company's position of the prohibition of any controlled substance used for any reason in the workplace with the employees understanding that abiding by the policy is a condition of employment; (3) establish an ongoing, drug-free awareness/education program; (4) require each employee involved with the work of the Federal grant to notify the employer and contractor of any criminal drug statute conviction within the workplace; and (5) the imposition of sanctions or remedial measures for an employee convicted of a drug abuse violation in the workplace.[12] The act does not contain requirements for drug testing. Additionally, this act does not require the employer to establish an EAP.[13] However, the IAFF strongly believes that all of these goals can be effected by having Union-Management EAPs in the fire service.

THE EMPLOYEE RETIREMENT INCOME SECURITY ACT

This United States legislation requires employers to disclose to the government certain information about their employee pension or welfare benefit plans. While funded EAPs could in theory be regarded as employee benefit plans under the Employee Retirement Income Security Act, in practice, they have not been so regarded and hence ERISA compliance is not a current concern for EAP managers.[14]

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

This Canadian legislation applies to provincial ministries and agencies, community colleges and district health councils. The act provides an individual with two legal rights: (1) The right of access to government information, including most general records and personal information; and (2) the right to protection of privacy of personal information which exists in government records. Another similar Canadian act entitled Municipal Freedom of Information and Protection of Privacy Act provides the individual with the same rights in reference to records and personal information held by municipalities, local boards, agencies, and commissions.[15] Content of these records may include health information such as that held by the Ontario Health Insurance Program.

CANADIAN CHARTER OF RIGHTS AND FREEDOMS

Section 15 of ¶5015 in the Canadian Charter of Rights and Freedoms states that (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability. And furthermore section 2, ¶5015, states subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of ... age or mental or physical disability. The Canadian Human Rights Act defines a disability in ¶5125 as any previous or existing mental or physical disability and includes disfigurement and previous or existing dependence on alcohol or a drug.

PROVINCIAL HUMAN RIGHTS PROVISIONS

Canadian Federal Human Rights laws (¶1600) classify dependence on alcohol and/or drugs as prohibited grounds of discrimination. This legislation prohibits discriminatory practices in employment or membership on the part of employers, trade unions, employer or employee associations and employment agencies. Similarly, the majority of provincial Human Rights

Acts in Canada contain citations related to the unlawful discrimination of an individual with a disability. For example, Alberta's Individual Rights Protection Act ¶21,807, section 7 states (1) no employer or person acting on behalf of an employer shall (a.) refuse to employ or refuse to continue to employ any person, or (b.) discriminate against any person with regard to employment or any term or condition of employment, because of the ... mental disability or physical disability of that person or of any other person. Other provincial jurisdictions also contain such language in their Human Rights Acts: British Columbia, ¶32,608; New Brunswick, ¶46,383; Newfoundland, ¶50,760, Prince Edward Island, ¶70,101; Saskatchewan, ¶90,016 section 16.1; Yukon, ¶97,706; and the Northwest Territories contain such provisions within their Fair Practices Act. Manitoba and Ontario provide provisions for prevention of discrimination against the sexual orientation of an individual in their codes ¶44,349 and ¶66504 respectively. Nova Scotia and Ontario both make no mention of disability provisions within their Human Rights Acts. Discrimination statutes for Nova Scotia are found in ¶58,808 and for Ontario as mentioned in ¶66,504.

Federal Human Rights provisions provide for the establishment of assistance programs in ¶5116, section 16 on Special Programs. The statute states that "it is not a discriminatory practice for a person to adopt or carry out a special program, plan or arrangement designed to prevent disadvantages that are likely to be suffered by, or to eliminate or reduce disadvantages that are suffered by, any group of individuals when those disadvantages would be or are based on or related to ... disability of members of that group, by improving opportunities respecting ... services, facilities, accommodation or employment to that group."

ENDNOTES

[1] National Fire Protection Association: NFPA 1500, Standard on Fire Department Occupational Safety and Health Program. August 1992.

[2] Mulholland CM, and EJ Hickey: A Legal Overview of The Americans with Disabilities Act of 1990 (Public Law No. 101-336), March 1991.

[3] Ibid ,#2.

[4] Ibid, #2.

[5] Ibid, #2.

[6] Carnahan WA: Legal Monograph: Legal Issues Affecting Employee Assistance Programs. The Association of Labor-Management Administrators and Consultants on Alcoholism, Inc. (currently EAPA), 1984.

[7] Ibid, #6.

[8] Ibid, #6.

[9] Ibid, #6.

[10] Ibid, #6.

[11] Ibid, #6.

[12] U.S. Department of Labor: An Employer's Guide to Dealing with Substance Abuse. October 1990.

[13] Ibid, #12.

[14] Ibid, #6.

[15] Information and Privacy Commissioner/Ontario: Your Introduction to Ontario's Information and Privacy Commissioner.

Chapter Six

TYPES OF EAPS

Employee Assistance Programs of local unions may be organized in an internal, external, union controlled, or consortium arrangement. Each arrangement has its own advantages, disadvantages, and unique characteristics. A local union should investigate which program is best suited to their available resources.

INTERNAL

An internal program is operated within the local department or union. Staffing is usually by fire fighters who have volunteered their time or hold a paid position as EAP counselors. A fire department or union local supported program may also hire a full time EAP professional to operate their assistance program. However, such an arrangement may not be as effective or as economically feasible. Additional considerations of an internal program include facility and records location. The facility should be located in an area where members will feel comfortable when approaching the EAP. If troubled employees are embarrassed or feel they may be noticed by fellow fire fighters or superiors they are less likely to take advantage of the program. Similarly, if the facility is located in the proximity of other offices or in an isolated area where they could be easily observed and identified they may feel that their confidentiality is threatened.[1] The location and maintenance of records is also important for the assurance of confidentiality and credibility of the program. Records of employee participation within an EAP should be kept separate from personnel records and access strictly limited to the EAP administrator.

An EAP may be a combined program of internal and external services. A core group of full-time EAP professionals employed by the organization may utilize external EAP consultants and community resources for certain services not delivered by the internal counselors. Also, it is not uncommon to find joint labor-management administration of an EAP in unionized settings.[2]

EXTERNAL

A fire department or local which does not have the resources or personnel to support an internal EAP must explore other options. An external program may be supported and operated by management with avenues open for referral of fire fighters. In this instance it may be desirable for the fire department to have union representatives to serve as a committee of accountability. This committee would insure that the city program properly addresses fire fighters' needs, treatment is adequate, and follow-up is complete. The external program also can be jointly sponsored by the fire department and the union. Another means of providing external EAP counseling services supported by the fire department or union may be the hiring of an EAP professional to act under contract for the fire fighters' needs. Such an arrangement may be on a fee-for-service basis or a flat monthly stipend. As with other external arrangements an oversight or accountability committee should be established to monitor the performance of the external EAP to insure the delivery of services as stated in the contract.

Private commercial organizations exist which market their EAP services. A department or local union may contact such a firm and arrange for accessibility to the EAP program for its members. As with all external programs a problem of relevance and understanding of fire fighters' unique problems may exist. With this arrangement a committee of accountability also may be desirable.

UNION-CONTROLLED

With union controlled programs the EAP counselor is a union member and services are provided through union channels to union members and their families. A unique strength of the union-based program is expressed through the union's feeling of fraternity and confidence in their colleagues.[3] Fire fighters helping fire fighters. The local union will be more amenable to assisting the fire fighters and providing them a chance to rehabilitate.

CONSORTIUM

When resources and facilities or an adequate number of fire fighters does not exist within one local union to make an EAP feasible, perhaps a consortia of locals can organize to support a fire fighter run EAP. Such an arrangement would divide the financial responsibility of the individual locals while providing an "internally" run program. Considerations of accessibility for all fire fighters of the different locals and the division of the administrative duties would need to be discussed prior to establishing a secure program.

A consortia of locals also may pool their resources together to jointly contract with an external EAP vendor to provide services to members. This consortia of IAFF locals could be organized on a district, state, or local level.

EXAMPLES OF EXISTING FIRE SERVICE EAPS

These brief descriptions are not representative of the entire range of options available for fire service EAPs. Also, these descriptions are only a selection of the successfully operating fire service EAPs in existence today. A listing of other Fire Service EAPs is located in the Appendix D of this publication.

UNION-CONTROLLED EAP

CHICAGO, IAFF LOCAL 2

Chicago's internal EAP program is entirely union local funded, supported, and staffed. The EAP is located in its own building with sufficient space for the necessary EAP offices. A full-time staff of 3 fire fighters work at the EAP, each with several years experience in the field. Coverage for employees is arranged under contract with the city of Chicago's medical insurance. Local 2's EAP also has a strong peer assistance network. At any given time the EAP will have 45 to 50 recovering members of Local 2 available for peer assistance. These individuals include all ranks in the department, men, women, family members, and retirees. The Local 2 program is available 24 hours a day, 365 days a year.

JOINT UNION-MANAGEMENT PROGRAMS

BOSTON, IAFF LOCAL 718

This joint union-management supported program has a full-time staff of four. The staff members are all fire service personnel and members of the Boston Fire Department and IAFF Local 718. This broadbrush program provides services for members, families, and retirees, 24 hours a day, 365 days a year. The location of the program is in a city facility removed from other fire department offices, yet accessible. Boston provides rehabilitation for all with consideration of unlimited sick leave for the recovering fire fighter.

FORT WORTH, IAFF LOCAL 440

The Fort Worth Fire Department has a joint labor/management internal EAP Program. The fire department provides the position of personnel service officer and the union provides the office and maintenance, with both supporting the program. The Fort Worth Fire Department program includes a total EAP with CISD services for both active and retired fire fighters. This internal program of the fire department is utilized by fire department personnel on a regular basis. The city has an EAP for city employees which is utilized in special disciplinary cases. The city EAP also manages the drug testing program.

LOS ANGELES CITY, IAFF LOCAL 112

Los Angeles City's EAP is operated out of the union office. It is a broadbrush program that provides services for all Fire Department members, families, and all department retirees. This program is accessible 24 hours a day to all. The support for the program's operation is provided by quarterly payments from the city to the union per the memorandum of understanding.

TORONTO, IAFF LOCAL 3888

Toronto's internal EAP is union funded and management supported. It has a entire volunteer staff of seven committee members and one coordinator. Six members are active fire fighters and two are retired members of the department. Toronto's EAP counsellors are continually taking educational courses to upgrade the program. All counsellors have the proper certification. The program is a broad-brush program which operates 24 hours a day, 365 days a year. Patients are usually met at a location of their choice to discuss their problems. Afterwards, the individual patient is directed to the proper rehabilitation center or any other agency deemed necessary. Client-counsellor information is strictly confidential and in most cases follow-up continues for one year. Medical coverage is almost always covered by the Canadian Health Plan.

YONKERS, IAFF LOCAL 628

The Yonkers Fire Department is a labor/management broadbrush program funded by a city EAP budget. The staff of the EAP consists of 2 full-time union personnel. Assistance is offered to fire fighters, their spouses and family members. The program is available by a confidential phone line 24 hours a day, 365 days a year. Financial coverage for EAP services is utilized within the framework of medical coverage, the ability to pay, and/or sick leave granted via contract.

EXTERNAL PROGRAM WITH LABOR COMMITTEE

SAN JOSE, IAFF LOCAL 873

The San Jose Fire Fighters Employee Assistance Committee is an eight member volunteer program set up for the express purpose of providing fire fighter oriented mental health care to 725 department members and their families. The concept of the San Jose Fire Fighters EAC rose from the fact that although the city was spending money on employee assistance, Local 873 usage rates were very low. The EAC is provided financial support, by union contract, from the city and the local jointly. Time off for education of EAC members is granted by management as is cooperation in the scheduling of fire fighters who seek rehabilitation and counseling. The city provides the funding for psychologists, critical incident stress debriefing and counseling, as well as chemical dependency rehabilitation and full range family counseling for fire fighters and all dependents. As a result of cooperation between labor and management the EAC has been able to select and monitor Fire Department providers and offer fire fighter to fire fighter contract and referrals.

ENDNOTES

[1] Fitzgerald ST, SC Hammond, and KA Harder: Role of the Employee Assistance Program in Helping the Troubled Worker. Occupational Medicine 4(2):233-243, 1989.

[2] Roman PM, and TC Blum: Formal interventions in employee health: Comparisons of the Nature and Structure of employee assistance programs and Health Promotion Campaigns. Social Science Medicine 26(5):503-514, 1988.

[3] Los Angeles County Federation of Labor, AFL-CIO: Labor Assistance Program, July 1986.

Chapter Seven

GENERIC GUIDELINES FOR THE IMPLEMENTATION OF A FIRE SERVICE LABOR/EMPLOYEE ASSISTANCE PROGRAM[1]

PROGRAM DESIGN

ADVISORY COMMITTEE

Prior to the implementation of a Fire Service Employee Assistance Program, a committee must be organized to oversee the program's development. The committee should include representatives from all levels of the local and fire department management. Personnel/human resources, safety and health, finance, legal, training and development, and medical sectors of the department should be represented on the committee. Despite the intention of the program to be primarily local union operated, management should be included to insure cooperation with potential employee leave of absences for rehabilitation in the future and for financial support if needed. This committee should be organized for all service types, for example internal, external, or consortia programs.

NEEDS ASSESSMENT

Traditionally, a needs assessment is performed to determine fire fighter and departmental needs as they relate to services provided by the EAP. Previous chapters in this manual have addressed these issues. Additionally, the fire fighters on the advisory committee should have valuable input and first hand knowledge regarding the areas of work and personal life which should be addressed by the EAP.

ORGANIZATIONAL PROFILE

The successful Fire Service EAP should be able to meet the specific needs of the unique demographic and cultural composition of its workforce. The Fire Service EAP will prove to be an advantage when addressing the stress related factors and demands imposed by the profession. Thorough review of organizational records (such as medical claims and accident reports) and personnel records (such as attendance records and disciplinary actions) can provide a clearer picture of the fire department's need for services. An investigation of departmental insurance coverage and medical benefits should be performed to determine the applicability to proposed EAP services.[2] For example, not all HMOs may provide for psychological counseling, addictions counseling, or in-patient rehabilitation.

EMPLOYEE NEEDS ASSESSMENT

The overall local fire department would benefit from all services discussed previously in this manual. The unique profession of fire fighting has been shown to impose characteristic stresses on fire fighters and their families. These can all be effectively handled through the services of a broadbrush program. At this point in the assessment the advisory committee should consider the cultural and gender composition of the fire department. For example, the EAP should be able to provide counseling and resources for issues common to women in the fire service.

SUPERVISOR AND UNION NEEDS ASSESSMENT

A confidential compilation of relevant management and union concerns regarding the ways in which employees' personal problems affect job performance, absenteeism, injuries, turn-over, safety, worker's compensation and insurance claims, etc. should be performed. Also, current statistics on anonymous employees seeking assistance and employees with job

performance problems should be accumulated at this point. With this data in mind, the local can further fine tune the services provided by the EAP to address union and management concerns.

At this point in the process, with the local having the audience of the departmental officers and advisory committee, the inclusion of the EAP into contract language should be discussed and begin to be formulated. This will enable the local to become conscience of management's intentions and level of support towards the program.

SERVICE DELIVERY SYSTEMS

Service delivery systems include internal, external, consortium, and peer referral program arrangements previously addressed. The local will need to evaluate their financial resources and determine which system best suits their needs. Available facilities, counselors, and the number of participating fire fighters are important factors to be addressed.

IMPLEMENTATION

POLICY STATEMENT

The development of a clear and strong EAP policy statement[3] is the foundation upon which the EAP is built. It is crucial in informing the workforce of the local's serious commitment to the program. It expresses the desire of the union and management (if applicable) to achieve a healthy workforce. The policy statement should be signed and supported by the highest ranking officials of the local. If the EAP is to be a joint union-management program the policy statement also should be signed and supported by the highest officials in management. A joint union-management program requires a joint policy statement. Since EAPs serve the employee health and welfare goals of unions, a joint policy statement can prevent the EAP's operation from interfering with labor and management relations or specific sections of the collective bargaining agreement.[4]

The policy document should promote and contain the general philosophy of the EAP. The following assumptions should be taken into consideration:

- Substance abuse problems with drugs and/or alcohol, health, family discord, and mental health are conditions that affect job performance, employee health, and the quality of life.

- The recognition of alcoholism and drug addiction as diseases and treatable through the support, counseling, and referral of EAP services.

- If the fire service can recognize and address these problems early, work performance will improve and medical and treatment costs will be reduced.

- When the problems affecting fire fighters' job performance are addressed early, their lives and the lives of fellow fire fighters will be safer.

- A mentally and physically healthy fire fighter is a union asset.

- Fire fighters who experience alcohol or other drug problems, either personally, in their family, or by their coworkers, can be helped by the local Fire Service EAP.

The policy statement should also describe other aspects of the EAP:

- Description of EAP services.

- Emphasis on voluntary utilization by the individual fire fighter. It must be the fire fighter's personal responsibility to request diagnosis and accept treatment for a substance abuse or emotional problem.

- Location of the facility and staff.

- The commitment to strongest confidentiality.

- Policies regarding proper use, referral, fitness-for-duty, and relapse.

- The assurance that participation in the EAP will not jeopardize future employment or advancement nor will it protect workers from disciplinary action for continued substandard job performance or rule infractions.

- The EAP is solely concerned with the fire fighter's or individual's health and well-being. It is not intended as an avenue for discipline or infringement of rights provided for in the union contract.

- Union/Management responsibilities.

- EAP staff responsibilities and requirements for appropriate training.

Each local Fire Service EAP should adopt a policy statement according to their unique needs and policies (*For an example, see page 24*).

IMPLEMENTATION PLAN

The implementation plan addresses the actions needed to establish a fully functioning Fire Service EAP. These actions should be the responsibility of the EAP administrator and staff. A time line should be developed to facilitate the completion of these objectives. Implementation should address the following:

- Policies, procedures, and objectives

- Logistics of EAP service delivery:
  - resources for space
  - staff allocation

- Operations plan:
  - program promotion and employee communications
  - orientation and education of fire fighters
  - regular training of supervisors and staff
  - integration of fire department chaplains
  - appropriate health/mental health benefit coverage
  - identification of community resources
  - strategies for program integration

- Administration plan:
  - record keeping and reporting procedures
  - budget projections
  - quality assurance and needs assessment
  - liability coverage

- Evaluation mechanisms[5]

Many of these implementation components are addressed elsewhere.

POLICY STATEMENT

The _____ Fire Fighters, Local _____, IAFF (and the _____ Fire Department, if applicable) recognizes that a union member may have a personal problem which may affect the individual's health and well-being, as well as impart deleterious effects on the individual's job performance abilities. The _____ Fire Fighters, Local _____, IAFF (and the _____ Fire Department, if applicable) supports and encourages the individual and his/her family to seek meaningful and effective assistance through the confidential use of Employee Assistance Program facilities. The goal of the EAP is to restore an individual to health and full recovery.

- **Personal and health problems such as alcohol or drug abuse, stress, marital, family, emotional, medical, legal, financial, and/or career can be effectively dealt with through the use of EAPs and coordinated outside referrals. Some of these problems are recognized as diseases by the medical profession which require skilled rehabilitative assistance and treatment.**

- **The _____ Fire Fighters, Local _____, IAFF (and the _____ Fire Department, if applicable) is (are) concerned with the problems which definitely and repeatedly impair the job performance and dependability of the individual and the health, safety, or interpersonal relations of all members in contact with the affected individual.**

- **Voluntary utilization of the program is encouraged with the assurance of confidentiality and job security.**

- **Confidentiality of all records of the employee pertaining to participation in the EAP will be maintained.**

- **All persons participating in the EAP are expected to meet existing job performance standards and established work rules within the framework of the existing union-management agreements. Exceptions to this policy will be considered on an individual basis and decided by mutual agreement of the local union and management.**

- **The EAP does not replace local established disciplinary processes or the individual's access to the grievance procedures provided for in the union contract.**

- **Individuals who continually refuse or reject remedial assistance and/or treatment will be handled according to the local department's standard personnel procedures.**

- **Appropriate training of labor and management EAP directors will be maintained to ensure the credibility and professionalism of the program.**

It is the intent of this policy to maintain the highest professional standards in safeguarding the privacy and personal dignity of all who seek or accept services for substance abuse, psychological problems, or any other health or personal problem.

_____   _____
        Signature   Signature

_____   _____
          Date   Date

The successful Fire Service EAP should instill in the troubled fire fighter the greatest confidence and belief in the credibility of the program. The delivery of high quality, comprehensive services through adequately trained union and peer counselors will send such a message.

CASE FINDING / IDENTIFICATION

Through adequate endorsement and publication of EAP services it is hoped individuals will take the initiative and refer themselves to the program for treatment and counseling. However, when work performance has suffered from the personal problems of an individual; management, union representatives, peers, or family may encourage the individual to seek help from the program. As all fire fighters are valuable and their job responsibilities require them to provide the utmost of concentration and team work, it is hoped that others will strongly encourage troubled individuals to seek assistance and provide support throughout their recovery.

ASSESSMENT AND REFERRAL

The EAP staff should be able to conduct psychosocial assessments of an individual or have the available diagnostician contacts that can assess the individual to determine the need for treatment. Assessments of an emergency situation (a threat to self or others) should be conducted immediately. Urgent situations should be assessed within 24 hours. Other situations should be investigated by the staff within 72 hours.

The majority of referrals to the EAP are made by the troubled individual. Performance related referrals are made through peers, union representatives, supervisors, medical staff, human resources, and personnel departments. Spouses and family members may refer on the basis of emotional and well-being problems.

If the EAP does not have the appropriate services needed for an individual's care, referral to outside community-based resources is warranted. The EAP should maintain current information about all potential community resources. The EAP professional should assess the community resources on their quality of assessment, diagnostic, and treatment services. The following criteria may be applied to this task:

- relevant licensure, accreditation, and certification of referral source
- compatible services with fire department insurance benefits
- affordable fees
- clear and compatible reimbursement policies
- qualified staff
- compatible treatment philosophy
- effective intake/admission procedures
- services and hours compatible with fire fighters' and fire department's needs[6]

TREATMENT

Adequate and timely treatment should be available to the fire fighters with problems affecting their health and well-being. The department should have health and medical experts available if needed. The EAP should also have a resource listing available of "half-way" houses and in-patient treatment facilities. These facilities should be screened by the EAP staff.

FOLLOW-UP AND AFTERCARE

The continuation of counseling services after individuals have successfully completed rehabilitation for a substance abuse problem or learned to cope with their emotional and mental

stresses is crucial. Providing continual counseling to ensure treatment success is essential to the services of the EAP. This counseling can be provided through referral to community resources or internal discussion groups. Also, the fire fighters may need help while readjusting to the workplace after a lengthy absence. While the fire fighters are readjusting to the workplace, the EAP counselor may need to be client advocate to the employer for reasonable accommodation provisions and fitness for duty approval.

It is suggested each department develop aftercare and relapse policies. An aftercare policy will ensure that fire fighters returning from treatment will receive continual counseling and support to prevent relapse of the disabling condition. In the event of a fire fighter's relapse to substance abuse in particular, the department should have a written policy addressing this issue. Such a policy may provide a second or third course of detoxification and rehabilitation for the individual with warning and dismissal procedures also addressed.

TRAINING OF SUPERVISORY PERSONNEL

The training of supervisory, management, and union personnel is important in encouraging early recognition, intervention, and appropriate referral of a troubled fire fighter to the EAP. EAP counselors should have regular meetings with management personnel to provide them with an understanding of EAP objectives and services and the impact of the program on the fire department. Management personnel can be taught by the EAP counselors how to recognize early job performance problems and through constructive confrontation refer the individual to the EAP. Policies and procedures regarding program operation, confidentiality, and relapse should be understood and endorsed by all management and EAP personnel.

ORGANIZATIONAL CONSULTATION

The EAP should be able to provide responsive counseling to the department in a timely manner when a fire department development impacts on well-being of the fire fighters. Such a situation may involve death/grief counseling, suicide, CISM, or potential exposure to contagious diseases. Consultation can also be provide to members of the local in non emergency situations such as wellness promotion and smoking cessation.

PROGRAM PROMOTION

The EAP should utilize the use of promotional materials to inform individuals of available services. Promotion should begin in recruitment or upon the development of the program. The visibility of the EAP should be conveyed to fire fighters, the department, supervisors, union representatives, peers, retired fire fighters, and family members. Promotion of EAP services can be through newsletters, bulletins, articles, posters, enclosures in pay checks, and occasional EAP awareness seminars.

MANAGEMENT AND ADMINISTRATION

POLICIES AND PROCEDURES

To ensure consistent and effective delivery of EAP services it is important that a comprehensive policy on program operation and administration be developed. These policies and procedures should meet the objectives of the fire department in responding to fire fighters' needs. The written policies and procedures for the operation of the EAP should be reviewed and updated periodically to remain current and meaningful.[7]

STAFFING LEVELS

The EAP should have an adequate number of counselors to effectively cover the rate of utilization of services. It is important that the EAP professionals do not become overburdened and unable to operate the program according to the written policies of departmental objectives.

It should be noted that EAP staff are professionally trained counselors and should be accorded a job rank consistent with their responsibilities.[8]

If a department utilizes the services of a contracted professional it is recommended that a liaison or appointed committee of accountability is available to ensure such services are delivered according to departmental policy specifications.

STAFF QUALIFICATIONS

EAP counselors should be qualified to perform their duties. Proper certification, education, and licensure helps to maintain the credibility of the program. However, if individuals or fellow fire fighters have sufficient knowledge and understanding of alcoholism, other substance abuse problems, or an emotional illness they should be encouraged to help develop the EAP or volunteer their time as peer counselors. These individuals can be an asset to the EAP provided they are aware of their limitations. Eventually, it is recommended that all counselors seek to strengthen their knowledge of EAP counseling through a certification program.

The quality of the EAP administrators and counselors helps set the tone for the quality of the program. These individuals should not only have time invested in the problems presented, but they should be personable, trustworthy, and credible.

Canadian locals can strengthen their EAP by investigating the Union Counsellor Programme sponsored by the CLC and United Way/Centraide Canada. Through the U.C.P. an EAP can better utilize the appropriate resources in the community for the referral of an individual. The Addictions Research Foundation in Toronto is another source of Canadian certification.

COMMUNITY NETWORKS

As previously mentioned it is important for the EAP to keep an updated list of community treatment resources, health organizations, and self-help groups. These additional options may be needed for the referral of an individual when EAP counselors are not qualified to deliver the counseling necessary. A list of resources is included in Appendix A of this manual. Additional local agencies can be found in the yellow pages of a phone book under alcoholism, substance abuse, marriage counseling, etc.

CONFIDENTIALITY

Fire Service EAP success and credibility is dependent on fire fighter confidence that the EAP respects individual privacy and confidentiality. Therefore it is of utmost importance that an EAP respect the confidentiality of any information regarding the fire fighters and their families' counseling. Confidentiality is an absolute key to the program. The EAP should adhere to the Federal, State, and/or Provincial confidentiality standards. It is advised that the EAP develop and implement a written policy for the handling of EAP records or any other EAP information according to the highest professional standards and ethics. The limitations of the confidentiality policy should be disclosed in writing to those who use the EAP.[9]

LIABILITY

EAP counselors and directors should investigate liability coverage in the event of litigation. Such coverage would maintain services and resources for other fire fighters utilizing the EAP.

ETHICS

EAP counselors and contracted service providers should adhere to the codes of ethics of their organization or professional affiliation. Similarly, all counseling accreditation programs have their own code of ethics. Ethical codes ensure professional conduct of the EAP counselor and consumer protection for the fire fighter.

LINKAGES

INTERNAL ORGANIZATIONAL ACTIVITIES

The EAP should be integrated throughout the department. Working relationships should be established among the many components of the organization. For example, human resources/personnel, chaplaincy, medical, benefits, safety, legal, training/recruitment, management, and the union. These linkages within the department will increase visibility and potential referrals.

EXTERNAL COMMUNITY ORGANIZATIONS AND RESOURCES

As mentioned previously, the EAP should develop and maintain relationships with the external health care delivery system and other community resources which provide EAP-relevant services. The local phone book can be consulted for such services. The EAP should monitor the operations of its external service providers with on-site visits, ongoing reviews, and frequency of referral to the provider.

CONTINUING EDUCATION

EAP professionals and counselors should continuously maintain and upgrade their knowledge in the field for the benefit of their clients. Belonging to professional organizations, such as EAPA and attending training or continuing education programs can further the professional's knowledge.[10]

ENDNOTES

[1] Framework adopted from: Employee Assistance Professionals Association, Inc: Standards for Employee Assistance Programs, 1990. And, U.S. Department of Health and Human Services; Alcohol, Drug Abuse, and Mental Health Administration: NIDA Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program, 1988.

[2] Adopted from: U.S. Department of Health and Human Services; Alcohol, Drug Abuse, and Mental Health Administration: NIDA Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program, 1988.

[3] Adopted from: U.S. Department of Labor: What Works: Workplaces Without Drugs, August 1990. And, U.S. Department of Health and Human Services; Alcohol, Drug Abuse, and Mental Health Administration: NIDA Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program, 1988.

[4] Roman PM, and TC Blum: Formal Interventions in Employee Health: Comparisons of the Nature and Structure of Employee Assistance Programs and Health Promotion Campaigns. Social Science Medicine 26(5):503-514, 1988.

[5] Adopted from: Employee Assistance Professionals Association: Standards for Employee Assistance Programs, 1990.

[6] Ibid, #2.

[7] Ibid, #2.

[8] Fitzgerald ST, SC Hammond, and KA Harder: Role of the Employee Assistance Program In Helping the Troubled Worker. Occupational Medicine 4(2):233-243, 1989.

[9] Ibid, #5.

[10] Ibid, #5.

Chapter Eight

In an effort to provide thorough and timely assistance to troubled fire fighters and their families, the Fire Service EAP should be periodically evaluated for its appropriateness, effectiveness, and efficiency of its operation. The completed evaluation can have a beneficial impact on the agreement between union and management and on the fire fighters' perception and utilization of the program. This comprehensive evaluation should include measures of staff performance; client performance, satisfaction, and recovery; the quality of utilized community resources; and the extent of achievement of projected fire department and union goals.

The evaluation process should be ongoing through periodic reports written by the EAP administrators which discuss the progress of stated objectives and their recommendations for changes needed in the program structure or staffing.[1] The evaluation process also should be addressed from the outside. The committee of accountability set up by the local should be periodically reviewing the services provided by the internal or external provider. This ongoing process can help ensure the highest quality of services delivered to the fire fighters and their families.

Aside from periodic written reports, the overall efficiency of the Fire Service EAP should be determined on an annual or biannual basis through the measurement of process, outcome, client, and departmental objectives. It is imperative that this extensive evaluation not disrupt the delivery of EAP services or compromise client confidentiality.

Process objectives refer to the delivery of services and the groundwork required for these services. The measurement of process objectives can include questions such as the delivery of services applied to crisis and recurrent situations, accessibility of EAP services, EAP staff/ fire fighter ratio, maintenance of records and confidentiality, promotion of the program, and the relevance of counseling services to the unique needs presented by fire fighters. Other questions and issues addressed by process objectives include: the availability of training sessions for fire officers, fire fighters, and union representatives; adequate training of EAP staff; sufficient and appropriate community resources; up to date program policies and procedures; and management's awareness of EAP operations and progress.[2]

Outcome objectives useful in evaluating the effectiveness of the EAP include: the percentages of referrals by self, family, supervisor, or other source; the problems presented by clients with the percentage handled internally or referred elsewhere; and the overall satisfaction with the EAP by fire fighters, fire officers, and management.

Client objectives to evaluate may include issues such as the percentage of individuals who successfully complete their recommended counseling and the utilization of on-going support groups. A means of incorporating long term follow-up into the evaluation can provide a more scientifically based evaluation of the Fire Service EAP in successfully attaining its objective of rehabilitation. Recommendations for such an evaluation will be discussed.

Departmental objectives addressed by evaluation are varied. Some departmental objectives addressed include: improvements in work performance, attendance, and tardiness; decreases in accidents, worker's compensation claims, and employee turnover; and overall decreases in benefit utilization. Although the exact magnitude of the substance abuse problem in the workplace is difficult to assess accurately through evaluation, it is clear that substance abuse

is widespread and impairs performance, decreases productivity, and jeopardizes safety.[3] All of which directly impart life safety consequences on the fire fighters, their families, and department.

These questions and concerns are all eventually answered in terms of dollars and cents. Some EAPs have demonstrated that for every dollar invested in an EAP the recovery from losses ranges from three to five dollars.[4] Other studies have shown a return as high as thirteen dollars for every dollar invested in the EAP.[5] Studies also show reductions of 33% in the use of sickness benefits, 65% reductions in work related accidents, and 30% reductions in worker's compensation claims.[6]

THE PROCESS OF EVALUATION

The objectives for operations and outcomes previously discussed should be formulated within the initial development of the program. Appropriate procedures to achieve these objectives also should be developed and the data to measure the attainment of these objectives collected. The four most common measures of these objectives found in evaluations of assistance programs are a positive change in drinking behavior, increased level of work performance, cost reduction estimates, and quantifiable penetration rates.[7]

Program/process objectives should be continually measured for achievement. Regardless of the type of program the fire department supports these objectives can be measured through data collection or simple yes/no answers provided by fire department members.

The measuring of outcome objectives entails the collection of figures, rates, financial statements, and performing cost-benefit analysis. It is most likely that outside consultants may be needed to sufficiently perform most of this work. Employee assistance program administrators can periodically perform an internal review of individuals utilizing the EAP services to present a clearer picture of the adequacy of EAP services and resources available.

The internal review encompasses information collected on such issues as: referral sources, presented and assessed problems, recommended treatments or services, client actions, treatment completion, aftercare and follow-up services, return of clients to productive status and acceptable work performance in the department, and fire fighter satisfaction with EAP services received.

Finally, organizational information should be collected when evaluating the EAP. Issues pertinent to the operation of the EAP include EAP staff performance, counseling and referral services provided to fire fighters and their families, fulfillment of organizational objectives, daily administration of the EAP, staff qualifications and training, and staff/employee ratios.[8] Additionally, the effectiveness and availability of community resources and outside contractors should be reviewed.

The process of EAP evaluation may be tedious, but it is essential to the maintenance of the Fire Service EAP. Periodic evaluations help ensure fire fighter needs are being met, the program is efficient, and training and resources are up to date. All of this is to provide the best possible counseling and support to a fire fighter in need.

After the data collection and evaluation process several outcomes representative of a successful EAP may be presented. One must bear in mind that these outcomes are relevant but not always reliable. The issue of utmost confidentiality and patient choice to participate in the evaluation can present a self-selection bias of the results by not presenting a truly precise outcome measurement. Measures of success include positive changes in drinking behavior; work performance effects such as decreased absenteeism, disciplinary actions, accidents, sick and injured days taken; less employee turnover; improved job efficiency; increased cost efficiency; and a high penetration rate throughout the target population.[9]

Although some studies and evaluations designed to show a need for the Fire Service EAP may not provide conclusive evidence, the benefits are still worthwhile. The average cost of training a new fire fighter in the 1990s is approximately $80,000. The loss of this fire fighter would impose financial and emotional costs on the department. Additionally, the risk of having an impaired fire fighter on the job affects more than the individual. With fire fighting being such a labor intensive, mental alertness requiring and team oriented profession, the inability of one fire fighter to perform may impact the rates of injury and death throughout the department. Without statistical proof, the most outstanding feature of occupational assistance programs is their rate of treatment success, most programs report favorable outcomes in 60% or more of their cases.[10]

ENDNOTES

[1] U.S. Department of Health and Human Services; Alcohol, Drug Abuse, and Mental Health Administration: NIDA Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program, 1988.

[2] Ibid, #1.

[3] Colantonio, A: Assessing the Effects of Employee Assistance Programs: A Review of Employee Assistance Program Evaluations. The Yale Journal of Biology and Medicine 62:13-22, 1989.

[4] EAPA: EAP Solutions to the Employer Health Cost Crisis:1990.

[5] Masi DA: Employe Assistance Programs. Occupational Medicine: State of the Art Reviews 1(4):653-665, October-December 1986.

[6] Ibid, #4.

[7] Kurtz N, B Googins, and W Howard: Measuring the Success of Occupational Alcoholism Programs. Journal of Studies on Alcohol 45(1): 33-45, 1984.

[8] Ibid, #1.

[9] Ibid, #7.

[10] Ibid, #7.

References

Asma F, Hilker R, Shevlin J, Golden R: Twenty five years of rehabilitation of employees with drinking problems. Journal of Occupational Medicine 22(4):241-244, 1980.

Austin, RL: Employee Assistance Programs. Clinical Chemistry 33/11(B):101B-105B, 1987.

Bernstein M., JJ Mahoney: Management Perspectives on Alcoholism: The Employer's Stake in Alcoholism Treatment. Occupational Medicine 4(2):223-232, 1989.

Boston Fire Department: EAP Proposal, 1982.

Burton WN, Eggum PR, Keller PJ: "High Cost" Employees in an Occupational Alcoholism Program, A preliminary report. Journal of Occupational Medicine 23(4): 259-262, 1981.

Cannella JM: Drug Abuse in the Workplace: An Industries Point of View. Clinical Chemistry 33/11(B), 61B-65B, 1987.

Carnahan WA: Legal Monograph: Legal Issues Affecting Employee Assistance Programs. The Association of Labor-Management Administrators and Consultants on Alcoholism, Inc. (currently EAPA), 1984.

Casey JC, and B Googins: The Alcoholic Family at the Workplace. Research Track Presentations, 19th EAPA Annual Conference, October 1990.

Colantonio A: Assessing the Effects of Employee Assistance Programs: A Review of Employee Assistance Program Evaluations. The Yale Journal of Biology and Medicine 62:13-22, 1989.

EAPA: EAP Solutions to the Employer Health Cost Crisis,1990; Pamplet.

EAPA: Employee Assistance Programs - Theory and Operation,1990; Pamplet.

Employee Assistance Professionals Association (EAPA): Legislative and Public Policy Handbook, February 1991.

Employee Assistance Professionals Association, Inc: Standards for Employee Assistance Programs, 1990.

Fitzgerald ST, SC Hammond, and KA Harder: Role of the Employee Assistance Program in Helping the Troubled Worker. Occupational Medicine 4(2):233-243, 1989.

Fjelstad MA: Can a Firefighter Have a Successful Marriage?" Fire Chief 22:76-77, August 1978.

Flannery, David R: CISD: An available resource. Carlisle Fire Department.

Gallegos KV, JP Keppler, and PO Wilson: Returning to Work After Rehabilitation: Aftercare, Follow-up, and Workplace Reliability. Occupational Medicine: State of the Art Reviews 4(2):357-371, April-June 1989.

Gallop Poll, "Alcohol-Related Family Problems Strike One-Fourth of US Homes," April 1987.

Heyman M: Referral to Alcoholism Programs in Industry. Journal of Studies on Alcohol 37(7):900-907, 1976.

Holzbach RL, et al: Effect of a Comprehensive Health Promotion Program on Employee Attitudes. Journal of Occupational Medicine 32(10) 1990.

Information and Privacy Commissioner/Ontario: Your Introduction to Ontario's Information and Privacy Commissioner. Pamphlet.

Institute of Medicine: Broading the Base of Treatment for Alcohol Problems. Washington, DC: National Academy Press, 1990.

International Association of Fire Chiefs Foundation: Stress Management Model Program for Firefighter Well-Being. Federal Emergency Management Agency, United States Fire Administration, 1985.

Kurtz WR, BG Googins, and WC Howard: Measuring the Success of Occupational Alcoholism Programs. Journal of Studies on Alcohol 45(1):33-45, 1984.

Lawton, B: The EAP and Workplace Psychiatric Injury. Occupational Medicine: State of the Art Reviews 3(4): 695-706, October-December 1988.

Los Angeles County Federation of Labor, AFL-CIO: Labor Assistance Program, July 1986.

Lure BR, and SO Schwitzer: Smoking and Alcohol Abuse: A Comparison of their Economic Consequences. New England Journal of Medicine 298: 569-571, 1978.

MacDonald S, et al: Survival Analysis to Explore the Characteristics of Employee Assistance Program Referrals that Remain Employed. The International Journal of the Addictions 24(2): 113-122, 1989.

Masi DA: Employee Assistance Programs. Occupational Medicine: State of the Art Reviews (1)4: 653-665, October-December 1986.

McLatchie BH, PM Orey, Y Johns, and G Lomp: A Component Analysis of an Alcohol and Drug Program: Employee education. Journal Occupational Medicine 23(7):477-480, 1981.

Mulholland CM, and EJ Hickey: A Legal Overview of The Americans with Disabilities Act of 1990 (Public Law No. 101-336), March 1991.

Murphy LR: Workplace Interventions for Stress Reduction and Prevention. Causes, Coping, and Consequences of Stress at Work, CL Cooper and R Payne, editors; New York, New York, John Wiley and Sons, LTD., pp 301-339. 1988.

Nadolski JN, and CE Sandonato: Evaluation of an Employee Assistance Program. Journal of Occupational Medicine 29(1):32-37, 1987.

National Council on Alcoholism and Drug Dependence, Inc.: NCADD Fact Sheet: Alcoholism and Alcohol-Related Problems, November 1990.

National Council on Alcoholism and Drug Dependence, Inc.: What Are the Signs of Alcoholism? March 1990.

National Fire Protection Association: NFPA 1500, Fire Department Occupational Safety and Health Program. August 7, 1987.

Neale MS, JA Singer, JL Schwartz, and GE Schwartz: Yale-NIOSH Occupational Stress Project. Yale Psychophysiology Center, Yale University, New Haven Connecticut, 1983.

Roman PM, and TC Blum: Formal Interventions in Employee Health: Comparisons of the Nature and Structure of Employee Assistance Programs and Health Promotion Campaigns. Social Science Medicine 26(5):503-514, 1988.

Roman PM, TC Blum, and JK Martin: Job Characteristics in Relation to Workers' Drinking Behavior: Drinking to cope or self-medicate and workplace enabling. CEAP Research Presentations, Track A:29-34, 1989.

Schramm CJ: Measuring the Return on Program Costs: Evaluation of a Multi-employer Alcoholism Treatment Program. American Journal of Public Health 67:50-51, 1977.

Schweizer C: Firefighters Battling Addiction and Stress. Firehouse: April 1988.

Staples LS, JE Kelsey, and RW Thomas: An In-house Industrial Counseling Program: The Northwestern Bell Telephone Company Experience. Journal Occupational Medicine 22(1):35-40, 1980.

State and Local Government Labor-Management Committee: Joint Solutions to Substance Abuse.

Steinglass P: The Alcoholic Family. New York: Basic Books, 1987.

U.S. Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration: AIDS/HIV Infection and the Workplace, 1990.

U.S. Department of Health and Human Services; Alcohol, Drug Abuse, and Mental Health Administration: NIDA Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program, 1988.

U.S. Department of Labor: An Employer's Guide to Dealing with Substance Abuse. October 1990.

U.S. Department of Labor: What Works: Workplaces Without Drugs, August 1990.

U.S. Department of Labor: Workers at Risk: Drugs and Alcohol on the Job. 1990.

Vickery DM, T Golaszewski, E Wright, et al: Life-style and Organizational Health Insurance Costs. Journal of Occupational Medicine 28:1165-1168, 1986.

Warner KE, TM Wickizer, RA Wolfe, et al: Economic Implications of Workplace Health Promotion Programs: Review of the Literature. Journal of Occupational Medicine 30(2): 106-112, 1988.

Winick C: Starting an Employee Assistance Program: A Guide for Unions and Councils. Employee Assistance Promotional Service, New York State AFL-CIO, 1985.

Wolfe RA, DO Ulrich, and DF Parker: Employee Health Management Programs: Review, Critique, and Research Agenda. Journal of Management, 1988.

Yandrick RM: New Generation Workers Line Up at the Company Gate. EAP Association Exchange 21(1): 20-23, 1991.

Yoder B: The Recovery Resource Book, Fireside-Simon and Schuster, New York, New York, 1990.

Zimmerman RS, TA Gerace, JC Smith, and J Benezra: The Effects of a Worksite Health Promotion Program on the Wives of Fire Fighters. Social Science and Medicine 26(5): 537-543, 1988.

Section II

Developing Critical Incident Stress Management Programs

Chapter 1

Fire fighting has long been regarded as one of the most stressful occupations. The demands of the profession can be extreme, and the emotional costs to fire fighters and their families can be immense. Fire fighting is also a profession that can provide phenomenal rewards. It provides the opportunity to challenge one's self and contribute to one's community at times when it matters most. It is this unique opportunity to tackle challenges and offer services that has attracted men and women of character, courage, and commitment to this profession for more than two hundred years.

Previous generations of fire fighters learned their trade at the heels of a smoke-seasoned twenty-year captain who showed them both the nature of the work and the workings of the culture. It was in that context that traditions and values, as well as tactics and techniques, were learned, practiced, and reinforced. Those rookies often found themselves at some critical moment going for a walk with the captain who told them that this was difficult work in a difficult world, but that's what made it matter. They'd be told, most likely, that it hurts some times, but one had to "suck it in and stick it out" to survive in this service. That's how most would learn to cope with stress. Sometimes this method of coping would work and other times the peer pressure not to admit frailty would result in the use of alcohol or drugs as a way of handling the stress.

The nature of fire fighters' work has changed dramatically in the last generation, adding new challenges to our profession. Contacts between contemporary fire service personnel and the people they serve—through emergency medical care, technical rescue, and other human services—have become increasingly personal and intimate. The challenges of these additional services have greatly expanded the rewards a fire service career can bestow. But while the rewards of mastering these challenges are more personally affirming, the consequences of perceived failure, limitation, or inadequacy can be painfully personal as well.

Attitudes and approaches that were once strong features in the fire fighting culture can still be of help in dealing with these very personal human encounters. However, one cannot simply roll up hose, wash down the rig, and walk away from the most profound events of human life without being changed somehow by the experience. It has become progressively more important for fire service organizations and fire fighting personnel to develop effective methods through which to successfully integrate these experiences into the fabric of their lives.

An effective program to address the strain of critical workplace events cannot focus on those events alone. The field of critical incident stress management has progressed from informal discussions of individual events to our current understanding of the need for comprehensive programs of prevention, effective intervention, and follow-up care to prevent long-term effects.

GOALS OF CISM

The goals of a comprehensive critical incident stress management program are:

- To minimize the emotional impact of critical incidents on emergency responders

- To increase fire fighters' resistance and resilience to this type of stress

- To prevent harmful effects following critical incidents by working with response personnel at or near the time of such incidents

- To prevent any chronic effects, such as post-traumatic stress disorder, through the use of follow-up care and employee assistance programs

Each of these critical incident stress management program elements is discussed in detail.

BENEFITS OF CISM

Effective management of critical incidents involves a comprehensive approach to managing both incidents and the resulting stressors. The fire service must structure work and support mechanisms to enable fire service personnel to minimize the toll of career stress on themselves and their families while maximizing the personal rewards of the profession. Fire service personnel directly benefit from reduced stress and improved coping skills. In addition, reducing critical incident stress and its effects benefits the fire department and the municipality, as well as the family members of fire and EMS personnel.

Benefits to the department may include:

- Decreased absenteeism
- Decreased physical ailments
- Increased morale
- Improved decision making ability from reduced stress
- Reduction of poor coping strategies (e.g., substance abuse)
- Longer retention of qualified personnel
- Reduction of psychological problems

Benefits to the municipality may include:

- A healthier fire/rescue service
- Reduced costs associated with absence, illness, and disability
- A more cohesive fire/rescue service

In addition, a comprehensive approach to managing critical incident stress can benefit the families of fire service personnel by lessening the adverse effects on the fire fighter and by providing direct support to the family as needed. This also has the effect of reducing families' feelings of helplessness.

MANUAL OVERVIEW

This manual describes critical incident stress and provides an overall framework for managing critical incident stress among fire department personnel. A comprehensive program of stress prevention is presented, from minimizing incident stress, to effective management of stress in individuals, and treatment to minimize ongoing disability due to stress disorders. Since critical incident stress literature often focuses on interventions at or near the time of the incident, the process of critical incident stress debriefing and defusing is also described in detail, along with the role of critical incident stress management teams in fire departments.

Chapter 2

STRESS

Stress has been defined as a state of physical or psychological strain that imposes demands for adjustment upon the individual. This broad term includes short-term stressors as well as chronic stressors, minor stressors that are no more than inconveniences as well as traumatic events. As the definition indicates, stressors may include physical as well as psychological demands.

On any work shift, an emergency responder can be shocked awake by an alarm tone, rush to the fire engine, respond to the incident scene with lights and sirens operating, and then begin fighting a fire in full protective clothing or lift a citizen onto a gurney. Both physical and psychological stressors are part of the job of fire fighting and emergency medical response. Physical exertion inherent in the work results in great demands on virtually all body systems, especially the cardiovascular, pulmonary, and musculoskeletal systems. As a result, heart disease and back injuries are among the most frequent causes of death and disability in the fire service. Psychological and emotional stress, though more difficult to define, have been increasingly cited as contributing to the intense demands of fire fighters' work. However, there are stressors that arise from specific events or circumstances—**Critical Incident Stress**.

CRITICAL INCIDENT STRESS

There are some incidents that nearly everyone finds emotionally difficult. Incidents in which a fellow fire fighter is lost in the line of duty are particularly hard. Fire fighters' injuries, whether one's own or those of a coworker, can also present troubling questions and uncomfortable emotions. Some civilian losses can be almost as difficult to accept, particularly deaths involving children. In addition, other tragedies can be very discomforting to personnel when the circumstances of the incident become "personalized" for them. For example, a child with the same name as one's own child or an older person who looks similar to a parent may cause more stress for a first responder than would normally be expected.

How an individual perceives a stressful event depends on how the stressor is characterized. Challenges are stressors that present the opportunity to succeed where others might fail. Individuals respond to challenges by trying to better their skills, strategies, or equipment. Every challenge also contains an element of threat, the possibility that one may fail where others could succeed. Challenge generally elicits aggressive action, while threat generally elicits defensive reaction. Loss, however, presents a very different type of stress in which no action can change the outcome. Where challenge and threat elicit action or reaction, loss must be met through grieving, rituals, and reforming of perspectives.

The sometimes profound impact of such exceptionally troubling experiences is referred to as traumatic stress or critical incident stress. Critical incident stress results from exposure to a traumatic situation in which the individual is confronted with an event that involves actual or threatened death or serious injury and where the individual's reaction to the event involves intense fear, helplessness, or horror. It is not the incident itself, but rather what the incident means to the emergency responder, which determines the stress. The stress coupled with the intense individual reaction can create a potentially harmful response.

EFFECTS OF CRITICAL INCIDENT STRESS

Initial reactions to highly demanding situations are undoubtedly familiar—the "fight or flight" response. This reaction begins with increased endocrine activity, specifically increased production of adrenaline. Typical physical results of increased adrenaline levels include increased heart rate, blood pressure and, lung function and slowed digestive activity. Even after the stressor is removed and the period of actual demand is past, the physiologic changes resulting from increased adrenaline can continue, making it difficult to "walk away" from a stressful event.

There are also cognitive, emotional, and behavioral effects that may be associated with highly stressful events. Individuals undergoing stress reactions may be preoccupied and have difficulty concentrating or remembering. This "tunnel vision" can make it difficult for the individual to place the experience in context. Emotions such as anxiety, guilt, and grief can lead to feelings of uncertainty regarding the ability to perform expected tasks. In addition, stress may result in behavioral changes often first noticed by coworkers or family, such as withdrawal, irritability, sleeplessness, nightmares, lack of concentration, or substance abuse.

Some level of these responses can be seen in most individuals following particularly stressful events. These effects, by themselves, should not be considered abnormal unless the effects are unusually persistent or cause unusual levels of discomfort to the individual. On the other hand, some individuals may not be distressed by events that many would find troubling. These individuals are not necessarily unfeeling or "in denial." The event alone does not determine the likely stress reaction experienced by an individual. Circumstances, timing, and how the individual experiences and perceives the incident determine the stress reaction.

Most individuals, in the course of their lives, develop characteristic ways of dealing with challenges, threats, and losses. Cultures, including the cultures of individual fire departments, have also developed generally recognizable patterns of dealing with each of these stressors. There are times, however, when the circumstances surrounding a particular event may block effective pathways to resolution, or when an individual's personal approach to an event conflicts with the culture's approaches. It is at these times, in particular, that some process to aid in resolution is helpful and necessary.

If the strain of an event continues to overwhelm the individual's ability to cope, a stress disorder may result. Stress disorders are characterized by a variety of symptoms, including a sense of detachment or numbing, recurrent images of the event in thoughts or dreams, avoidance of stimuli that remind the individual of the trauma, and increased anxiety symptoms (e.g., difficulty sleeping, irritability). Stress disorders may be acute (short-term) or chronic (symptoms lasting several months or more) and may include post traumatic stress disorder (PTSD). The diagnostic criteria used by mental health professionals to evaluate and define acute and post-traumatic stress disorders are included in Appendix B.

Figure 1 provides some common signs and symptoms of a stress reaction. Some physical symptoms may indicate the need for medical evaluation.

Signs and Symptoms of Critical Incident Stress

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
Fatigue	Blaming others	Anxiety	Change in activities
Nausea	Confusion	Guilt	Change in speech patterns
Muscle tremors or twitches	Poor attention or concentration	Grief	Withdrawal
Chest pain	Poor decision making	Denial	Emotional outbursts
Difficulty breathing	Heightened or lowered alertness	Severe panic	Suspiciousness
Elevated blood pressure	Memory problems	Emotional shock	Change in communication
Rapid heat rate	Hyper vigilance	Fear	Loss or increase in appetite
Thirst	Difficulty identifying familiar objects or people	Uncertainty	Alcohol consumption
Headaches	Increased or decreased awareness of surrounding	Loss of emotional control	Inability to rest
Vision difficulty	Poor abstract thinking skills	Depression	Antisocial acts
Vomiting	Loss of time, place or person orientation	Inappropriate emotional response	Nonspecific bodily complaints
Grinding teeth	Disturbed thinking (nightmares)	Apprehension	Hyperalert to environment
Weakness	Intrusive images	Feeling overwhelmed	Startle reflex intensified
Dizziness		Intense anger	Pacing
Profuse sweating		Irritability	Erratic movements
Chills		Agitation	Change in sexual functioning
Shock symptoms			
Fainting			

Figure 1

45

It is impossible to predict how an individual will experience a particular event; however, it is possible to identify some of the types of incidents that place personnel at great risk for occupational stress. Most events resulting in critical incident stress are of short duration; however, there are other incidents that are prolonged, such as the Oklahoma City bombing or the crash of Swissair Flight 111 in Nova Scotia, Canada where the searches for bodies went on for days. Personnel involved in the following incidents should be considered at risk for developing stress related problems. Interventions described later in this manual may be helpful to lessen the impact of these events.

- Line of duty death

- Serious line of duty injury

- Serious line of duty chemical or biological exposure

- Suicide of a co-worker

- Terrorist/weapons of mass destruction incident

- Multi-casualty incident

- Natural disaster

- Significant event involving children

- Incident where responders know the victims involved

- Prolonged operation with human loss

- Incident provoking unusual media interest

- Actual or threatened physical/emotional harm to a first responder

- Injury or death of a civilian when care was provided by another first responder and one feels he could have provided better care

- Involvement in several stressful events in a short time frame

- Witnessing workplace violence

- Witnessing of a traumatic incident

A wide range of individuals may experience critical incident stress in the course of their work, including fire fighters, EMS personnel, dispatch operators, and fire department support personnel. The families of these workers are also likely to be affected by critical incident stress, either by experiencing the trauma of loss or by experiencing the effects of stress on the worker. In all such cases, the principal focus is to assist in adjustment to the impact with the least formal, least intrusive intervention suited to the needs of the affected individuals.

Chapter 3

CREATING A CISM PLAN

A comprehensive approach to behavioral health and wellness requires a range of strategies. Critical incident stress management programs are best integrated into a larger organizational approach to physical and behavioral wellness. More detailed information about recommended components can be found in the *IAFF/IAFC Fire Service Joint Labor Management Wellness/ Fitness Initiative*. Stress management and behavioral wellness efforts should be coordinated directly by a behavioral health professional whose responsibilities include coordinating the organization's EAP and CISM programming.

The behavioral health professional can assist the department in developing goals and objectives for critical incident stress management. This professional can also help in the development of a stress management team to serve as a resource within the department. CISM team members must work consistently toward the common goals and objectives of the team, and members must receive training in several key areas. Each of these components of a critical incident stress management program is discussed in this section.

CRITICAL INCIDENT STRESS MANAGEMENT OBJECTIVES

All CISM programs should have clearly stated objectives. Ongoing evaluation of objectives and performance provides a solid foundation for continued refinement of the program. While each organization will develop objectives specific to its own needs and goals, several basic objectives can be expected to be a part of any comprehensive approach to CISM.

- Consistent use of a stress management plan can minimize the stress involved in the fire service. The stress inherent in fire service work is now a well-recognized occupational health issue. The fire department's stress management program must address the characteristics of the work environment, including long hours, chemical, biological exposures, physical hazards, shift work, sporadic high intensity situations, strong emotional involvement, life and death decisions, and exposure to extreme human suffering.

- Enhance personal stress resistance and resilience for fire service personnel. All fire fighters, especially company officers, must be trained to assess for signs of psychological stress, as well as physical stress, to maintain safe and effective workplace performance. Strategies to help personnel become more resistant to workplace strains include training in stress management principles for daily living, as well as for critical incidents. The CISM program should include reinforcement of proactive participation in all aspects of fitness and wellness programs, and of effective use of other organizational resources (e.g., EAP). In this way, personnel learn to deal effectively with the bumps and bruises of ordinary life that can, if causing difficulty at the time of an incident, take a challenging episode and make it seem overwhelming. These approaches can be integrated into recruit training, company training, continuing education, officer development programs, and other training dealing with human factors. Success in building a more resilient force is brought about by repetition, reinforcement, and follow-through across the organization and its training programs.

- Consistent use of a uniform incident management system (IMS) is an important factor that directly minimizes the stress involved in specific incidents. Within such a system, fire fighters and officers must be trained to assess for signs of both psychological stress and physical stress to maintain safe and effective fireground performance. In larger incidents, the system will include the effective use of staging and rehabilitation functions to address both physical and psychological effects of the incident.

- Provide for consistent practice of company level operational review. Operational reviews at the company level can include the personal and professional impact of the assignment or event. Especially when coupled with informal discussion and support, these reviews provide growth and resolution opportunities that can be as effective as any specifically structured intervention. Operational reviews are most useful when they are made systematic and expected elements of daily operations, and led routinely by company officers. At these times, peer relationships can prove extraordinarily helpful, especially in helping provide perspective and support on an individual level.

- Establish clear protocols for consultation, assistance, and action when circumstances or events demand special attention and response. The department should be able to provide several levels of assistance, depending on the needs of personnel. Central to any well managed program is the active involvement of the department's behavioral health professional. The organization's EAP providers must also be closely involved to ensure effective referral of any members requiring personal attention or professional support. Protocols should clearly specify referral steps and responsibilities of supervisors, but should provide for flexibility to adapt any response to the particular circumstance.

- Provide for early assessment and effective referral for unresolved difficulties. Company officers and labor representatives in the field are uniquely positioned to recognize and refer individuals with difficulties that have not been resolved as expected. Company officers and labor representatives should be prepared to initiate effective referrals for confidential professional assistance. Generally, close working relationships with the organization's EAP provider are necessary to allow for many avenues of direct referrals. The goal of the EAP should be to minimize the number of steps between recognition of the problem and the member's personal contact with the ultimate provider of assistance.

- Provide for regular evaluation of program effectiveness and direction. Sound programs continue to modify their objectives and their methods in response to both their own evaluations and the experiences of others in the fire service.

The objectives derived from these general principles should focus much more on team functioning, safety, morale, and organizational behavior than on individual measures of psychiatric illness. The evaluation of an effective CISM component should become fully integrated with the complete employee assistance and wellness programs of the organization to make its fullest contribution to the fire department and its members.

Family members do not normally experience the critical incident directly, however they do experience how the incident affects their family members. Family support has been repeatedly identified as one of the most crucial elements of an effective program. Family responses to occupational events are often complicated by the contexts of their experiences and exposures. For the partner involved in the incident, the event is an occupational issue experienced and ultimately resolved in the work setting. For the supporting partner, the incident is a relationship issue experience and resolved in the context of the relationship itself.

Family involvement in understanding and managing occupational stress should be a planned part of any comprehensive program. Particular sessions for families and significant others following critical occupational events can help them to build the understandings and frameworks they will need to provide effective support.

Clergy and chaplains also play important roles for many fire fighters and families, especially in facilitating resolution of loss and grief. Their active involvement can prove beneficial to many in the process of recovery.

Symbolic and ceremonial functions are important features of resolution in many kinds of loss. These are moments where pride, presence, and tradition can be brought together to provide potentially powerful messages regarding continuity and resilience. Well prepared agencies should have ready protocols for notification of line of duty injury and death, for providing support and liaison to families so affected, for funerals and commemorative ceremonies, and for similar functions that provide critical moments of remembrance and respect.

Chapter 4

CREATING CISM TEAMS

There is a wide variety of models available for creating CISM teams, ranging from departments that use formal procedures to select members to departments with more informal approaches. Regardless of the selection process, both the fire department and the local union should both endorse the team. A team, as a minimum, should include the following:

- Fire department personnel indicating strong management commitment
- Local union personnel indicating strong union commitment
- EAP providers
- Behavioral health professionals
- Clergy and chaplains
- Peers

Financial support for teams varies among departments. In some cases, the behavioral health professional is an employee of the department. Smaller departments with very limited resources should consider looking to larger surrounding departments and other successful programs for assistance in developing comprehensive stress management programs or create response consortia with other fire departments. A fire department should expect to include and support the CISM team in the budgetary process.

SELECTING CISM TEAM MEMBERS

Criteria for selection are highly department specific, but it is important to select individuals who are good listeners. These individuals should be experienced in fire fighting or emergency medical services, trained in the management of occupational stress, and committed to the goals of the department's program. Team members from each shift should be available for calls whenever emergency responders need help. A sample CISM Team application form is included in Appendix C.

Union Leadership. IAFF members who are either local officers or hold leadership positions in the union should also become members of the CISM Team. Union representatives are regularly placed in advocacy positions where they are looking out for the needs and interests of the emergency responders they represent. Union leaders that have demonstrated an interest and ability in "taking care of our own" will bring those skills and that trust to the team.

Peer/Liaison Personnel. Persons who hold respected positions in the fire department and those whose roles in the labor union designate them as leaders among their peers play important roles in making the program effective. Such personnel also play significant roles in facilitating full utilization of EAP resources, and in encouraging full participation in CISM-related undertakings. They are essential in more formal interventions where they may serve as models for effective coping. Personnel should be specifically recruited who have the personal empathy, interpersonal skills, and professional experience to allow them to function effectively in these situations.

Some persons who choose to volunteer for these roles may not be especially well suited to fulfill them in the eyes of those they would be called to serve. It is important to ensure that those selected for the CISM team represent healthy and constructive models of adaptation and resilience. Unlike "recovery" programs, where the connection between the peer provider and the individual seeking intervention or support is often established by their shared experience

of a problem condition (e.g., drug addiction) and the hope that the recovering person can provide for continued recovery, an effective CISM program demands role models who can provide examples of *resilience* (ability to bounce back or recover and adjust) even more than of recovery. While this can be a delicate matter in practice, the professional judgement of the behavioral health professional should provide a buffer in selecting the proper players.

Persons struggling with new and overwhelming stressors usually look first to someone with whom they can connect on a personal level and who represents for them an example of successful coping with the issues they currently face. Company officers are, by virtue of both position and tradition, among those toward whom personnel will ordinarily look. Persons in these roles must be prepared to perform that function effectively, and must be accountable for performance in that role if the system is to perform as it should. The participation of company officers in at least the basic elements of CISM training, where daily encounters and informal support are the objectives, is also vital to optimum performance. Persons from these groups may also be utilized in more advanced interventions, as appropriate.

Certain roles in the Incident management system—particularly staging officer, safety officer, and rehabilitation function—have particular importance to the objectives of the CISM program. Persons who will assume such roles, especially in major incidents, should be prepared to include CISM objectives in the performance of their IMS roles. Their identification and participation in relevant portions of the training program will be critical to the success of the CISM effort during major events.

Behavioral Health Professional. Licensure as a psychologist or similar professional authorized to engage in independent practice should be considered as a minimum standard of competence for a behavioral health professional. It is important to note that there currently exist many types of licenses that authorize only limited areas of practice (e.g., marriage and family therapy) and there are many variations in education and training that may not be readily apparent to the average consumer. The objective should always be to seek the highest level of preparation possible to ensure the best service and skill.

Not all behavioral health professionals are well prepared to play the roles contemplated in this component of a comprehensive health, safety, and fitness program. Counselors and clinicians are generally trained to deal with individuals and their difficulties, whether one-on-one or in group formats. Strategies and approaches that center on work groups and seek to affect occupational and work team functioning require different approaches to be most effective. Behavioral health professionals need to know a significant amount about how the fire service is organized and how it operates, and must be able to relate in an informed fashion to matters related to fireground interaction, tactics and strategy, and other features directly tied to the experience of the event. A background in organizational consulting and organizational development activities is especially suited to success in this particular role.

Critical Incident Stress Management Teams should operate under the guidance of the department's behavioral health professional.

Clergy and chaplains. Clergy and chaplains play differing roles in various fire departments, but their presence and involvement are often critical for many personnel and their families. This may be especially important where the precipitating event involves major transitions or significant losses. Their inclusion in training and delivery should be considered in any organization where their services are available.

Human Resources. Representatives from the human resource department, especially those who deal with occupational health, Workers' Compensation, injury management, and related issues, can benefit from understanding occupational stress exposure and the CISM components of comprehensive wellness initiatives.

Command Staff, Support Staff, and Fire Department Management. The participation of command staff, support staff (e.g., communications, training), and management personnel should be encouraged in all elements of the CISM program. These personnel are generally involved in many elements of agency operations, and especially when there are major events. They are subject to the same reactions and struggles as other responders, but are often excluded by role and distance from the daily support systems of the field. The effect of high responsibility and restricted interaction can prove greatly troublesome, especially for command officers. A distinction should be made between support staff and those who directly participated in the incident when organizing interventions.

TRAINING PROGRAMS FOR CISM TEAM MEMBERS

Members of the CISM team who are not licensed professionals require training before they assist fire department personnel in addressing critical incident stress concerns. Certification from proprietary organizations in critical incident stress debriefing or other interventions does not guarantee any particular level of skill or capability. Such certificates of training are not the products of recognized professional bodies, and generally represent the purchase of training from the organization providing the certificate. Fire department and local unions must thoroughly and critically assess the competence of any persons entrusted to deal with its members at vulnerable moments. Every effort should be made to ensure the fullest competence and preparation to assume that responsibility. Appendix D contains a list of knowledge, skills, and abilities related to critical incident stress. There are two training tracks, one for all fire department members and then additional training for members of the critical incident stress management team. The knowledge, skills, and abilities can be used as a measure of training already received or as a guide when developing customized training modules.

The following recommended training modules and target audiences are derived from research of critical incident stress training programs conducted in various fire service organizations. The modular approach means that some training program components can be directed toward fire fighters and additional training can be given to CISM Team personnel. Regardless of how team members receive their training, all team members must be well practiced in the routine policies and procedures used in the organization, such as the department's incident management system.

- Overview of occupational stress, organizational strain, and individual reactions—the foundations for understanding and managing occupational stress—to be used throughout the organization, including recruit training, as a basic introduction.

- Building healthy baseline behaviors—discussing individual factors related to coping in the context of daily stressors and strains of fire service work—to be used throughout the organization.

- Contributing to and working within an effective organizational climate—examining approaches for dealing with the daily interactions and issues of the workplace leading to organizational strain with emphasis on team building, employee development, and effective supervision—targeted especially toward company officers and union officials.

- Controlling critical incident stress through incident management systems—designed to prepare personnel to work effectively within the IMS for their department—recommended for all levels, but especially for company officers.

- Family, loved one, peer, and professional support systems—emphasizing the importance of social support and good boundaries as well as available human resource support services such as EAPs and clergy—to be used throughout the organization.

Additional details about these modules are provided in Appendix D.

Chapter 5

An effective program to address the stress of critical occupational events cannot focus on those episodes alone. Stressful events at work occur in the contexts of individual lives and organizational cultures. Individuals and organizations must be maintained at healthy and functional levels to provide the strongest foundation to withstand the impact of events that can occur at any time, often without warning. Sound fire service management programs must first address the basic elements of personal and organizational readiness to set the stage for effective resolution of critical incident stress. The most essential foundations are discussed in this section.

WELL MANAGED FIRE DEPARTMENTS

A fire department is more than people who share the same employer; it is certainly much more than a chart bearing a collection of boxes, lines, and arrows. A functional organization is a system of relationships that supports people exchanging resources and information, while pooling their collective efforts to accomplish a shared mission. Strong organizations allow their members to grow and adapt, particularly as changes in the fire service and community present the organization with new conditions, demands, and situations.

Fire service organizations traditionally have been designed with the primary objective of establishing and maintaining command and control. While the hierarchies associated with such structures are critical to efficient and successful emergency response, the daily work of today's fire fighters falls only partly into that sphere. The increasing majority of contacts between fire fighters and those they serve now take place one customer at a time, one company at a time. The success of those outcomes is not commanded from ranks above, but depends rather on the judgment, skill, and compassion of the individual fire fighters providing the service.

Today's successful fire service agency builds its structure and relationships with a single overall goal: to provide the necessary support and resources to ensure that each citizen's personal emergency is answered with the assistance it requires and in the manner it's expected. That means that the entire structure of the fire department organization should exist to empower and support the fire fighter in the jump seat as he or she meets any citizen to render help in a moment of trouble. This means that:

- Fire departments must be adequately staffed

- Fire fighters must be adequately trained

- Fire departments must properly manage both normal operations and emergency incidents

- Fire fighters must be properly equipped

- Personnel must be held accountable for their actions or inactions

- Fire departments must develop effective systems to support fire fighters (e.g., a wellness/fitness program and effective safety programs, EAPs)

PERSONAL WELLNESS

It's hardly surprising that fire fighters who are in good physical health tend to be psychologically healthier and more resilient as well. Aerobic fitness appears to be one of the best stress mediators on an individual level. There is also evidence that moderately strenuous aerobic exercise after a difficult incident can be effective in reducing or eliminating stress. Moreover, following a consistent program of aerobic exercise may be related to faster and more effective resolution of stress effects.

A program of aerobic conditioning not only helps to prevent respiratory and cardiac illness but also promotes the kinds of stamina and resilience that translate directly into stress resistance. Active, aggressive participation by fire service agencies and local unions in establishing and maintaining these programs is necessary for the success of employee fitness programs. A comprehensive fitness program is one of the most effective measures that can be taken to enhance the ability of individual to withstand the stressors inherent in today's fire service work. Elements of a comprehensive wellness and fitness program consists of:

- Medical component

- Fitness component

- Injury/medical rehabilitation component

- Behavioral health component

- Data collection and analysis component

For additional information regarding programs designed to help fire service personnel achieve and maintain their optimal levels of aerobic conditioning and general fitness, refer to the IAFF/IAFC *Fire Service Joint Labor Management Wellness/Fitness Initiative*.

USE OF EAPS

Fire service organizations should ensure that their fire fighters are fit for duty by supporting behavioral health as well as physical wellness. A comprehensive approach, included in the *IAFF/IAFC Joint Labor Management Wellness/Fitness Initiative*, recommends that employee assistance programs be used to address common difficulties of life that can affect the work of fire fighters. Difficulties such as marital problems, child rearing issues, substance abuse, and other life strains may be directly related to the workplace or arise from elements of life outside the job. Nevertheless, such difficulties can seriously compromise one's ability to withstand the challenges of any given day, and particularly the challenges of extraordinary or unusual events.

Fire fighters are at least as prone as any other people in contemporary society to experience the struggles of daily living. Their line of work, however, virtually ensures that they will be faced with very intense losses, threats, and challenges at times when personal strains pull at their resources and resilience. Proactive efforts through EAPs to deal with the strains of daily life and to learn productive ways to manage stress are essential to successful career growth and personal health.

Employee assistance programs must also be available to assist fire service members (active and retired) and their families should the stress of a particular incident interfere with their work or daily lives. The department must adopt a comprehensive procedure for self-referral and referral of others for critical incident stress as well as other behavioral issues. An effective program to promote fire fighter resilience must include efforts to maximize utilization and effectiveness of EAP services, not just for the fire fighter, but also for those who share that fire fighter's life.

There are no simple ways to accomplish this objective. EAPs cannot be effective if relegated to passive, "waiting" roles. Supervisors, labor leaders, peers, and fire fighters must be encouraged constantly to notice changes in their own behavior or the behavior of those with whom they live and work. The EAP must provide these individuals with the tools and information to help one another make timely efforts to secure needed assistance. Problems that fester until work behavior becomes so delinquent that remedial action is unavoidable may have been addressed more easily and with better results if tackled effectively at earlier points. Since we cannot choose the days on which our most difficult workplace challenges will happen, it is important that each member of the work team be prepared every day to deal with whatever demands he or she may have to face.

In the United States the Rehabilitation Act of 1973 mandates the development and implementation of such employee services. For additional information on developing fire service EAPs see Section 1 of this manual.

INCIDENT MANAGEMENT SYSTEM

If you really want to manage incident stress, manage the incident. When emergency response personnel feel that they were effective in doing their jobs, they are less likely to suffer adverse psychological problems, regardless of the outcome of the incident. When an incident is managed using a standard, well-rehearsed and readily reconstructed system of incident management, it is far more likely that tactical objectives will be accomplished safely and effectively. In addition, personnel can more easily gain the perspective needed to learn from an event if they can see how the event and the response evolved, what the objectives were, and how objectives were accomplished. Use of a standardized incident management system allows personnel to reconstruct the incident and work toward resolution of the events. A model program for incident command is the *National Fire Service Incident Management System*.

The adoption of a standardized incident management system (IMS) and its consistent use in all elements of fire service response are essential to maintain safety and accountability. The goal of IMS goes beyond efficient management of personnel and resources in fireground operations. CISM establishes a planned and focused approach to every encounter, and encourages systematic and consistent performance, even in the face of chaos and danger. It provides a planned and rehearsed strategy for adapting to the changing circumstances of any evolving incident. It also provides a readily understood format for the constructive analysis of actions and outcomes.

These are precisely the concerns that dominate many debriefing exercises, yet addressing these issues before the fact is much more effective in preventing critical incident stress than attempting to correct them after the incident. The capacity of IMS in reducing incident stress has also been studied by evaluating responders to the 1989 air crash at Sioux City, Iowa. The use of an incident management system and the advantage of preparation in the Sioux City incident resulted in few effects on emergency responders.

Nearly all of the Sioux City professional fire fighters assigned to body recovery were tested approximately one year following the event. These fire fighters showed no significant clinical impact from their experience and were not significantly different from other fire fighters with other duties. Most involved in body recovery found the duty difficult, but felt they had performed well in a critical assignment. Following this well run incident, there was no significant benefit in adjustment a year after the exposure when comparing those who participated in a psychological debriefing with those who did not participate. It was strongly suggested that proper incident management was the most effective preventive measure to minimize the psychological impact of the incident.

Perhaps the most important application of IMS comes in the most routine events. If an incident management system is to be implemented routinely in a rapidly escalating situation,

it must be implemented routinely in each response. If, when encountering a room and contents fire in a single family dwelling, the commanding officer establishes command, broadcasts the assessment, states tactical intentions, and projects resource needs, it is likely that commanding officer will do the same in a rapidly escalating incident. Those initial actions to organize the incident and give it direction may well be the most critical factors in determining the successes of the response effort and its impact on responders. If an IMS is not used on the small incident, it will not be easy to implement when the big one happens. If every responder becomes more experienced with the roles and the structure of IMS, the system is more effective under heavy demand conditions. Like a complex team sport, it takes practice and review of the basics on a consistent level to make its implementation effective on game day.

WELL DEFINED BOUNDARIES BETWEEN WORK AND PERSONAL LIFE

The professional relationships between today's fire fighters and the public they serve routinely push personal and professional boundaries that were rarely approached twenty years ago. In the past, fire fighters mainly focused on the activities of the structural suppression, pitting fire fighters against flame, heat, and smoke. Though these encounters certainly held major and dramatic effects for those persons whose lives and property hung in the balance, fire fighters were often insulated from directly observing those effects. It was a shame, to be certain, but the job was to extinguish the fire; fires went out and fire fighters went on. This is not to say that people didn't die or fire fighters weren't affected by their work; however, the modern fire service has undertaken new challenges that have fundamentally changed the way emergency workers interact with their community.

Medical calls, technical rescues, and similar personal emergencies have forever altered the professional distance between fire fighters and citizens in need. These encounters—now a major part of most professional fire service organizations—place the fire fighter at the immediate point of accident or illness on a regular basis. Such contacts are intensely personal. The fire fighter is the principal provider of care, touching that person in some of the most frightening and threatening moments of life. It is who the fire fighter is, every bit as much as what the fire fighter does, to which that citizen clings in those encounters. Nothing gets more personal than that.

The expansion of the fire service into a broader array of community services means that today's fire fighters must learn to balance personal and professional boundaries. Recent research suggests that it is precisely those experiences and encounters that compromise these boundaries and yield the most difficulties in resolution for fire fighters and other rescuers. However, it is the genuineness of those connections between provider and patient that often makes these services successful. It is difficult to balance the feeling of closeness that yields effective service with the emotional distance that yields effective resolution for the provider.

This balance between being emotionally connected to work while maintaining a healthy distance from its most distressing aspects was recently studied. Successful career fire fighters from small and large fire departments were asked open-ended questions regarding how they had learned to deal with the circumstances their careers had presented. Their answers gave insight into the following four basic questions.

- What emotions are commonly experienced by fire fighters in emergency situations, both critical and routine?

- What emergency situations or circumstances commonly elicit the strongest emotional reactions?

- How are those emotions managed, both during the emergency and after its conclusion?

- How did personal coping strategies provide an understanding of how others in the fire service handle job stress?

The most striking finding was the wide variety of personalities and views in the modern fire service. While fire service work was important to their identity and strong bonds united them on professional levels, their lives outside work were as varied as the populations they served. It was their lives outside work that served to make them more resilient to the challenges in the fire department and helped them manage their careers. When a fire fighter must retreat to the safe, personal side of life to reflect and repair injuries, it is all the harder if the lines between personal and professional life have been lost.

These pushes and tugs at the boundary between the personal and the professional happen every day and require constant reflection. Each encounter may present unique challenges to fire fighters. It is essential to acknowledge these challenges and frequently discuss them as a regular element of ongoing supervision, operational review, and professional development.

It is also important that personnel be encouraged to foster their lives outside of work. Those who enjoy good, strong, and resilient relationships with friends and families outside work have the additional benefit of strengthened foundations for their fire service careers. Where the job demands maximum effort, it is important to be "getting something back" in other areas of life to avoid burning out and running dry. Organizations and their behavioral health professionals must pay special attention to these issues of family living to help today's fire service professionals get the most from their careers while giving the most to those they serve. Only the full integration of wellness and fitness programming, employee assistance resources, and ongoing personal and organizational efforts can ensure that this critical foundation is put in place and kept strong.

Chapter 6

CRITICAL INCIDENT STRESS INTERVENTIONS

Various interventions, with increasing levels of formality, have been designed to prevent the full impact of harm, once exposure to a disturbing incident has occurred. Assistance should always be offered in as informal a manner as possible, depending on the needs of the company or individual being assisted. Interventions near the time of the incident include the following.

- Informal discussion and support at the company level

- Defusing with a behavioral health professional or other CISM team member

- Formal debriefing with a behavioral health professional and other CISM team members

The objectives of each of these approaches are discussed in this section. Specific considerations for conducting defusings and debriefings are discussed in the following section. It is not appropriate to prescribe a specific level of intervention in advance of an incident. For example, while some civilian fatalities will necessitate a debriefing, not all fatalities necessitate this level of intervention.

INFORMAL DISCUSSION AND SUPPORT

Most situations, even those involving serious losses, will resolve themselves informally over time, with or without intervention. Informal resources for support and discussion can be every bit as successful as structured sessions for many situations. There is also research that indicates that the use of informal avenues of support from peers can be very effective and assist in coping with the event. If participants in these informal discussions have a general understanding of the nature and role of interpersonal support, the discussions can be particularly helpful. If the department regularly promotes this informal support, it becomes more likely that these discussions will take place in a helpful fashion as daily incidents occur. This atmosphere also provides a good foundation for any more formal interventions that may be needed. These informal discussions do not involve any outside professionals. There are times, however, when emergency responders may need more assistance in coping with job stress.

CRITICAL INCIDENT STRESS DEFUSINGS

Defusing is an informal process to reduce immediately the pressure and anxiety surrounding a critical incident. It is not intended to encourage responders to ventilate feelings, but rather to provide some guidance about what to expect, describe resources, and establish a presence that may make future interventions easier. A defusing is informal and is sometimes conducted in a brief one-on-one discussion, at the scene, or when the companies return to the station. Defusings can also be conducted in a more private location if requested by the emergency responder or if deemed appropriate by the critical incident stress management team member.

At this level of intervention, either the organization's physician, behavioral health professional, clergy, CISM team members, or the L/EAP provider may be involved. A defusing process must be guided by the needs of the emergency response personnel. A rigid approach to intervening that dictates only one way to discuss events will undoubtedly fail to meet the needs of individuals and the department as a whole. Often, reliable information about the outcome of

an unknown event, such as the condition of an injured fire fighter, is sufficient to reduce anxiety in personnel still operating at the scene. Guidelines for conducting a defusing are provided later in this manual. It is essential, however, to tailor the approach used to the culture of the department and the needs of individual emergency response personnel involved in the incident.

CRITICAL INCIDENT STRESS DEBRIEFING

Critical incident stress debriefings began in the fire service as the straightforward idea of a structured group review of a difficult or troubling incident. Both the work group and its individual members would construct a common picture of the event from their various individual experiences, address their feelings and reactions, and find a perspective that would allow them to learn from the experience and move forward with their lives. The earliest approaches sought to blend the group process and human behavior expertise of a psychologist with the practical experience of seasoned veterans ("peers") to yield a balanced approach to practical problem solving.

A critical incident stress debriefing is primarily educational and serves to stabilize and restore previously healthy individuals to a normal state of function. A debriefing is a short term (one to two sessions), goal oriented, and peer driven process. The participants being debriefed, as well as the members of the CISM team, share experiences, strength, and hope. It is a simple variation of a self-help model among individuals who have been traumatized. Both a behavioral health professional and peers from the CISM Team should participate. Since debriefing focuses on individuals as part of a work team, it may be helpful to have the employee assistance provider at the debriefing. The EAP provider can assess individual reactions and facilitate self-referrals, should individual therapy be needed.

There are several objectives of a critical incident stress debriefing.

- To clarify the total picture of the event, particularly when individuals may have been focused only on their own roles and may not have accurate information regarding the overall operations

- To allow individuals to discuss reactions associated with the event

- To discuss helpful coping strategies

- To offer members education regarding potential stress reactions and ways to resolve them

- To prevent detrimental attitudes and emotions (e.g., inappropriate guilt, and excessive expectations) from becoming fixed in individuals and promote healthy adjustment

Debriefings can and do provide important types of relief to fire fighters. Personnel may fear the unknown of possible reactions to a disturbing incident. One of the important components of a critical incident stress debriefing is providing specific information concerning how the mind and body respond to stressful events. Ideally, the behavioral health professional should provide specific information about stress and stress reactions. Other members of the department's critical incident response team and other fire fighters involved in the incident can supplement this information with their own experiences. Debriefings can also include methods for personnel to deal more effectively with all stressors in their lives.

Fire fighters may feel that their responses to a disturbing incident are unique. They may feel that they alone were frightened or confused for a period of time. They may believe that they did not do all they could have done in a particular emergency. Isolation heightens these feelings and provides a fertile breeding ground for stress disorders. The process of debriefing addresses these issues by validating feelings and assisting personnel in reforming their experiences.

The critical incident debriefing is only one component of an overall stress management program. Debriefings cannot be the sole focus of such a prevention program because they are conducted only after the incident. Critical incident stress debriefings cannot take the place of planned and practiced use of an incident management system or of an effective employee assistance program for ongoing problems that interfere with daily living. Most organizations should find the need for fully structured, formal debriefings less common as the total program of prevention becomes more practiced.

Critical incident stress debriefing should not be confused with psychotherapy, which differs from debriefings both in format and purpose. Psychotherapy is the treatment of personality problems, unhealthy behaviors and mental disorders by a mental health professional. For effective psychotherapy, the mental health professional must establish a personal relationship with a patient or group of patients over a period of time. It requires the use of highly complex psychological techniques with a firm understanding of developmental issues, personality, and psychopathology.

Chapter 7

CONDUCTING DEFUSING AND DEBRIEFINGS

The best designs for debriefing programs are those that keep defusing and debriefing efforts and other interventions as integrated as much as possible into the daily roles and functioning of the organizations. Packaged debriefing programs may appear attractive because they are readily available. However, it can be difficult for such programs to fit the specific needs of individual departments and their personnel. Each local union and fire department must design programs that fit the needs and character of members of the fire department. Large scale interventions risk "over-helping" personnel. The efforts of outsiders to assist emergency responders with resolving loss and threats may deprive personnel of the full measure of self-esteem and self-reliance that comes from solving one's own problems. If the organization includes defusings and debriefings in its critical incident stress management program, the following issues should be considered in developing an approach to effective interventions.

INITIATING A DEFUSING OR DEBRIEFING

In many departments, the incident commander or the department chief has authority to call a critical incident stress debriefing. The very fact that the ranking officer recognizes that a special procedure should be implemented to address the aftermath of an incident can be beneficial. This recognition that personnel have been subjected to an unusually difficult experience validates the experiences and feelings of participating personnel. It may also promote the feeling that the department is truly concerned about the health and well being of those personnel.

Other departments may allow more flexibility to request debriefings. Some smaller incidents, such as a call involving only a single company, may result in a debriefing if the company officer most familiar with the fire fighters and the situation feels it is necessary. Many critical incident stress management teams will conduct debriefings at the request of any rank, based on the nature and scope of the incident.

Timing of the debriefing should be dictated by the needs of the company. Until recently, it has been recommended that debriefings occur very soon after the incident. Some research has indicated that immediately addressing the issues of emotional reactions to an incident may be associated with a negative impact on adjustment for some participants. Departments must therefore rely on more individualized approaches to assessment and intervention.

Departments also vary in whether or not it is mandatory to call a critical incident debriefing and whether attendance at the debriefing is mandatory. In some incidents, most notably mass disasters and any loss of life, critical incident stress management team members are notified according to standard operating procedures. In such instances, debriefings and attendance at debriefings may be mandatory. For other incidents, standard operating procedures may defer to the judgment of the incident commander regarding debriefings.

Departments should remain flexible in requiring attendance to meet the needs of individuals. To the extent that the debriefing remains focused on group reactions and workplace issues, attendance should be strongly encouraged. However, individuals must be free to consent or decline to participate. The right to discontinue participation— without reprisal at any point— must be a part of the procedure. Nevertheless, personnel can be encouraged to participate using some of the strategies described below.

USEFUL PRACTICES FOR DEFUSINGS

There is no single approach to defusings and debriefings that meets the needs of all departments. Departments should work with experienced mental health professionals to develop an approach that serves their responders. Depending on the culture of the department, it may not be advisable to make participation mandatory. Most importantly, other components of a critical incident stress management program and a trusted EAP must be in place. The organization must be able to learn from the experiences of personnel and follow up as needed to ensure the behavioral fitness of all responders.

Defusings are best held in the station, utilizing whatever setting is most comfortable and conducive to the objectives of the review. Kitchen table discussions are among the most effective formats. Training room discussions may also be effective if that location has been established for ordinary post-incident reviews. The key is to make the intervention fit with the established and accepted patterns of the personnel being assisted. Companies should be taken out of service; however, the intervention may be modified to adjust to the organization's need to provide coverage. In general, if a situation is serious enough to warrant a defusing or debriefing, then it is serious enough to take the company out of service.

USEFUL PRACTICES FOR DEBRIEFINGS

Formal debriefings are conducted in a group discussion setting. Though no single format is necessarily better than any other, it makes sense to begin with a reconstruction of the event along chronological or operational lines. From there, the discussion can proceed step-wise though individual roles and observations, personal reactions, establishment of contexts and frameworks for both understanding and coping with the event, anticipatory guidance information (what emergency responders can expect) from both peers and practitioners. The process should end with informal discussions among the participants and team members in an informal social setting. There are, however, many variations that might be applied under any given set of actual circumstances.

The following practices, while not part of standard operating procedures, are likely to enhance the debriefing experience for participants.

- Use quiet, comfortable rooms at sites away from ordinary work settings. Training academies, community rooms, or similar settings capable of comfortably accommodating larger groups are often suitable.

- Interruptions or intrusions must be limited to help build an atmosphere of confidence and camaraderie. Companies should be taken out of service if at all possible.

- To ensure maximum participation, debriefings should be held as soon as practically possible as determined by the incident, reaction to the incident, and based upon the advice and experience of the CISM team.

- If food is available, it should be served after the debriefing outside the room or area used for the session, to emphasize its closure.

- The union official, Chief, incident commander, or other officer in charge should be aware of what a CISD is and is not, to assist in preparing participants.

- It may be helpful to begin with an introduction from the chief officer. Unless a direct participant in the event, the Chief should elect to leave after the introduction.

While there is no one method for conducting a debriefing, the following is an outline of suggested phases for debriefings.

Introduction. The beginning of a debriefing is intended to introduce the members of the critical incident stress management team to the personnel involved in the incident and to establish the rules for the debriefing. Topics for discussion include:

• Introduction of CISM team members

• Explain the CISM team's history/purpose

• Explain what is expected from participants

• Establish the rules for the debriefing

• Explain that confidentiality is to be maintained

• Explain that rank is not relevant in this setting

• Explain that a debriefing is not an incident critique

• Explain that participants should discuss only what they directly did or saw

Describe the Incident. The next phase of the debriefing is intended to allow participants to describe what they did and what they saw while at the incident. Each fire fighter has only a small part of the larger puzzle; until everybody has the same picture they can't share the same experience. The following are guidelines for establishing what happened.

• Proceed chronologically whenever possible. Start with the first arriving company and let them describe what they saw upon arrival and their first actions. Proceed through the incident as it unfolded until each participant has added his or her piece of the picture at the appropriate time.

• Another approach is to describe the incident based upon functional tasks or sector assignments (for example, what the interior attack sector saw or did, what the ventilation sector saw or did, etc.).

Experiencing the Incident. After describing the timeline, actions, and activities that occurred at the incident, the participants next describe how each experienced the event. Experiences are the thoughts and feelings about the incident and are subjective, there are no right or wrong answers. Everybody's experience of the incident is different and personal. Typical questions used to draw out experiences include:

• What was it like out there?

• What were you doing and how did you do it?

• What made this incident different?

• What were the worst parts for you?

• How did you maintain focus?

• When and where did things seem to unravel?

• How did you try to bring things back in control?

Reacting to the Experience. Participants next describe their physical and emotional reactions to the way they experienced the incident. The important part of this phase of the debriefing is that participants confirm and validate each other's experiences and reactions. Common questions are:

• What about this incident sticks with you?

• How have you dealt with your thoughts and feeling?

Educational Guidance.. CISM team members take the lead in this next segment. The goal is to provide participants with an understanding of stress, reactions to stress, and techniques to cope with stress. Some topics that may be discussed include:

• How people cope with major life transitions

• How to develop coping skills

• Identification of sources for assistance

• How to care for yourself and one another

Rethinking the Experience. The end of the formal debriefing session is intended to help participants change the way they think about the incident and the experiences they shared. Questions might include:

• What can we learn at times like this?

• How does this incident reaffirm our mission and commitment?

• Can we leave with a shared experience and a common purpose?

Conclusion. After the formal group discussion phase of the debriefing is completed, participants should be given the opportunity to have informal conversations in a social setting (e.g., coffee and snacks). The informal setting allows participants to readjust from the group discussion environment to a more familiar setting before returning to their normal activities. It also allows participants to pursue side conversations with team members if they feel the need to further address issues.

REFUSING TO PARTICIPATE

Most department members are willing to participate in a debriefing. However, some people may choose not to participate. Fire fighters may choose not to participate because they may feel overwhelmed by the incident and fear that they will lose control (e.g., cry) in the session. Or, some individuals may feel little need for a debriefing because they feel they are dealing with it successfully.

While every person has a right to refuse to participate in a debriefing, an individual who is devastated or overwhelmed by the incident should be encouraged to attend. It may be helpful to ask the person to participate for the sake of the group, because other people may opt out if he or she does not participate. It may also be helpful to suggest that an individual who is successfully dealing with the experience may be able to share successful coping strategies to the benefit of the group. If an individual still refuses to participate, those wishes must be respected. He or she may need a higher level or more intense psychological intervention than

that offered by the debriefing. These individuals may be interviewed individually by a department mental health professional to help in determining any appropriate intervention. Another option is to have the company officer or critical incident stress management team members monitor the individual for a time to see if further assistance can be offered. If the fire department does not have a mental health professional, then personnel should seek a referral through their health care provider and all financial issues should be handled in the same manner as an occupational injury.

ENSURING CONFIDENTIALITY

Concern for confidentiality is one of the main reasons people may be reluctant to participate in debriefings. Concerns typically include two trust issues: personnel may believe they will be forced to address issue that they would rather keep to themselves or if they address these issues, there is a fear that individual responses and reactions will be disclosed outside the group.

At the outset of a debriefing and especially at the end of the debriefing, individuals are told, "what goes on in this room stays in this room." Specifically, all participants are asked to agree that discussions are confidential. Nevertheless, debriefings are not psychotherapy, and the critical incident stress management team cannot guarantee that participants will adhere to the same standards of confidentiality as required of a mental health provider. Participants who feel the need for full confidentiality should be advised to contact the employee assistance program or other qualified provider.

Chapter 8

CISM PROFESSIONAL ISSUES

There is a professional relationship between the members of the CISM team and the participants. However, critical incident stress management is not psychotherapy and critical incident stress management team members cannot provide the doctor-patient relationship that participants might expect. Certain legal rights and privileges are reserved only for licensed physicians and psychologists. Participants can and should still expect a high degree of professionalism and respect for confidentiality. But it is also important to define this professional relationship. There are at least four essential questions to be addressed in any professional interaction.

- *Who is the client?*
- *What outcome is the client seeking?*
- *What is the role of the professional service provider in achieving that outcome?*
- *How will the success of the service delivered be determined?*

How these questions are answered, along with legal rights and privileges given to the doctor-patient relationship when a licensed physician or psychologist is involved, influence a series of critical matters ranging from confidentiality to liability. It is important that these issues are addressed thoroughly and competently to ensure the highest quality service to members and to protect all parties in the relationships created.

RETURN TO WORK ISSUES

Only personnel fully capable of meeting work demands should be assigned to active duty. If an individual has lost a significant amount of work time due to an illness or injury, an appropriate health care provider should evaluate that individual before returning to work. The same policies and procedures for determining fitness for duty for physical injuries should be used for difficulty coping with a particularly stressful event. An individual who had suffered a broken ankle would be evaluated by a physician for assessment of healing, range of motion, and weight bearing. Likewise, a psychologist or psychiatrist may evaluate an individual who has suffered a stress disorder for ability to function in the work environment.

It may be more difficult to address the situation when an individual has not lost work time, feels he or she is coping well, but co-workers and supervisors believe the individual to be unable to function. In such cases, the fire department may refer this individual for a fitness for duty evaluation by a licensed clinical mental health professional. Superior officers and co-workers may be reluctant to make these recommendations and referrals because of the stigma that continues to be associated with mental health issues. Yet, if an individual known to have a knee injury were limping around the firehouse, unable to climb stairs without obvious pain, that individual would immediately be placed on injured status, regardless of whether the individual believed himself or herself to be injured. This should also be the case when co-workers notice that an individual is suffering from emotional pain and demonstrates deteriorating work performance while stating that he or she is well.

DOCUMENTING STRESS-INDUCED ILLNESS FOR WORKERS' COMPENSATION

As with any occupational injury, treatment of workplace exposure falls under state or provincial Workers' Compensation rules and must be treated accordingly. The EAP ordinarily is not set up to handle matters in which occupational injury may be claimed, and provisions must be made for appropriate referral and treatment for cases in which psychological disability may become a legitimate matter of concern. In rare cases following exposure to a critical

incident, the individual may develop a stress disorder that is so incapacitating as to interfere with the ability to work. In such cases, a psychiatrist or psychologist may evaluate the individual to determine fitness for duty. The guidelines for evaluating stress related illnesses are included in Appendix B.

As with any occupational injury or illness, it is essential to document all relevant exposures. The date and time of the incident, nature of the incident, and any follow-up treatment must be recorded. If the department does not keep such records, then the burden is on the affected fire fighter to document this information. In addition, it may be helpful to record what debriefings were conducted. Some departments keep this information through the EAP. Emotional or psychological problems following a critical incident may then be classified as line of duty injuries based on the judgment of a mental health professional. Critical incident stress management teams should consider whether they want to document professional interactions with department members and if so, what level of detail is appropriate.

Glossary

Acute. Any effects that are short term in duration. Short term ranges from days up to 12 weeks.

Behavioral effects. These are outward manifestation of stress can be any significant change in established patterns of actions (e.g., changes in communication, alcohol consumption, sleep patterns).

Behavioral health professional. A psychologist or similar professional that is licensed to engage in independent practice.

Chronic. Any effect which lasts longer than 12 weeks.

Cognitive effects. Changes in the way a person thinks about things following a critical incident (e.g., nightmares, blaming others, confusion, decreased awareness of surroundings).

Critical incident stress. Stress that results from exposure to a traumatic situation and where the individual's reaction to the event may involve intense fear, helplessness, or horror.

Debriefing. A psychological and educational group process designed to prevent or reduce the impact of a critical incident on emergency responders.

Defusing. An informal process to help immediately reduce the pressure and anxiety following a critical incident. It is intended to provide emergency responders with guidance about what to expect, describe resources, and establish a presence that may make future interventions easier.

Emotional effects. Changes in feelings following a critical incident (e.g., anxiety, guilt, denial).

Empathy. The ability to intellectually and emotionally sense the thoughts, feelings, and experiences of an individual and effectively communicate that understanding to the individual.

Incident Management System (IMS). An organized system of roles, responsibilities, and standard operating procedures used to manage emergency operations.

Peers. People of equal standing, or rank and drawn from fire service organizations. They serve as models of healthy behavior and coping skills for members involved in a critical event.

Resilience. This is one's ability to "bounce back" or recover and adjust from stress or strain.

Stress. Physical or emotional effort by an individual that requires adjustment or coping.

References

Alexander, D. A., & Wells, A. (1991). Reactions of police officers to body handling after a major disaster: A before and after comparison. British Journal of Psychiatry, 159, 547-555.

Avery, A., King, S., Bretherton, R., & Orner, R. (1999). Deconstructing psychological debriefing and the emergence of calls for evidence based practice. Traumatic Stress Points, 12(4), 7-10.

Beaton, R. D., & Murphy, S. A. (1993). Sources of occupational stress among firefighter/EMTs and firefighter/paramedics and correlations with job-related outcomes. Prehospital and Disaster Medicine, 8, 140-150.

Bisson, J. I., & Deahl, M. P. (1994). Psychological debriefing and prevention of post traumatic stress: More research is needed. British Journal of Psychiatry, 165, 717-720.

Bisson, I. J., Jenkins, P. L., Alexander, J., & Bannister, C. (1997). A randomized controlled trial of psychological debriefing for victims of acute harm. British Journal of Psychiatry, 171, 78-81.

Carlier, I. V. E., Lamberts, R. G., van Uchelen, A. J., & Gersons, B. P. R. (1998). Disaster related post-traumatic stress in police officers: A field study of debriefing on psychological distress. American Journal of Psychiatry, 154, 415-417.

Charlton, P. F. C., & Thompson, J. A. (1996). Ways of coping with psychological distress after trauma. British Journal of Clinical Psychology, 35, 517-530.

Conner, D. R., & Hoopes, L. L. (1997). Elements of human diligence: Supporting the nimble organization. Consulting Psychology: Practice and Research, 49, 17-24.

Cook, J. D., & Bickman, L. (1990). Social support and psychological symptomatology following a natural disaster. Journal of Traumatic Stress, 3, 541-556.

Deahl, M. P., & Bisson, J. I. (1995). Dealing with disasters: Does psychological debriefing work? Journal of Accident and Emergency Medicine, 12, 255-258.

Deahl, M. P., Gillham, A. B., Thomas, J., Dearle, M. M., & Strinivasan, M. (1994). Psychological sequelae following the Gulf war: Factors associated with subsequent morbidity and the effectiveness of psychological debriefing. British Journal of Psychiatry, 165, 60-65.

Echterling, L., & Wylie, M. L. (1981). Crisis centers: A social movement perspective. Journal of Community Psychology, 9, 342-346.

Foa, E. B., & Meadows, E. A. (1997). Psychosocial treatments for posttraumatic stress disorder: A critical review. Annual Review of Psychology, 48, 935-938.

Fullerton, C. S., Wright, K. M., Ursano, R. J., & McCarroll, J. E. (1993). Social support for disaster workers after a mass-casualty disaster: Effects on the support provider. Nordic Journal of Psychiatry, 47, 315-324.

Gist, R., & Lubin, B. (Eds.). (1999). Response to disaster: Psychosocial, community, and ecological approaches. Philadelphia: Brunner/Mazel.

Gist, R., Lubin, B., & Redburn, B. G. (1998). Psychosocial, ecological, and community perspectives on disaster response. Journal of Personal & Interpersonal Loss, 3, 25-51.

Gist, R., & Woodall, S. J. (1995). Occupational stress in contemporary fire service. Occupational Medicine: State of the Art Reviews, 10, 763-787.

Gist, R., & Woodall, S. J. (1998). Social science versus social movements: The origins and natural history of debriefing. Austalasian Journal of Disaster and Trauma Studies, 1998-1 Online serial at www.massey.ac.nz/~trauma.

Griffiths, J., & Watts, R. (1992). The Kempsey and Grafton bus crashes: The aftermath. East Linsmore, Australia: Instructional Design Solutions.

Grollmes, E. E. (1992). Postdisaster: Preserving and/or recovering the self. Disaster Management, 4(2), 150-156.

Gump, B. B., & Kulik, J. A. (1997). Stress, affiliation, and emotional contagion. Journal of Personality and Social Psychology, 72, 305-319.

Hobbs, M., Mayou, R., Harrison, B., & Worlock, P. (1996). A randomised controlled trial of psychological debriefing for victims of road traffic accidents. British Medical Journal, 313, 1438-1439.

Hytten, K., & Hasle, A. (1989). Firefighters: A study of stress and coping. Acta Psychiatrica Scandinavia, 355(supp.), 50-55.

Kenardy, J. A., & Carr, V. (1996). Imbalance in the debriefing debate: What we don't know far outweighs what we do. Bulletin of the Australian Psychological Society, 18(2), 4-6.

Kenardy, J. A., Webster, R. A., Lewin, T. J., Carr, V. J., Hazell, P. L., & Carter, G. L. (1996). Stress debriefing and patterns of recovery following a natural disaster. Journal of Traumatic Stress, 9, 37-49.

Lee, C., Slade, P., & Lygo, V. (1996). The influence of psychological debriefing on emotional adaptation in women following early miscarriage: A preliminary study. British Journal of Medical Psychology, 69, 47-58.

McCrae, R. R. (1984). Situational determinants of coping responses: Loss, threat, and challenge, Journal of Personality and Social Psychology, 46, 919-928.

McFarlane, A. C. (1988). The longitudinal course of posttraumatic morbidity: The range of outcomes and their predictors. Journal of Nervous and Mental Disease, 176, 30-39.

McFarlane, A. C. (1989). The aetiology of post-traumatic morbidity: Predisposing, precipitating, and perpetuating factors. British Journal of Psychiatry, 154, 221-228.

Meichenbaum, D. (1994). A Clinical Handbook/Practical Therapist Manual for Assessing and Treating Adults with Posttraumatic Stress Disorder. Waterloo, Ontario (Canada): Institute Press.

Mitchell, J. T., & Everly, G. S. (2nd Edition). Critical Incident Stress Management: A New Era & Standard of Care in Crisis Intervention. Ellicott City, MD: Chevron Publishing.

Mitchell, J. T., & Bray, G.P. (1990). Emergency Services Stress: Guidelines for Preserving the Health and Careers of Emergency Services Personnel. Englewood Cliffs, NJ: Prentice-Hall.

Mitchell, J. T., and Everly, G. S. & (1995). Critical Incident Stress Debriefing: An Operations Manual for the Prevention of Traumatic Stress among Emergency Services and Disaster Workers. Ellicott City, MD: Chevron Publishing.

Moran, C. C. (1998). Individual differences and debriefing effectiveness. Austalasian Journal of Disaster and Trauma Studies, 1998-1. Online serial located at www.massey.ac.nz/~trauma.

Motowidlo, S. J., Packard, J. S., & Manning, M. R. (1986). Occupational stress: Its causes and consequences for job performance. Journal of Applied Psychology, 71, 618-629.

Ostrow, L. S. (1996). Critical incident stress management: Is it worth it? Journal of Emergency Medical Services, 21(8), 28-36.

Raphael, B., Meldrum, L., & McFarlane, A. C. (1995). Does debriefing after psychological trauma work? Time for randomized controlled trials. British Journal of Psychiatry, 310, 1479-1480.

Rubonis, A. V., & Bickman, L. (1991). Psychological impairment in the wake of disaster: The disaster-psychopathology relationship. Psychological Bulletin, 109, 384-399.

Stephens, C. (1997). Debriefing, social support, and PTSD in the New Zealand police: Testing a multidimensional model of organizational traumatic stress. Australasian Journal of Disaster and Trauma Studies, 1. Electronic journal accessible at www.massey.ac.nz/~trauma/issues/1997-1/cvs.htm

Taylor, S. E. (1983). Adjusting to threatening events: A theory of cognitive adaptation. American Psychologist, 38, 1161-1173.

Taylor, S. E. (1991). Asymmetrical effects of positive and negative events: The mobilization-minimization hypothesis. Psychological Bulletin, 110, 67-85.

Taylor, S. E., & Brown, J. D. (1998). Illusion and well-being: A social psychological perspective on mental health. Psychological Bulletin, 103, 193-211.

Taylor, S. E., & Lobel, M. (1989). Social comparison activity under threat: Downward evaluation and upward contacts. Psychological Review, 96, 569-575.

Thompson, J., & Solomon, M. (1991). Body recovery teams at disasters: Trauma or challenge. Anxiety Research, 4, 235-244.

Wessely, S., Rose, S., & Bisson, J. I. (199) Brief psychological interventions ("debriefing") for treating immediate trauma-related symptoms and preventing post-traumatic stress disorder (Cochrane Review). The Cochrane Library, 1. Oxford, UK: Update Software.

Woodall, S.J. (1994). Personal, organizational, and agency development: The psychological dimension. A closer examination of critical incident stress management. National Fire Academy Executive Fire Officer program, available through Learning Resource Center, National Emergency Training Center, Emmitsburg, MD [(800) 638-1821].

Woodall, S. J. (1997). Hearts on fire: An exploration of the emotional world of firefighters. Clinical Sociology Review, 15, 153-162.

Wright, R. M. (1993, May). Any fool can face a crisis: A look at the daily issues that make an incident critical. In R. Gist (Moderator), New information, new approaches, new ideas. Center for Continuing Professional Education, Johnson County Community College, Overland Park, KS.

Appendix A

Referral and Informational Resources

Resources

AIDS

National AIDS Hotline   **1-800-342-2437**
  A 24-hour hotline, run by the U.S. Centers for Disease Control, which provides information and referral services for treatment and identifies local self-help groups on AIDS.

ALCOHOL

Alcoholics Anonymous (AA)   **1-212-686-1100**
  A self-help program to help those who want to stop drinking. Provides information and support to recovering alcoholics through local chapters in communities throughout the United States and Canada.

Al-Anon   **1-800-356-9996**
Al-Anon (Canada)   **1-613-722-1830**
  A self-help program for people affected by someone else's drinking. Provides information on alcoholism and alcohol abuse and refers callers to local Al-Anon support groups established to help friends and families of alcoholics.

The American Council on Alcoholism Helpline   **1-800-527-5344**
  Provides referrals to alcohol treatment programs in the United States and provides written materials.

The National Council on Alcoholism and Drug Dependency   **1-800-622-2255**
  Provides written information on alcohol abuse and provides a referral service to treatment and counseling centers across the United States.

DOMESTIC VIOLENCE

American Association for Protecting Children   **1-800-227-5242**
  Provides training and technical assistance to child protection programs throughout the United States. Maintains a national database for child neglect and abuse reports.

Batterers Anonymous (BA)   **1-714-884-6809**
  Provides weekly meetings to identify and stop abusive behavior. There are thirty chapters throughout the United States.

National Runaway Hotline   **1-800-231-6946**
  Provides a 24 hour hotline offering homeless children moral support and referral information. Facilitates communications between runaways and parents.

National Victim Center   **1-817-877-3355**
  Provides information, resources and a referral service for victims of abuse.

DRUGS

The National Institute on Drug Abuse Hotline   **1-800-662-4357**
  A federally funded service providing referrals to drug and alcohol programs including referrals to programs for those who cannot pay for services.

DRUGS

NIDA "Drug-Free Workplace" Helpline　　　　　**1-800-843-4971**
　　Provides individualized technical assistance on the development and implementation of comprehensive drug-free workplace programs.

Narcotics Anonymous (NA)　　　　　**1-818-780-3951**
　　Provides information and support to recovering drug addicts through local chapters in communities throughout the United States and Canada.

Nar-Anon　　　　　**1-818-780-3951**
　　Provides information on drug abuse and refers callers to local Nar-Anon support groups for friends and families of drug users throughout the United States and Canada.

800 Cocaine　　　　　**1-800-262-2463**
　　An information and referral hotline that refers callers to drug rehabilitation and counseling services in their area. 800 Cocaine will also mail out basic information on cocaine and crack.

FINANCIAL

Debtors Anonymous (DA)　　　　　**1-212-642-8220**
　　A self-help program to help those who want to overcome compulsive debting. Provides information and support to those with compulsive financial problems through local chapters in communities throughout the United States and Canada.

National Foundation for Consumer Credit　　　　　**1-301-589-5600**
　　Provides debt counseling referral to people with serious debt through Consumer Credit Counseling Services (CCCS) groups throughout the United States.

FOOD

Food Addiction Hotline　　　　　**1-800-872--0088**
　　An information and referral hotline that refers callers to Overeaters Anonymous and to eating disorder specialists who can outline treatment options and advise them on how to locate a program in their area.

GAMBLING

National Council on Compulsive Gambling　　　　　**1-212-765-3833**
　　An information and referral hotline that refers callers to treatment providers (GA, Gam-Anon, and Gam-A-Team) in the United States and advocates research on compulsive gambling.

Canadian Foundation on Compulsive Gambling　　　　　**1-416-222-7477**
　　An information and referral hotline that refers callers to treatment providers (Twelve-Step Programs) in Canada and advocates research on compulsive gambling.

GRIEF

Compassionate Friends　　　　　**1-708-990-0010**
　　A non-sectarian support group for bereaved individuals, spouses, parents and siblings that sponsors self-help support groups throughout the United States and Canada.

PSYCHIATRIC

National Alliance for the Mentally Ill　　　　　**1-703-524-7600**
　　Offers support groups and information and supports research for the mentally ill and their families.

Emotions Anonymous　　　　　**1-612-647-9712**
　　Provides information and sponsors 1,300 chapters throughout the United States and Canada for people who suffer from depression, anxiety, phobias, rage, compulsive behavior and other emotional problems.

PSYCHIATRIC

National Depressive & Manic Depressive Association   **1-312-993-0066**

    Provides information and referrals for depression and manic depression throughout the United States and Canada.

SEX

Sex & Love Addicts Anonymous   **1-617-332-1845**

    Provides information and sponsors 500 groups for treatment of sexual addiction throughout the United States and Canada.

Sex Addicts Anonymous   **1-612-339-0217**

    Provides information and sponsors 300 groups for treatment of sexual addiction throughout the United States and Canada.

Golden Valley Health Center   **1-800-321-2273**

    An information and referral service for sexual addition. Ask for "Crisis Response".

INFORMATIONAL CENTERS

National Self-Help Clearing House   **1-212-840-1259**
Canadian Council on Social Development   **1-613-728-1865**
(Conseil Canadien de Developpment Social)

    Both of these organizations maintain current listings of self-help groups in the United States and Canada.

PROFESSIONAL ORGANIZATION

Employee Assistance Professionals Association   **1-703-522-6272**

    Formerly the Labor-Management Administrators and Consultants on Alcoholism (AL-MACA), EAPA is an international professional membership organization that promotes the development of EAPs. EAPA maintains program standards for EAPs, administers a certification program to promote competency, develops training programs, and promotes a communication network for its 7,000 worldwide members.

Appendix B

Diagnostic Criteria for Stress Disorders

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)

Diagnostic Criteria for Acute Stress Disorder (308.3)

A. The person has been exposed to a traumatic event in which both of the following were present:

   1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

   2. The person's response involved intense fear, helplessness or horror.

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms.

   1. A subjective sense of numbing, detachment, or absence of emotional responsiveness

   2. A reduction in awareness of his or her surroundings (e.g., "being in a daze")

   3. De-realization

   4. De-personalization

   5. Dissociative amnesia (i.e., inability to recall an important aspect of the trauma)

C. The traumatic event is persistently re-experienced in at least on of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving experience; or distress on exposure to reminders of the traumatic event.

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, and people).

E. Marked symptoms of anxiety of increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hyper-vigilance, exaggerated startle response, motor restlessness).

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of important functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)

Diagnostic Criteria for Post Traumatic Stress Disorder (309.81)

A. The person has been exposed to a traumatic event in which both of the following were present:

   1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

   2. The person's response involved intense fear, helplessness or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

2. Recurrent distressing dreams about the event. Note: In children, there may be frightening dreams without recognizable content.

3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and disassociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, traumatic-specific re-enactment may occur.

4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma.

2. Efforts to avoid activities, places, or people that arouse recollections of the trauma.

3. Inability to recall an important aspect of the trauma.

4. Markedly diminished interest or participation in significant activities.

5. Feelings of detachment or estrangement from others.

6. Restricted range of affect (e.g., unable to have loving feelings).

7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

1. Difficulty falling or staying asleep

2. Irritability or outbursts of anger

3. Difficulty concentrating

4. Hyper-vigilance

5. Exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify: Acute: Duration of symptoms is less than 3 months.
Chronic: Duration of symptoms is 3 months or more.
With Delayed Onset: Onset of symptoms is at least 6 months after the stressor.

Appendix C

Diagnostic Criteria for Stress Disorders

Dear CISM Applicant:

Thank you for the interest you have shown in the Critical Incident Stress Management Program. The mental health professional and peer debriefers currently on the CISM Team have developed this application. As you will see, this is a thorough application that will require your thought and effort.

We hope that you will not feel intimidated by the nature of some of the questions and that you will keep in mind the necessity of including those that are more personal in nature. We felt these would facilitate our selection of the best qualified applicants in what we anticipate will be a difficult selection process. Please bear in mind the confidentiality we will maintain and the guidelines we will follow to ensure this. First, only the members of the selection committee will review these applications. This committee consists of the following individuals: peer debriefers _____ and mental health clinician _____. Second, the CISM Director and no one else will maintain these applications. No information you disclose on the form will be discussed or disclosed to anyone not directly involved in the selection process.

After all applications have been submitted, the selection committee will review them in an initial screening. The selection committee will then meet personally with those individuals whose applications have been submitted. Following this second screening, the final selections will be made and those applicants chosen to serve on the CISM Team will be informed.

As a final note, we strongly encourage you to review all of the questions on this application before completing it so that you will not provide the same information more than once. Please send your completed application sealed to _____. On behalf of the CISM Team, thanks again!

Sincerely,

CISM Director

APPLICATION FOR CRITICAL INCIDENT STRESS MANAGEMENT TEAM

CONFIDENTIAL

Please return your completed application to: _____

                                              _____

                                              _____

Please read the following questions carefully and answer them as completely as possible. You are strongly urged to review all of the questions before starting, to prevent providing the same information more than once. All information in your responses will be kept in confidential. Thank you for your interest and commitment to the CISM Program.

Demographic Information

Name: _____

Company and Shift: _____

Current Rank and Position: _____

Phone   Work: _____

            Home: _____

Address: _____

                _____

                _____

Work Experience

Employer	Position	Brief Job Description	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education and Training   *Formal education, that may include high school, college, and any additional education.*

School	Dates of Attendance	Degree Earned	Area of Emphasis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List and describe any formal training you have received in areas such as stress management, crisis intervention, counseling, stress management, psychology, etc. (include conferences, seminars, or workshops you have attended).

Type of Training   Organization Training   Date   Hours of Training

_____

_____

_____

_____

_____

Describe any personal or professional education that you have provided to others in the areas cited in the previous question (include meetings, presentations, articles, one-to-one interventions, formal classes taught, etc.).

_____

_____

_____

_____

_____

Personal Information

List professional affiliations

_____

_____

_____

_____

_____

List participation in professional and community activities

_____

_____

_____

_____

_____

Describe your areas of interest apart from professional or work related activities. These include hobbies, outside interests, or professional interests other than those that are fire and rescue related.

_____

_____

_____

_____

_____

Everybody has had experience working with groups and/or teams of people. Cite the major things you have learned from such experiences.

_____

_____

_____

_____

_____

Describe your personal style of working with people in crisis.

_____

_____

_____

_____

_____

Describe how you handle stress in your own life.

_____

_____

_____

_____

_____

CISM Team Questions
What are your reasons for wanting to be on the CISM Team?

_____

_____

_____

_____

_____

_____

_____

What personal strengths do you have that you think will contribute to your effectiveness as a peer debriefer?

_____

_____

_____

_____

_____

What are some of your shortcomings or "weaknesses" that might hinder your effectiveness as a peer debriefer?

_____

_____

_____

_____

_____

Perhaps you have been involved in a formal debriefing and/or know someone who has. What are the strengths of debriefings?

_____

_____

_____

_____

_____

What do you see as weaknesses of debriefings that, in your opinion, could be improved?

_____

_____

_____

_____

_____

Describe incidents in which you or others have been where a debriefing may have been helpful and why.

_____

_____

_____

_____

_____

Describe any events or experiences in your life that were especially meaningful for you. Tell why they stand out in your mind.

_____

_____

_____

_____

_____

How might these experiences contribute to your effectiveness as a debriefer?

_____

_____

_____

_____

_____

_____

Signature   Date

Appendix D

CISM Model Training Guidelines

This appendix contains two separate training tracks. *Basic Training* modules are intended to be taught throughout the organization, while *Critical Incident Stress Management Team Training* modules are geared to the members of the Critical incident stress management team. Rather than focusing on any particular packaged formula, the approach recommended here suggests knowledge, skills, and abilities necessary to run an effective critical incident stress management program. The knowledge, skill, and abilities suggested here can be used to measure ones current proficiency, evaluate outside training programs, or they can form the foundation for development of a customized training program.

The components suggested in this Appendix may be adapted to meet the needs of the fire department, union, and critical incident stress management team. These basic training components are recommended for a wide audience, and may be most effectively presented as components of ongoing training. The critical incident stress management team training components are only for those who will be directly involved in post-incident intervention efforts. Fire departments and unions should be flexible in adapting content and format to the differing needs and resources of their personnel.

It should be emphasized that there are many acceptable and useful ways to provide the training and satisfy the objectives outlined here. It is not necessary that all components must be developed or presented by any single instructor. Organizations are encouraged to explore a wide range of professionals and views, and to select the mix of presenters and information that will best suit their needs and objectives.

PROGRAM OBJECTIVES

On completion of the total program, participants should be prepared to do all of the following.

- Describe and discuss stressful life events and the foundations of successful approaches to coping with stressful life events.

- Describe and discuss the nature of occupational stress and organizational strain, and to relate these to motivation, performance, and adjustment in the fire and rescue professions.

- Explain the value of such basic foundations as personal wellness, professional boundaries, effective incident management, and organizational integration in resolving stressful career events.

- Describe and evaluate what social supports are available to the individual, the work team, and the organizations (fire department and union).

- Compare and contrast different approaches to education, prevention, intervention, and response to critical incidents.

- Discuss and determine the roles of officers, supervisors, and labor representatives in establishing the foundations for effective CISM programs.

- Discuss and determine the specific responsibilities of those identified to perform specific roles in of directly providing CISM services.

- Discuss the implications of critical incident stress to the fire and rescue profession.

- Define, discuss, and critique approaches to the evaluation of the CISM component of a comprehensive health, safety, and wellness initiative.

Basic Training, Module 1

Overview of occupational stress, organizational strain, and individual reactions

This module should utilize case studies, literature review, and operational analyses to provide the foundation for understanding and managing occupational stress. Examples from both routine incidents and larger disasters should be reviewed to illustrate the relationship between organizational impact and individual reactions.

Recommended Audience:

- Recruit classes

- Fire fighters

- Officer development

Module Objectives:

At the completion of this segment of the program, participants should have a working knowledge of the following.

- Current perspectives regarding stressful life events and their impact on individuals and organizations.

- Practical approaches to manage occupational stress in fire and rescue responses.

- The basic principles of a sound approach to managing of personal, social, and organizational impacts of stressful events.

- Different approaches to education, prevention, resilience, and intervention in the contexts of both processes and outcomes.

- Assess ways in which interventions reduce organizational strain after a critical incident.

Suggested Topical Outline:

A. There's more than one "psychology"

- Roles of different mental health providers (e.g. psychiatrists, psychologists, social workers)

- Social, organizational, and community perspectives

- Differing viewpoints mean different expectations

B. Mental health and mental illness versus health, safety, and wellness

- Components of a comprehensive program

- Behavioral health, EAPs, and the CISM program

C. Case studies

  • Understanding the difference between research and testimonials

  • Review of studied events and findings

D. Theoretical issues

  • Stress, strain, and the nature of reactions

  • Developmental challenges versus pathological threats

  • Appropriate avenues to get help

  • Social and behavioral support

E. Professional issues

  • Credentials, qualifications, and preparation of providers and consultants

  • Definition of clients and client relationships

F. The most important lessons

  • Pride, honor, courage, and commitment are essential foundations in the fire service.

  • Well managed incidents involve well prepared and well conditioned employees.

  • Well grounded lives and well integrated organizations are the goals.

Basic Training, Module 2

Building healthy baseline behaviors

This component in the program discusses individually based elements associated with stress resilience, especially the daily stressors and strains of fire service work. It should present a basic strategy for behavioral wellness in the occupational setting.

Recommended Audience:

- Recruit classes

- Fire fighters

- Officer development

Module Objectives:

At the completion of this segment of the program, participants should be prepared to do the following.

- Compare and contrast healthy and less healthy motives for the pursuit of fire service careers, and assess their differential impacts on both individual and organizational functioning.

- Describe a comprehensive model of occupational stress and apply it to the fire and rescue environment.

- Differentiate between loss, threat, and challenge as potential stressors, and describe different responses associated with each.

- List and describe normal coping mechanisms for the mediation of stressful life events and discuss how each may be affected by crisis events and the circumstances surrounding them.

- Define and apply characteristics of sound preparation for and response to stressful episodes in one's life and work.

Suggested Topical Outline:

A.   Why did you come to work today?

- Healthy motives can be satisfied in the course of daily duties.

- Service, assistance, contribution, and challenge are robust motives.

- Drama, heroism, recognition, and the like may be more about your needs than those of your community.

B.   What things make any occupation stressful?

- Impact of stress is determined by context of strain

- Personal impacts of organizational strain and occupational stress

C.   How does stress present itself in the individual?

- Not a "stimulus-response" matter, but a perception of an event

- Loss, threat, and challenge as ways to perceive an event

- Coping styles selected reflect how the event is perceived

D.   What makes this line of work so challenging?

- Job conditions are reactive, variable, and sometimes threatening

- Personal characteristics of providers can include many factors that present risk

- Frequency of negative events is high, and their intensity can be immense

- Personal, family, and organizational strain are common

E.   How do healthy people deal with these challenges?

- Crisis are not themselves the issue—it's their interaction with and effect on the everyday struggles

- Prediction, control, perspective, and strategy as mitigators and mediators

- Social support as the key factor in resilience and resolution

F.   How does social support affect us and where can we find it?

- Different forms of support are found through different networks

- Emotional support found from family and friends

G.   Healthy approaches to the challenge of occupational events

Basic Training, Module 3

Contributing to and working within an effective organizational climate

It is the daily interactions and issues of the workplace, sometimes called "organizational strain" that largely determine the impact of a given incident or event. This presentation should discuss approaches through which the working and operating levels of fire and rescue departments can deal effectively with sources of organizational strain, placing particular emphasis on team building, employee development, effective supervision, and personal responsibility.

Recommended Audience:

- Officer development

Module Objectives:

At the completion of this segment of the program, participants should be prepared to do the following:

- Compare and contrast the concepts of leadership with those of management, command, and supervision in a professional fire service organization.

- Define the various types of missions that must come together to deliver effective fire and rescue services to citizens and communities.

- Discuss the implications of the shift away from hierarchical, task-oriented organizations and leadership styles for structure, functioning, and leadership in the modern fire service.

- Describe professional leadership and discuss its implications for the fire and rescue organizations.

- List and describe the essential characteristics of sound leadership in the emerging fire and rescue profession.

Suggested Topical Outline:

A. What is leadership about?

- Doing the right things versus doing things right

- Right time, right place versus right here, right now

- Visions and values versus objectives and actions; both are needed, but leadership comes from all levels

B. Productive intersections various missions

- Personal and professional missions

- Public, community, and fire department missions

- Team, unit, and divisional missions

- Formal versus informal organizations

C.   The professional service organization

- Positions of leadership versus leadership from all positions

- Boundaries versus horizons

- Commanding respect versus respecting command

D.   Paradox of professional leadership

- If someone is to follow, you must know where they're trying to go

- Leadership is about team building

E.   The essential characteristics of sound leadership

- There are no expendable roles in a professional organization

- Professional comes from the inside out

- Lead by the examples you set, whatever your place in the chart

- Responsibility for one's own performance

- Pride in the performance of others

F.   The toughest lessons to grasp

- Power versus empowerment

- Authority versus control

- Trust versus consistency

- You manage operations, command incidents, supervise activities, but you lead people

- Working for a jerk is no excuse for behaving like one

BASIC TRAINING, MODULE 4

Controlling Critical Incident Stress Management through use of an Incident management system

This module seeks to prepare personnel to work effectively within the Incident management system built to ensure safe, focused, and effective management of emergency scenes and responses. It also seeks to promote a broader understanding of the implications of IMS in the daily operation of the enterprise as well as in the allocation of capacity, capability, and accountability factors needed for effective incident management.

Recommended Audience:

- Recruit classes

- Fire fighters

- Officer development

Module Objectives:

At the completion of this segment of the program, participants should be prepared to do the following.

- Discuss the emergence of a structured IMS in the context of shifting technology, strategies, priorities, and organizational structure of today's fire service.

- Describe the impact of incident management on personnel perceptions of effectiveness and organization in the operational elements of an incident.

- List and define the critical features of incident organization that directly affect individual, organizational, and community experiences surrounding critical emergency events.

- Outline the concept of effective operational review and how its regular use can lead to resolution of an event at individual, organizational, union, and community levels.

- Compare and contrast the objectives and imperatives of effective management and effective command, and link these through sound practices of effective supervision to the execution of critical organizational functions.

Suggested Topical Outline:

A.   The underlying principles

- Personnel must be capable of thinking for themselves

- Command is about information and feedback as much as control

- Making the practices safe, standard, and predictable

B.   A total approach to the event

- The incident versus the operation

- Capacity, capability, and accountability: the currency of command

C.   The critical first few minutes

   • Heads up versus hands on

   • You can't go on stage and still watch the play

D.   Keeping personnel inside the envelope of capabilities

   • Pushing the margins under heavy demand

   • Physical reactions to extremely demanding tasks

   • The staging-operations-rehabilitation triad to keep personnel fresh

E.   Making personnel and their efforts effective

   • The central role of mistakes in post-incident stress

   • The risk we fear most: ineffective performance

   • The best preventative: well managed incidents with well prepared professionals

F.   Tell me what happened . . .

   • Operational review versus incident critique

   • Assembling the puzzle from the jumble of its parts

   • Clear responsibility yields effective accountability

G.   Resolving the essential paradox of the professional emergency response

   • Competent professionals demand participatory management

   • Emergency events require a consolidated hierarchical response

   • Learning when it's a group decision and when its time to follow the leader

H.   Making the process effective

   • Use it or lose it

   • What you do in the routine is what you build on for the exceptional

   • If you don't use it for the little ones, you can't find it for the big one

BASIC TRAINING, MODULE 5

Family, peer, and professional support systems

Boundaries and relationships are especially difficult matters in the compartmentalized lives of professional fire service responders. Often, the backdrop of these "daily hassles" defines the stress impact of major events. Thus, how one deals with life strain outside the job can be a crucial element affecting the capacity of support systems to help a fire fighter through the difficult parts of adjustment. Support services such as EAPs and clergy should be discussed, along with their effective use to assist with the various daily problems that can complicate progress in any professional career—as well as those problems made especially prominent by the unique nature of fire and rescue service.

Recommended Audience:

- Recruit classes

- Fire fighters

- Officer development

Module Objectives:

At the completion of this segment of the program, participants should be prepared to:

- Describe changes in demographics, socialization, and motivation that affect the current generation of fire and rescue professionals.

- Compare and contrast prevailing occupational "myths" with the findings of scientific research regarding fire and rescue professionals and their families.

- Discuss stress, coping, and resilience in the context of personal and family impacts of occupational stress and strain.

- Explain the central role of social support outside the workplace in resilience from occupational stressors, and discuss pertinent findings regarding that relationship.

- Explore avenues available to promote effective relationships between personal, family, and workplace activities and values.

Suggested Topical Outline:

A.   Who are these new fire fighters?

- Often somewhat older, somewhat more educated, much more diverse at the time they join

- More aware of the service aspects of the career

- May never have known "the old ways" of doing things

B.   Many of the myths were never exactly true

- Divorce rates are really no higher than for many other similar professions

- Substance abuse rates are also similar to other like professions

- While many marriages may fail, many also prove exceptionally resilient

- The better the support system and the better the communication, the stronger the resilience it provides

C.   What does it take to make these relationships effective?

- Good fences make good neighbors (boundaries are critical)

- Good neighbors talk across the fence

- Your work is a big part of their lives

- They have to deal somehow with the things affecting you

- They only know what you tell them; they can only help if you let them

D.   What does the serious research suggest?

- Emotional support is the protective cocoon on which we depend in the immediate aftermath of overwhelming demand and challenge.

- That emotional support provides the foundation for the appraisals that follow.

- These supports are strongly connected to elements of instrumental aid that relieve the pressure of daily demands during the processes of appraisal and resolution.

- While emotional support supports the process of resolution for the incident-involved spouse, it creates a stressor in the relationship that demands its own support and resolution.

- Resolution for that relationship stress demands that the circle be completed.

E.   What does this mean for fire fighters and their organizations?

- Families are no longer an "auxiliary" element of the organization.

- A strong life away from the job is essential for strong performance on the job.

- Health, wellness, and fitness programs—including CISM components—must extend to family, too.

- We've still got a lot to learn about successful fire service families.

CRITICAL INCIDENT STRESS MANAGEMENT TEAM TRAINING, MODULE 1

Crisis Management — Theory and Practice in the Management of Critical Incidents

This segment is intended to examine normal coping and responses, and to explore the impact of loss, threat, and challenge on coping and adjustment. Specific attention should be given to definition of client relationships, clarification of client needs and expectations, and outcomes expectations—for CISM providers as well as peer support persons.

Recommended Audience:

- Critical Incident Stress Management Team Members

Module Objectives:

At the completion of this segment of the program, participants should be prepared to do the following.

- Define crisis from personal, organizational, and community perspectives, and explore its impacts at each level.

- Review normal coping mechanisms in the context of crisis-level situational stress.

- Specifically explore the meaning and significance of an individual's feelings when confronted with critical incidents and uncertain assessments of the effectiveness of the response.

- List, define, and describe the key elements of an effective crisis response.

- Outline the basic elements of the critical incident response, including identification and definition of client relationships, articulation of client needs and expectations, specification of consultant roles and responsibilities, determination of intervention effectiveness, and the components of effective referral.

Suggested Topical Outline:

A. Unanticipated reactions; unanticipated events

- Keeping balance biologically and psychologically

- Emotional breakdowns

- Distinctions between major life issues and temporary problems

B. Review of normal coping mechanisms

- Role of healthy behaviors (e.g., talking, exercise)

- Social support as a buffer for the impact of stressful life events (i.e., family and friends)

- Fixing a problem versus dealing with an unfixable problem

- Information, emotional support, appraisal, and instrumental aid as a for dealing with issues

C. Effects of sudden disruption on normal coping

- Crises often lie outside the usual envelope of prediction or effective control

- Ordinary perspectives and strategies prove inadequate

- Social support is materially weakened when one's network is also affected

- Coping strategies are not clearly defined in novel or unique situations

- Sequence of needs becomes disrupted and critical needs are left unresolved

D. Distinguishing among losses, threats, and challenges

- Loss demands acceptance and perspective

- Threat demands strategy and control

- Resolution of either requires redefinition as challenge

E. Elements of effective crisis response

- Begin your contact where you find your client

- Address support needs in their approximate sequence: information, emotional support, appraisal, and instrumental assistance

- Emotional support is often 95% presence

- Appraisal requires both upward contacts and downward evaluations

- Return to some instrumental action that can help reinforce feeling in control again

- Avoid overhelping—if no one remembers your contribution, it was probably more effective

F. Crisis response should be time limited, non-intrusive, and fundamental

- Build on the basic foundations you practice every day

CRITICAL INCIDENT STRESS MANAGEMENT TEAM TRAINING, MODULE 2

Meeting the Challenges of a Demanding Career — Responding at the Individual and Company Levels

This module should focus on the of relationships between fire fighters and interpersonal support that form the backbone of a healthy atmosphere in any organization or profession. Specific attention should be given to EAP systems and referrals, as well as to the importance of company officers and seasoned members in setting examples and providing support at challenging moments in the workplace.

Recommended Audience:

- Critical Incident Stress Management Team Members

Module Objectives:

At the completion of this segment of the program, participants should be prepared to do the following.

- Identify and define relationships.

- Discuss elements of effective social support in both formal and informal aspects of the organization and its culture.

- Place the individual or company crisis into the context of a means to improve the individual and the organization (e.g., What can we learn from this?).

- Discuss the impact and significance of "veteran to rookie" exchanges in defining and meeting challenges in the fire service (e.g., the role of "war stories").

- Discuss critical elements of the company officer's role in mitigating impact and promoting positive resolution and growth.

Suggested Topical Outline:

A.   The daily impact of daily events and daily interactions

- Social support and the informal organization

- The transitions of career growth; lessons passed from veteran to rookie

- Everybody is somebody's veteran; everybody is somebody's rookie

- The company officer holds the most influential position in the department

B.   Building the foundation for strong support

- Coping with life on and off the job

- Taking work home; bringing home to work

- EAPs and how to use them

- Building and maintaining personal space

C.	Professional appraisal and personal growth

- Every experience is a challenge from which to develop and learn

- Opportunities for excellence come in routine duties and encounters

- Mastery of fundamentals is the foundation of professionalism

- Professional is also attitude

D.	Instrumental action: What did we learn from this?

- A professional is always in a growth mode

- If we do this again, what will be different?

E.	We're also (and always) human . . .

- It's more than what you do; it becomes part of who you are

- It's not about the things you do, but the people for whom you do them

- In their lives and homes and life's most vulnerable moments

F.	Conclusion

- Empowering existing and essential roles and relationships

- Preparing leaders to lead at the most basic level of the organization

- Building self-efficacy for individuals and their organizations

- If no one knows what role you played, you probably played it well

CRITICAL INCIDENT STRESS MANAGEMENT TEAM TRAINING, MODULE 3

When We're All in It Together — Responding from the Agency Level

This module is designed to address critical incidents when its impact stretches beyond the individual or company, and includes the type of intervention commonly called "defusing." Its objectives emphasize the least formal approaches designed to "jump start" normal coping and resolution systems, and specifically address limitations associated with overhelping.

Recommended Audience:

- Critical Incident Stress Management Team Members

Module Objectives:

At the completion of this segment of the program, participants should be prepared to:

- Discuss relationships and goals at this level of analysis and engagement.

- Explain the significance of "low key" approaches in terms of self-reliance, individual coping ability, and as team building.

- Discuss the basic elements of effective support, assistance, and intervention at this level of engagement.

- Compare the positive and negative aspects of these approaches with those of systematic operational review.

- Discuss the limitations of overhelping and over-intervention, and explain their implications at personal, professional, organizational, and agency levels.

Suggested Topical Outline:

A. Addressing the basic questions

- Work team (battalion, shift, company, or union) as principal target

- Preservation of work team effectiveness as the principal and explicit goal

- Low profile, minimum intrusion, transitional work

- Flexibility first: don't stick to rigid protocols

B. Information always comes first

- Rebuilding the chronology of the event

- Do we all understand what happened?

- So what are we dealing with here? (Loss, threat, challenge)

C. Preparing for emotional impacts

- Prediction, control, and perspective can help

- Let those you need know what you're facing

- Let those you need (family and friends) know you need them

- Ask for the space you need, but tell them why you need it

D. Appraisal and reconstruction

- What were we trying to accomplish?

- Limitations of what we can and can't do

- What does it tell us about our fundamental missions and values?

- What did we learn as people and professionals?

E. Instrumental actions: Where do we take it from here?

- What should we investigate based on this event?

- How do we take this and make things better?

- What does it mean for what we do and how we do it?

- Taking back the challenge and making it ours

F. Conclusions

- Support the processes in place

- Building a transition between impact and action

- Never overstay your welcome

- Return the focus to the organization and its mission

- Strive to be a presence quickly forgotten

CRITICAL INCIDENT STRESS MANAGEMENT TEAM TRAINING, MODULE 4

Approaching the Critical Incident — Responding at the Agency Level and Beyond

This module deals with the conduct of formal debriefing exercises. It focuses on incidents where the nature, magnitude, or complexity of an event is outside the range of normal human experience, and presents the process of "normalization." It is also intended to provide a vehicle for those whose reactions and resolution may become complicated, so that they can be triaged from the debriefing (an organizational intervention) to appropriate avenues of EAP assessment and assistance (an individual intervention). The objectives of the intervention are to restore workplace support healthy coping responses and to encourage participants to make effective use of strategy of and resources that can aid them in adjustment.

Recommended Audience:

- Critical Incident Stress Management Team Members

Module Objectives:

At the completion of this segment of the program, participants should be prepared to do the following.

- Identify and define relationships and goals at this level of analysis and engagement.

- Contrast the benefits and liabilities of planned mutual aid between identified agencies versus ad hoc "team" call-outs as an organizational response to extraordinary events.

- Describe and define the basic elements of effective response strategies in terms of goals, objectives, actions, and outcomes.

- List and define the characteristics sought in assembling a response team for a specific incident or event.

- List, define, and describe the components in the general procedure for a formal debriefing.

Suggested Topical Outline:

A. Addressing the basic questions

- Sound, effective assistance in processing the impact of a major challenge

- The work team and organization as the principal client and recipient of service

B. Allow time and space for emotional support

- Prepare those who provide it best (family and friends) for the challenge

- Strengthen the capacity for effective exchange

- Back to the basics as we prepare to rebuild

- Support to the families is support for the response personnel

C.   Appraisal through the formal debriefing process

- Assemble a shared picture of the event

- Restore organizational equilibrium and capacity for exchange

- Establish a direction toward resolution

- Reaffirm commitments to profession, organization, and missions

D.   Instrumental action on multiple levels

- What we can do with what we've experienced and learned

- Restoration of prediction, control, and perspective

- Strategies for changing what we can and learning what we will

- Social support through individual and collective actions

- Regaining the challenge that brought us together

E.   Selecting and preparing your players

- Research the recipients: know history, traditions, experiences, and expectations

- Match the players to the situation at hand

- Experienced team: experienced in incidents of this nature; experienced in this type of intervention; experienced in working together

F.   Schematic for formal debriefing

- Use as an outline, not as a prescription

- Flexibility more important that format or form

- The best approach should be an extension of less formal models and methods

G.   The Critical Incident Stress Management Team's Drill

- Introducing the drill

  - Who we are, why we're here

  - What we'll do and how we'll do it

  - What to expect of us; what we expect of you

- Elements of the incident

  - Proceed chronologically wherever possible

  - Reassembling a puzzle

  - Until we share the same picture, we can't share the same experience

- Actions and events

  - Everyone's experience is personal at first

  - What was it like out there? What made this one different?

  - What were you doing? How did you do it?

- Assessing the experience

  - What made this one different? What were the most demanding moments?

  - How did you maintain your focus?

  - Did it seem to unravel somewhere? How did you pull it back?

- Reacting to the experience

  - What about this sticks with you? What has helped you most to adjust?

  - Upward contacts and downward evaluations (relating to peers)

  - Validation and confirmation of experience and reactions

- Anticipatory guidance

  - How do people deal with major transitions?

  - Development of coping skills and identification of resources

  - Healthy, practical suggestions from upward models

  - Care for yourself; care for one another

- Moving on and moving ahead

  - What can we learn at times like this?

  - Reaffirming mission and commitment

  - Instrumental actions now and later

  - Leaving with a shared experience and a common purpose

H. Follow up and follow through: Who are you going to call?

  - The most important contacts occur outside the session

  - Crisis is transitory for most—don't suggest additional obstacles!

  - The most essential questions are usually: What have you tried already? What have you yet to try?

  - The best role may be to help those in need to seek closer, more appropriate, and more accessible resources for help

  - Look for the closest to the client—physically, socially, psychologically, emotionally

  - Be an effective advocate: Can I help you make the contact?

  - I'll check back just to see how it's going . . .

I. Conclusions

  - Once again, it's a transition from impact to action

  - Done at its best, the moment slips quietly away

  - The most effective process will return processing to normal channels

  - What do you do with your own reactions?

  - One success can open a thousand doors, but one blunder can shut them forever

CRITICAL INCIDENT STRESS MANAGEMENT TEAM TRAINING, MODULE 5

Observing the Process at Work

Practical observation of any technique is critical to its effective application. The more genuine the demonstration, of course, the more useful the modeling is likely to be.

Recommended Audience:

- Critical Incident Stress Management Team Members

Module Objectives:

At the completion of this segment of the program, participants should be prepared to do the following.

- Define and describe the characteristics and limitations of a formal debriefing exercise.

- Critically evaluate the process as observed in terms of goals, objectives, actions, and outcomes.

- Discuss the roles of various participants and players in effecting the flow of exchanges and facilitating progress toward objectives and outcomes.

- Discuss the approach as observed with the goals, objectives, actions, and outcomes associated other types and levels of intervention.

- Assess the impact of such exercises at the personal, professional, organizational, and agency levels of analysis and engagement.

Suggested Topical Outline:

A.   It's a simple process at its best

- A very basic group process applied to a very specific set of issues

- Nothing magic, nothing sacred; no secret handshake or magic decoder rings

- Rebounding from a set of intense and difficult challenges

- Moving from individual experiences to individuals sharing an experience

B.   Lessons learned from observation

- The role, if one truly understands it, is a humble one

- The less you intervene, the generally more you've done

- Purpose versus process: Adapt your format to your objectives

- Know when to stop and when to go

- Leave quickly, leave quietly, leave with respect—but leave

- Keep it to yourself after you're gone

C.   Conclusion

- How you see the problem can be the problem

- It's hard to say the wrong thing when you're busy listening

- First try to understand thoroughly; response isn't all it's cracked up to be

- Problems with blindly following protocol

Appendix E

IAFF Local Affiliate Contacts

Employee Assistance Program

Critical Incident Stress Management

EAP & CISM Contacts

State/Province: NJ
IAFF District: 1

IAFF Local 1066
Jersey City Fire Department
Type of EAP: City/County
Phone: 201-309-0264

Employee Assistance Program
L. White and Associates
83 Wayne St., Suite 101
Jersey City , NJ 07302

EAP Administrator
Lila White, Owner/President

State/Province: NY
IAFF District: 1

IAFF Local 729
Binghamton Fire Department
Type of EAP: Contract
Phone: 607-772-7067

Employee Assistance Program
Personal Performance Consultants, Inc
4100 Old Vestal Road
Vestal , NY 13850

EAP Administrator
Harry Smith, EAP Contact

IAFF Local 282
Buffalo Fire Department
Type of EAP: Labor/Management
Phone: 716-432-1856

Employee Assistance Program
Buffalo Fire Department
Employee Assistance Program
255 Delaware
Buffalo , NY 14202

EAP Administrator
David Donnely, EAP Coordinator

CISM Program
Critical Incident Stress Management Program
255 Delaware
Buffalo , NY 14202

CISM Administrator
David Donnely, Coordinator

IAFF Local 854
New York City Fire Department
Type of EAP: Fire Department
Phone: 716-851-5333 ext. 283

Employee Assistance Program
Fire Department City of New York
Employee Assistance Program
Pier "A", North River
New York , NY 10004

EAP Administrator
Malachy Corrigan, Director

IAFF Local 1071
Rochester Fire Department
Type of EAP: Contract
Phone: 716-275-4987

Employee Assistance Program
Cooperative Assistance Program
Strong Memorial Hospital
300 Critteneden Blvd.
Rochester , NY 14614

EAP Administrator
Ronald Faugh, Captain

CISM Program
COAP
Strong Memorial Hospital
300 Crittenden Blvd.
Rochester, NY 14614

CISM Administrator
Ronald Faugh, Captain

EAP & CISM Contacts

IAFF Local 280
Syracuse Fire Department
Type of EAP: Fire Department
Phone: 315-475-0766

Employee Assistance Program
Syracuse Firefighters
Employee Assistance Program
4488 Cole Rd.
Syracuse , NY 13215

EAP Administrator
Dennis Connor, Lieutenant

CISM Program
Critical Incident Stress Management Team
4488 Coole Rd.
Syracuse , NY 13215

CISM Administrator
Dennis Connor, Lieutenant

IAFF Local 628
Yonkers Fire Department
Type of EAP: Labor/Management
Phone: 914-377-7930

Employee Assistance Program
Yonkers Fire Headquarters
Employee Assistance Program
5 - 7 New School Street
Yonkers , NY 10701

EAP Administrator
John Scialo, Lieutenant

CISM Program
Employee Assistance Program
5-7 New School Street
Yonkers , NY 10701

CISM Administrator
Arthur Tobin, Captain

State/Province: MO   IAFF District: 2

IAFF Local 42
Kansas City Fire Department
Type of EAP: Contract
Phone: 816-358-4222

Employee Assistance Program
St. Lukes Shawnee Mission
Sharon Martin
6320 Manchester Ave
Suite #42A
Kansas City , MO 64133

EAP Administrator
Sharon Martin, Business Agent
Charlene Monetti, Wellness Coordinator

IAFF Local 152
Springfield Fire Department
Type of EAP: City/County
Phone: 417-864-1599

Employee Assistance Program
City of Springfield
Employee Assistance Program
840 N. Boonville
Springfield , MO 65802

EAP Administrator
Donna Cole, Director of Human Resources

CISM Program
Critical Incident Stress Management Team
830 N. Boonville
Springfield , MO 65802

CISM Administrator
Brad Eden, Coordinator

EAP & CISM Contacts

IAFF Local 385
Omaha Fire Department
Type of EAP: Fire Department
Phone: 402- 444-4987

Employee Assistance Program
Employee Assistance Program
3223 Burt St.
Omaha , NE 68114

EAP Administrator
Ann Naylor

CISM Program
Critical Stress Debriefing Team
1516 Jackson St.
Omaha,, NE 68183

CISM Administrator
Father Swanson,

IAFF Local 834
Bridgeport Fire Department
Type of EAP: Contract
Phone: 203-576-8010

Employee Assistance Program
NOVA MED
Mill Hill Avenue
Bridgeport , CT 06610

EAP Administrator
Russell Sweeney, FD Contact

IAFF Local 825
New Haven Fire Department
Type of EAP: City/County
Phone: 203-234-8085

Employee Assistance Program
Employee Assistance Program
127 Washington Ave.
New Haven , CT 06473

EAP Administrator
Peter Curley, Program Director

IAFF Local 718
Boston Fire Department
Type of EAP: Labor/Management
Phone: 617-343-3784

Employee Assistance Program
Boston Fire Department
Employee Assistance Program
Administration Building Firehouse
Long Island
Boston , MA 02169

EAP Administrator
William J. Ostiguy, Stress Coordinator

CISM Program
Boston Metro CISD
715 S. Hampton St.
Boston, MA

CISM Administrator
Dr. John Greene, Director

IAFF Local 902
Malden Fire Department
Type of EAP: Labor/Management
Phone: 617-397-7383

Employee Assistance Program
Malden Fire Department
Employee Assistance Program
1 Sprague Street
Malden , MA 02148

EAP Administrator
Daniel Souza, EAP Coordinator
James Sullivan, EAP Treasurer
Dennis LaFrenier, Mgm't Representative
Ronald Nickerson, Labor Representative

EAP & CISM Contacts

IAFF Local 866
Waltham Fire Department
Type of EAP: Labor/Management
Phone: 718-893-4105

Employee Assistance Program
Waltham Fire Department EAP.
175 Lexington Street
Waltham , MA 02154

EAP Administrator
George MacClary, EAP Coordinator
Jack Foley, EAP Coordinator
Paul LeBlanc, EAP Coordinator

CISM Program
Boston Metro CISD
715 S. Hampton St.
Boston, MA

CISM Administrator
Dr. John Greene, Director

IAFF Local 1009
Worcester Fire Department
Type of EAP: Fire Department
Phone: 508-831-0519

Employee Assistance Program
Local 1009 Employee Assistance Program
625 Chandler Street
Worcester , MA 01602

EAP Administrator
Donald Courtney, EAP Coordinator

IAFF Local 2122
Yarmouth Fire Department
Type of EAP: City/County
Phone: 508-398-3251

Employee Assistance Program
Cape Council on Alcoholism
& Drug Dependency
Park Street
Hyannis , MA 02601

EAP Administrator
William Smith, Union Contact

CISM Program
Northern IL CISD Team

State/Province: RI   IAFF District: 3

IAFF Local 799
Providence Fire Department
Type of EAP: Labor/Management
Phone: 401-274-7999

Employee Assistance Program
Providence Fire Fighters
Employee Assistance Program
90-92 Printery Street
Providence , RI 02904

EAP Administrator
Frank Brothers, Coordinator
Louis Box, EAP Staff
Henry Cochrane, EAP Staff
Joseph Errico, EAP Staff
Robert Pridemore, EAP Staff

EAP & CISM Contacts

IAFF Local 1590
Wilmington Fire Department
Type of EAP: Labor/Management
Phone: 302-571-4577

Employee Assistance Program
Wilmington Fire Department
Employee Assistance Program
333 E. 30th St.
Wilmington , DE 19807

EAP Administrator
Ameen R. Shabazz, EAP Representative

IAFF Local 1926
Anne Arundel County Fire
Type of EAP: Contract
Phone: 1-800-367-3273

Employee Assistance Program
Ease
1060 1st Ave
Annapolis , MD 19406

EAP Administrator

CISM Program
Critical Incident Stress Debriefing Team
705 Benfield
Severna Park, MD 21146

CISM Administrator
Kenneth Bohn, Coordinator

IAFF Local 734/964
Baltimore City Fire Department
Type of EAP: Fire Department
Phone: 410-234-0734

Employee Assistance Program
Baltimore City Fire Department
Employee Assistance Program
1202 Richley St.
Baltimore , MD 21230

EAP Administrator
Charles Williams, Third Vice President

CISM Program
Baltimore City Fire Department
Critical Incident Stress Management Program
1202 Richley St.
Baltimore, MD 21230

CISM Administrator
George Newbeck, Director

IAFF Local 1664
Montgomery County Fire Department
Type of EAP: Contract
Phone: 301-570-3900

Employee Assistance Program
Employee Assistance Program Services
Montgomery General Hospital, Inc
1801 Prince Phillip Drive
Olney , MD 20832-9990

EAP Administrator
Vicki Thompson-Jones, EAP Director

IAFF Local 1619
Prince George's County Fire
Type of EAP: Fire Department
Phone: 301-699-2936

Employee Assistance Program
Prince George's County Fire Department
Employee Assistance Program
RMS Building, 1400 McCormick Dr.
Suite #310
Largo , MD 20774

EAP Administrator
Julie Ellie, EAP Counselor

EAP & CISM Contacts

IAFF Local 302
Allentown Fire Department
Type of EAP: City/County
Phone: 610-437-7523

Employee Assistance Program
EAP for Employees of Allentown
435 W. Hamilton St.
Allentown , PA 18101

EAP Administrator
Jenny Lilly, Coordinator

IAFF Local 22
Philadelphia Fire Department
Type of EAP: Labor/Management
Phone: 215-685-HELP

Employee Assistance Program
Employee Assistance Program
611 N. 2nd Street
Philadelphia , PA 19123

EAP Administrator
Richard Winnals, Director

CISM Program
Critical Incident Stress Management Program
611 N. 2nd Street
Philadelphia , PA 19123

CISM Administrator
Richard Winnals, Director

IAFF Local 1
Pittsburgh Fire Department
Type of EAP: Fire Department
Phone: 412-255-8839

Employee Assistance Program
Employee Assistance Program
Public Safety Building
100 Grant St.
Pittsburgh , PA 15219

EAP Administrator
Peter Michely, Chief

CISM Program
Critical Incidence Stress Program
Public Safety Building
100 Grant Street
Pittsburgh, PA 15219

CISM Administrator
Peter Michely, Chief

IAFF Local 2068
Fairfax County Fire and Rescue
Type of EAP: Fire Department
Phone: 703-352-2101

Employee Assistance Program
Fairfax County Fire and Rescue Department
Employee Assistance Program
10680 Main Street, Suite 230
Fairfax , VA 22031

EAP Administrator
Sharon Love, Counselor
Timothy Ferguson, Counselor

EAP & CISM Contacts

IAFF Local 2924
Virginia Beach Fire Department
Type of EAP: City/County
Phone: 757-431-3728

Employee Assistance Program
City of Virginia Beach
Employee Assistance Program
3419 Virginia Beach Dr.
Suite B-3
Virginia Beach , VA 23452

CISM Program
Critical Incident Stress Management Team
Municipal Center
Virginia Beach , VA 23456

EAP Administrator
Paul J. Pokorski, Coordinator
Dean DaSilva, Local President

CISM Administrator
Mike Gurley, Captain

State/Province: SD   IAFF District: 5

IAFF Local 814
Sioux Falls Fire Department
Type of EAP: City/County
Phone: 605-338-8278

Employee Assistance Program
Great Plains Psychological Services
101 S. Maine Ave., Suite 503
Sioux Falls , SD 57104

CISM Program
Great Plains Psychological Services
101 S. Maine Ave., Suite 503
Sioux Falls, SD 57104

EAP Administrator

State/Province: WI   IAFF District: 5

IAFF Local 257
Appleton Fire Department
Type of EAP: Contract
Phone: 920-738-2230

Employee Assistance Program
Occupational Health
1611 S. Maddison St.
Appleton , WI 54915

CISM Program
Fox Cities Critical Incident Stress Management Program
222 S. Walnut St.
Appleton, WI 54911

EAP Administrator

IAFF Local 215
Milwaukee Fire Department
Type of EAP: City/County
Phone: 414-278-3145

Employee Assistance Program
City of Milwaukee Employee Assistance
Program Medical Clinic
Municipal Building Room 102
841 N. Broadway
Milwaukee , WI 53202

CISM Program
Critical Incident Stress Management Team
711 West Wells St.
Milwaukee, WI 53233

EAP Administrator
Robert Schweitzer EAP Coordinator
Dan Shea Dep. Chief of Admin.

CISM Administrator
William Code, Chief

EAP & CISM Contacts

State/Province: AB

IAFF District: 6

IAFF Local 237
Lethbridge Fire Department
Type of EAP: Labor/Management
Phone: 403-329-9088

Employee Assistance Program
Lethbridge and District
Employee Assistance Program
#202 1201 3 Ave. S.
Lethbridge , AB T1K 028

EAP Administrator
Warren McEwan, Chair
Gerry Smith, Co-chair

CISM Program
Lethbridge and District
Stress Management Team
#202 1201 3 Ave. S.
Lethbridge, AB T1K 008

CISM Administrator
Warren McEwan, Chair
Gerry Smith, Co-chair

State/Province: BC

IAFF District: 6

IAFF Local 323
Burnaby Fire Department
Type of EAP: Fire Department
Phone: 604-434-1717

Employee Assistance Program
Burnaby Fire Department
Employee Assistance Program
6515 Bonsor Ave.
Vancouver , BC V5H 3E8

EAP Administrator
John McQuade Treasurer, EAP Coordinator

CISM Program
Critical Incident Stress Management Program
Brown-Crawshaw
1190 Hornby St.
Suite #900
Vancouver , BC V6 2K5

CISM Administrator
Peggy Brown, Co-director
Patrick Crawshaw, Co-director

IAFF Local 18
Vancouver Fire Department
Type of EAP: Labor/Management
Phone: 604-436-3335

Employee Assistance Program
IAFF Local 18
Employee Assistance Program
#2 6515 Bonsor Avenue
Burnaby , BC V5H 3E8

EAP Administrator
Rodney MacDonald President

CISM Program
Critical Incident Stress Management Team
IAFF Local 18
#2 6515 Bonsor Ave.
Burnaby, BC V5H 3E8

CISM Administrator
Rodney MacDonald, President

EAP & CISM Contacts

IAFF Local 181
Regina Fire Department
Type of EAP: Contract
Phone: 306-757-6675

Employee Assistance Program
Employee Assistance Program
Family Service Bureau
2020 Halifax St.
Regina , SASK S4P IT7

EAP Administrator
Corinne Bokitch, Executive Director

CISM Program
Critical Incident Stress Debriefing Team
1205 Ross Ave.
Regina, SASK S4P 3C8

CISM Administrator
Jack Lichtenwald, Chief of Suppression

IAFF Local 80
Saskatoon Fire Department
Type of EAP: Labor/Management
Phone: 306-975-3327

Employee Assistance Program
City of Saskatoon
Employee and Family Assistance Program
204-3301 8th St. E.
Saskatoon , SASK S7H 5K5

EAP Administrator
Maria Besenski, Director

IAFF Local 27
Seattle Fire Department
Type of EAP: City/County
Phone: 206-684-7832

Employee Assistance Program
Seattle Employee Assistance Program
Personnel Department
710 2nd Avenue
Dexter-Horton Building--12th floor
Seattle , WA 98104

EAP Administrator
Claudia Gross, Director, Benefits

IAFF Local 2
Chicago Fire Department
Type of EAP: Union - Controlled
Phone: 312-536-0450

Employee Assistance Program
IAFF Local 2
Employee Assistance Program
440 West 43rd Street
Chicago , IL 60609-2715

EAP Administrator
Donald A. Manning, Director
Joan Butler, Counselor

IAFF Local 3234
Downers Grove Fire Department
Type of EAP: City/County
Phone: 708-894-7113 (EAP)

Employee Assistance Program
Employee Assistance Program
Creative Care Management, Ltd.
1440 Hicks Road
Suite D
Rolling Meadows , IL 60008

EAP Administrator
Joe Conway, Union Contact

EAP & CISM Contacts

IAFF Local 929
East Moline Fire Department
Type of EAP: City/County
Phone: 309-752-1597

Employee Assistance Program
IAFF Local 929
Employee Assistance Program
PO Box 591
East Moline , IL 61244

EAP Administrator
Steve Verdick

IAFF Local 742
Evanston Fire Department
Type of EAP: Contract
Phone: 312-245-2699

Employee Assistance Program
COMTSYCH
515 N. State Street
Suite 2310
Chicago , IL 60610

EAP Administrator
Dr. Chaifetz, Director

IAFF Local 2986
Lisle-Woodridge Fire Department
Type of EAP: Fire Department
Phone: 630-653-4218

Employee Assistance Program
Central DuPage EAP
Central DuPage Hospital
27W350 High Lake Rd
Winfield , IL 60190

CISM Program
Northern IL CISD Team

EAP Administrator
John Fertig, Contract

IAFF Local 2754
Orland Park Fire Department
Type of EAP: Contract
Phone: 708-349-1059

Employee Assistance Program
10231 Hyacinth Drive
Orland Park , IL 60462

EAP Administrator
Nick Anastos, Secretary

IAFF Local 413
Rockford Fire Department
Type of EAP: City/County
Phone: 815-964-1412

Employee Assistance Program
City of Rockford
Employee Assistance Program
Rockford , IL 61104

EAP Administrator
Dr. Wolferd

IAFF Local 37
Springfield Fire Department
Type of EAP: City/County
Phone: 217-544-3203

Employee Assistance Program
Employee Assistance Program
201 North 7th
Springfield , IL 62701

EAP Administrator
Ray Guider, EAP Chairman

EAP & CISM Contacts

IAFF Local 416
Indianapolis Fire Department
Type of EAP: Fire Department
Phone: 317-327-6041

Employee Assistance Program
Indianapolis Fire Department
555 N. New Jersey Street
Indianapolis , IN 46204

EAP Administrator
Vern Brown, Coordinator

CISM Program
Critical Incident Stress Program
555 N. New Jersey St.
Indianapolis, IN 46204

CISM Administrator
Ron Evans, Chief

IAFF Local 416
Indianapolis Fire Department
Type of EAP: Fire Department
Phone: 317-357-4125

Employee Assistance Program
Indianapolis Fire Department
5808 E. New York Street
Indianapolis , IN 46219

EAP Administrator
Bill Harold, EAP Advisor

IAFF Local 416
Indianapolis Fire Department
Type of EAP: Fire Department
Phone: 317-631-8068

Employee Assistance Program
Indianapolis Fire Department
520 Butterfly Circle
Greenwood , IN 46142

EAP Administrator
Michael Tibbetts, EAP Advisor

IAFF Local 416
Indianapolis Fire Department
Type of EAP: Fire Department
Phone: 317-359-5171

Employee Assistance Program
Indianapolis Fire Department
3502 Prospect Street
Indianapolis , IN 46203

EAP Administrator
Danny G. McClara, EAP Advisor

IAFF Local 416
Indianapolis Fire Fighters
Type of EAP: Fire Department
Phone: 317-262-5161

Employee Assistance Program
3701 W. 10th Street
Indianapolis , IN 46222

EAP Administrator
John T. Noone, Secretary

EAP & CISM Contacts

IAFF Local 345
Louisville Division of Fire
Type of EAP: Fire Department
Phone: 502-574-3701

Employee Assistance Program
Louisville Division of Fire
Employee Assistance Program
1135 W. Jefferson Street
Louisville , KY 40203-1899

EAP Administrator
Walter Lage, Personnel Director

CISM Program
Louisville Division of Fire
Critical Incident Stress Program
1135 W. Jefferson Street
Louisville , KY 40203-1899

CISM Administrator
Dan Ennis, Chaplain

IAFF Local 345
Louisville Fire Department
Type of EAP: Fire Department
Phone: 502-897-2429

Employee Assistance Program
Employee Assistance Program
167 Pennsylvania Ave.
Louisville , KY 40206

EAP Administrator
Doyle Fortney, Reverend

IAFF Local 345
Louisville Fire Department
Type of EAP: Fire Department
Phone: 502-458-4548

Employee Assistance Program
Bear Grass Baptist Church
Employee Assistance Program
2300 Payne Street
Louisville , KY 40205

EAP Administrator
Calvin White, Reverend

IAFF Local 344
Detroit Fire Department
Type of EAP: Fire Department
Phone: 313-833-5677

Employee Assistance Program
Personal Guidance Unit
EAP - A Bldg. - 5th floor
3455 Woodward Avenue
Detroit , MI 48201

EAP Administrator
James A. Martin, Captain, Director
Charles Curry, Captain

IAFF Local 354
Port Huron Fire Department
Type of EAP: City/County
Phone: 313-982-5841

Employee Assistance Program
City of Port Huron
Employee Assistance Program
100 McMorran Blvd.
Port Huron , MI 48060

EAP Administrator
Robert B. Thompson, Local President

EAP & CISM Contacts

IAFF Local 330
Akron Fire Department
Type of EAP: City/County
Phone: 216-375-2984

Employee Assistance Program
City of Akron
Employee Assistance Program
177 S. Broadway, Room 330
Akron , OH 44308

EAP Administrator
Sanora Clarke, Psychologist

IAFF Local 48
Cincinnati Fire Department
Type of EAP: City/County
Phone: 513-421-7600

Employee Assistance Program
Public Employees Assistance Program
50 E. Hollister St.
Cincinnati , OH 45219

EAP Administrator
Joan Bloomberg, Director

CISM Program
Southwestern Ohio CISD Team
62445
Cincinnati, OH 45262

CISM Administrator
Linda King, Coordinator

IAFF Local 93
Cleveland Fire Department
Type of EAP: Fire Department
Phone: 216-664-6800

Employee Assistance Program
Fire Department Employee Assistance Program
Fire Headquarters
1645 Superior Avenue
Cleveland , OH 44114

EAP Administrator
Brent Collins, Assistant Chief
Elijah Span, Director
William Sibert, Assistant Director

CISM Program
Fire Department Critical Incident Stress Team
Fire Headquarters
1645 Superior Ave.
Cleveland , OH 44114

CISM Administrator
Robert Gribble, Battalion Chief

IAFF Local 67
Columbus Fire Department
Type of EAP: City/County
Phone: 614-645-1832

Employee Assistance Program
Employee Assistance Program
3975 Parsons Rd
Columbus , OH 43215

EAP Administrator
Daniel Vincent Assistant Fire Chief for Fire Preve

CISM Program
CISM Team
3975 Parsons Rd.
Columbus , OH 43215

CISM Administrator
Daniel Vincent, Assistant Chief of Fire Preventio

EAP & CISM Contacts

IAFF Local 1290
Aurora Fire Department
Type of EAP: Fire Department
Phone: 303-739-7110

Employee Assistance Program
Aurora Fire Department
Employee Assistance Program
1470 S. Havana
Aurora , CO 80012

EAP Administrator
Bev Rush, EAP Chairman

CISM Program
Mayflower
Nicoletti and Associates
3900 S. Wadsworth Blvd.
Suite #480
Lakewood , CO 80235

CISM Administrator
John Nicoletti,

IAFF Local 858
Denver City and County Fire
Type of EAP: Fire Department
Phone: 303-298-7850

Employee Assistance Program
Denver Fire Department
Employee Assistance Program
2342 Broadway
Denver , CO 80205

EAP Administrator
David Lideman

IAFF Local 858
Denver Fire Department
Type of EAP: Fire Department
Phone: 303-575-3435

Employee Assistance Program
Denver Fire Department
Employee Assistance Program
745 West Colfax Avenue
Denver , CO 80204

EAP Administrator
Harry H. Chapman, Staff Psychologist

IAFF Local 731
City of Reno
Type of EAP: City/County
Phone: 775-322-6066
               775-322-6566

Employee Assistance Program
Mountain EAP of Northern Virginia
1071 Haskell Street
Reno , NV 89509

EAP Administrator
Dave Larson Administrator

IAFF Local 1908
Clark County Fire Department
Type of EAP: Union - Controlled
Phone: 702-870-1908

Employee Assistance Program
Local 1908 Employee Assistance Program
5650 West Charleston, Suite 4
Las Vegas , NV 89146

EAP Administrator
Katie Corsey, Captain
Kari Kendrick, Fire Fighter

CISM Program
Critical Incident Stress Management Program
575 E. Flamingo Rd.
Las Vegas, NV 89109

CISM Administrator
Kathy Risdon, Coordinator

EAP & CISM Contacts

IAFF Local 1285
Las Vegas Fire Department
Type of EAP: Contract
Phone: 702-878-7505 (union)

Employee Assistance Program
Harmony Health Care
Employee Assistance Program
5650 W. Charleston Blvd.
Suite #2
Las Vegas , NV 89146

EAP Administrator
Bonny Payson, Administrator
Mark Fleischmann, Union Coordinator

CISM Program
Critical Incident Stress Management Team
56540 W. Charleston Blvd.
Suite #2
Las Vegas, NV 89146

CISM Administrator
Brenda Donoho, Director

State/Province: OR   IAFF District: 9

IAFF Local 851
Eugene Fire Department
Type of EAP: Contract
Phone: 541-345-2800

Employee Assistance Program
Directions
66 Club Rd.
Suite #120
Eugene , OR 9740

EAP Administrator
Gayl Goldstein, Manager

CISM Program
Directions
66 Club Rd.
Suite #120
Eugene , OR 9740

CISM Administrator
Gayl Goldstein, Manager

State/Province: AZ   IAFF District: 10

IAFF Local 493
Phoenix Fire Department
Type of EAP: Contract
Phone: 602-277-1500

Employee Assistance Program
United Phoenix Fire Fighters EAP
Employee Assistance Program
61 East Columbus Street
Phoenix , AZ 85012

EAP Administrator
Ron Tabscott Director

CISM Program
Critical Incident Stress Management Team
16 East Columbus
Phoenix,, AZ 85012

CISM Administrator
Ron Tabscott, Director

IAFF Local 479
Tucson Fire Department
Type of EAP: Fire Department
Phone: 602-791-4512

Employee Assistance Program
Tucson Fire Department
Employee Assistance Program
P.O. Box 27210
Tucson , AZ 85726-7210

EAP Administrator
Mary Armstrong, Personnel Officer

EAP & CISM Contacts

IAFF Local 1230
Contra Costa County Fire Protection
Type of EAP: Fire Department
Phone: 925-932-1230

Employee Assistance Program
Managed Health Network, Inc. (MHN)
112 Blue Ridge Drive
Martinez , CA 94553

EAP Administrator
Bruce Maclennan, Program Administrator

CISM Program
Critical Incident Stress Management Program
112 Blur Ridge Dr.
Martinez , CA 94553

IAFF Local 372
Long Beach Fire Department
Type of EAP: City/County
Phone: 213-595-7022

Employee Assistance Program
Long Beach Employee Assistance Program
Health and Human Services Department
2525 Grand Ave.
Long Beach , CA 90806

EAP Administrator
Angela Dixon-Hamlet, Coordinator

CISM Program
Long Beach CISD Team
2245 Argonne Ave.
Suite A
Long Beach, CA 90815

CISM Administrator
Robin Klein, Director

IAFF Local 112
Los Angeles City Fire Department
Type of EAP: Labor/Management
Phone: 213-895-0910

Employee Assistance Program
United Firefighters of Los Angeles City
Employee Assistance Program
1571 Beverly Boulevard
Los Angeles , CA 90026

EAP Administrator
Jerry Brakeman, Director

CISM Program
Critical Incident Stress Program
Rm. #1010
200 N. Maine St.
Los Angeles , CA 90012

CISM Administrator
Dr. Robert Scott, Director

IAFF Local 1014
Los Angeles County Fire Department
Type of EAP: Union - Controlled
Phone: 323-881-2492

Employee Assistance Program
Los Angeles County FF Local 1014
Employee Assistance Program
1320 N. Eastern Ave.
Los Angeles , CA 90063

EAP Administrator
Margarite Jordan, Director of EAP

CISM Program
Los Angeles CISD Team
1320 N. Eastern Ave.
Los Angeles , CA 90063

CISM Administrator
Margarite Jordan, CISD Director

EAP & CISM Contacts

IAFF Local 522
Sacramento Fire Department
Type of EAP: Contract
Phone: 916-264-5424

Employee Assistance Program
Employee Assistance Program
921 10th St.
Room #601
Sacramento , CA 95801

EAP Administrator
Dee Contreras, Director of Labor Relations

CISM Program
Critical Incident Stress Management Program
Rio Linda
632
Sacramento , CA 95673

CISM Administrator
Kalle Kanerva, Captain

IAFF Local 891
San Bernardino Fire Department
Type of EAP: Contract
Phone: 714-884-0133

Employee Assistance Program
The Counseling Team
1881 Commerce Center East, Suite #100
San Bernardino , CA 92408

EAP Administrator
Nancy Boles, EAP Coordinator

IAFF Local 145
San Diego Fire Department
Type of EAP: City/County
Phone: 619-533-4540

Employee Assistance Program
City of San Diego
Employee Assistance Program
225 Broadway St., Suite 340
San Diego , CA 92101

EAP Administrator
Pamela Grady, Administrator

IAFF Local 798
San Francisco Fire Department
Type of EAP: Fire Department
Phone: 415-753-1039

Employee Assistance Program
San Francisco Fire Department
Employee Assistance/Stress Unit
2350 19th Avenue
San Francisco , CA 94116

EAP Administrator
Tim Heffernan, Peer Counselor - union
Mike Lewis, Peer Counselor - union
Doyle Miller, Peer Counselor - non union

CISM Program
Critical Incident Stress Team
2350 19th Ave.
San Francisco, CA 94116

CISM Administrator
Tim Heffernan, Peer Counselor-union
Mike Lewis, Peer Counselor-union
Doyle Miller, Peer Counselor-non-union

IAFF Local 873
San Jose Fire Department
Type of EAP: City/County
Phone: 650- 966- 9240

Employee Assistance Program
Concern
Employee Assistance Program
777 Cuesta Drive
Mountain View , CA 94040

EAP Administrator
Leslie Andrews, Account Manager

EAP & CISM Contacts

IAFF Local 873
San Jose Fire Department
Type of EAP: Labor/Management
Phone: 408-947-6236

Employee Assistance Program
San Jose Fire Fighters
Employee Assistance Program
P.O. Box 4863
San Jose , CA 95150-4863

EAP Administrator
Paul Mulholand, Project Officer
Ed Cutter, Project Officer
Walt Bugna, Project Officer
Tom Gianatasio, Project Officer

IAFF Local 2046
Santa Barbara County Fire
Type of EAP: City/County
Phone:

Employee Assistance Program
Save A Valuable Employee (SAVE)
223 East Carrillo Street
Suite A
Santa Barbara , CA 93101

EAP Administrator
Barbara Winkler, PhD,CEAP Program Dir.

IAFF Local 1186
Vallejo Fire Department
Type of EAP: City/County
Phone: 800-888-2998

Employee Assistance Program
U.S. Behavioral Health
2000 Powell Street
Emeryville , CA 94608

EAP Administrator
Sherry Morton, Service Representative

State/Province: HI   IAFF District: 10

IAFF Local 1463
Honolulu City and County Fire
Type of EAP: City/County
Phone: 808-523-4030

Employee Assistance Program
City of Honolulu Employee Assistance
Troubled Employee Program
550 S. King Street
Honolulu , HI 96813

EAP Administrator
Lynn Yamamoto, Director

State/Province: OK   IAFF District: 11

IAFF Local 176
Tulsa Fire Department
Type of EAP: Contract
Phone: 918-594-5232

Employee Assistance Program
Psychological Services
Employee Assistance Program
4720 S. Harvord St.
Suite #101
Tulsa , OK 74104

CISM Program
Critical Incident Stress Management Team
411 S. Frankfurt St.
Tulsa, AZ 74120

EAP Administrator
Dr. McGraw
Dr. Gentz

CISM Administrator
Roger Sharp, Director

EAP & CISM Contacts

IAFF Local 1329
Arlington Fire Department
Type of EAP: City/County
Phone: 817-265-5400

Employee Assistance Program
Alliance of Behavioral Providers
1521 N. Cooper Street, Suite 550
Arlington , TX 76013

EAP Administrator
Jerry Meade, Account Manager

CISM Program
Alliance of Behavioral Providers
1521 N. Cooper St., Suite 550
Arlington, TX 76013

CISM Administrator
Jerry Meade, Account Manager

IAFF Local 936
Corpus Christi Fire Department
Type of EAP: City/County
Phone: 361-880-3315

Employee Assistance Program
Corpus Christi EAP
9277
Corpus Christi , TX 78469

EAP Administrator
Cynthia Garcia, Director, Human Resources
Mary Jackson, Executive

IAFF Local 58
Dallas Fire Department
Type of EAP: Fire Department
Phone: 214-670-0229

Employee Assistance Program
Dallas Fire Department
Employee Assistance Program
5000 Dolphin St.
Dallas , TX 75201

EAP Administrator
Denny Burris, Chaplain

CISM Program
Dallas Fire Department
Critical Incident Stress Management Program
5000 Dolphin St.
Dallas, TX 75201

CISM Administrator
Denny Burris, Chaplain

IAFF Local 440
Fort Worth Fire Department
Type of EAP: Fire Department
Phone: 817-871-6328

Employee Assistance Program
Fort Worth Fire Department
Employee Assistance Program
1000 Throckmorton F.D.
Fort Worth , TX 76102

EAP Administrator
Sam Greif, Captain

CISM Program
Fort Worth Fire Department CISD
100 Thockmorton F.D.
Fort Worth , TX 76102

CISM Administrator
Cameron Brown, Fire Fighter

EAP & CISM Contacts

IAFF Local 341
Houston Fire Department
Type of EAP: City/County
Phone: 713-866-4242

Employee Assistance Program
City of Houston Employee Assistance Program
170 Heights Blvd., Bldg. #1
Houston , TX 77007

EAP Administrator
Richard Barrett, EAP Manager
Ruth Carroll, Senior EAP Counselor

CISM Program
Houston Fire Department CISM
601 Sawyer St.
Houston, TX 77007

CISM Administrator
Stephen Pierrel, Staff Psychologist
Ricky Swanson, Coordinator

IAFF Local 624
San Antonio Fire Department
Type of EAP: Fire Department
Phone: 210-735-0545

Employee Assistance Program
San Antonio Fire Department
Employee Assistance Program
735 West Magnolia St.
San Antonio , TX 78212

EAP Administrator
Doug Jones Family Director

CISM Program
Critical Incident Stress Management Program
University of Texas Health and Science

CISM Administrator
Doug Gordan, Coordinator

State/Province: FL   IAFF District: 12

IAFF Local 2238
Hallandale Fire Department
Type of EAP: Contract
Phone: 305-754-1683

Employee Assistance Program
Spectrum Programs
11055 NE 6th Avenue
Miami , FL 33161

EAP Administrator
Lenny Schiffman, Lt., Sec - Treasurer
Jose Acevedo, PhD

IAFF Local 1951
Melbourne Fire Department
Type of EAP: Contract
Phone: 800-782-1033

Employee Assistance Program
Heritage Health Corporation
2000 Commerce Drive
Melbourne , FL 32904

EAP Administrator
Jon "Pete" Peterson, EAP Counselor
Mary Norriss, EAP Counselor

IAFF Local 587
Miami Fire Department
Type of EAP: Contract
Phone: 305-633-3442

Employee Assistance Program
Signa
Employee Assistance Program
2980 N.W. South River Dr.
Miami , FL 33125

EAP Administrator
Ed Petermann, Vice President

CISM Program
Critical Incident Stress Debriefing Team
444 S.W. 2nd Ave.
10th Floor
Miami , FL 33130

CISM Administrator
Kathy Daegling, District 11 Coordinator

EAP & CISM Contacts

IAFF Local 1403
Miami-Dade Fire Department
Type of EAP: City/County
Phone: 305-375-3293

Employee Assistance Program
Miami-Dade County
Office of Rehabilitated Services EAP
140 W. Flagler Street, Room 1001
Miami , FL 33135

EAP Administrator
Keith Mitchell, Director

IAFF Local 2057
Orange County Fire and Rescue
Type of EAP: Fire Department
Phone: 407-836-5667

Employee Assistance Program
Employee Benefits Orange County Personnel
Employee Assistance Program
P.O. Box 1393
Orlando , FL 32802-1393

EAP Administrator
Ceretha Leon, Supervisor

IAFF Local 2928
Palm Beach County Fire Department
Type of EAP: Union - Controlled
Phone: 407-969-0729

Employee Assistance Program
Palm Beach County Fire Fighters
Employee Assistance Program
2328 S. Congress Avenue
West Palm Beach , FL 33406

EAP Administrator
John Skow, Director

IAFF Local 747
St. Petersburg Fire Department
Type of EAP: City/County
Phone: 813-893-7033

Employee Assistance Program
City of Saint Petersburg
Employee Assistance Program
P.O. Box 2842
St. Petersburg , FL 33731

EAP Administrator
Steven E. Madden, EAP Coordinator

IAFF Local 754
Tampa Fire Department
Type of EAP: Fire Department
Phone: 813-274-7008

Employee Assistance Program
Tampa Fire Department, Fire Station #1
Employee Assistance Program
808 E. Zack Street
Tampa , FL 33602

EAP Administrator
Pete Botto, Chief

CISM Program
Critical Management Stress Team
808 E. Zack Street
Tampa, FL 33602

CISM Administrator
Jimmy Combs, Team Coordinator

EAP & CISM Contacts

State/Province: GA   IAFF District: 12

IAFF Local 134
Atlanta Fire Department
Type of EAP: Contract
Phone: 404-817-6750

Employee Assistance Program
Cameron and Associates
Bureau of Psychological Services
675 Ponce de Leon Ave.
Atlanta , GA 30308

EAP Administrator
Dr. Eugia Littlejohn, EAP Coordinator

IAFF Local 574
Savannah Fire Department
Type of EAP: Contract
Phone: 912-355-1440

Employee Assistance Program
Performance Management Resources
7 Ogethorpe Professional Blvd.
Savannah , GA 31406

EAP Administrator
Chris Wilburn, Director of EAP

State/Province: NC   IAFF District: 12

IAFF Local 865
Ashville Fire Department
Type of EAP: Contract
Phone: 704-252-2595

Employee Assistance Program
Personal Performance System
22 South Pack Square
Suite 200
Ashville , NC 28801

EAP Administrator
Marv Rosen, Administrator

IAFF Local 660
Charlotte Fire Department
Type of EAP: Fire Department
Phone: 704-331-9515

Employee Assistance Program
Charlotte Fire Department
Employee Assistance Program
4419 Monroe Rd.
Charlotte , NC 28205

CISM Program
Presbyterian Health Care
224 Hawthorne Ln., Suite 404
Charlotte, NC 28204

EAP Administrator
Mark Derkin, Counselor
Keith Helms, Battalion Chief

IAFF Local 660
Charlotte Fire Department
Type of EAP: Union - Controlled
Phone: 704-331-9515

Employee Assistance Program
Charlotte Fire Fighters Association
Employee Assistance Program
4419 Monroe Road
Charlotte , NC 28205-7713

CISM Program
Presbyterian Hospital
Critical Incident Stress Management Program
200 Hawthorne Ln.
Charlotte , NC 28204

EAP Administrator
Mark Durkin, Counselor
Keith Helms, Battalion Chief

EAP & CISM Contacts

State/Province: MAN — IAFF District: 13

IAFF Local 867
Winnipeg Fire Department
Type of EAP: City/County
Phone: 204-986-2778

Employee Assistance Program
The City of Winnipeg
Employee Assistance Program
886 - 167 Lombard Avenue
Winnipeg , MAN R3B 0T6

EAP Administrator
Pauline Griffith, BA, M.Sc., EAP Coordinator
Brian Kowalchuk, PhD, Staff Psychologist

CISM Program
Critical Incident Stress Management Team
151 Princess St.
Winnipeg, MAN R3B 1L1

CISM Administrator
Kent Sim, Deputy Chief

State/Province: ONT — IAFF District: 13

IAFF Local 1068
Brampton Fire Department
Type of EAP: Contract
Phone: 905-458-5963

Employee Assistance Program
Corporate Health Consultants
8 Rutherford Road, South
Brampton , ONT L6W 3J1

EAP Administrator
Brian Scott, Chairman
Don Enright, Active Member

CISM Program
Peer Support Team
8 Rutherford Rd. S.
Brampton, ONT L6W 3J1

CISM Administrator
Herm Jansen, Captain
Don Enright, Captain
Barrie Manser, Captain
Don Loveless, Firefighter
Grant Mitchell, Captain

IAFF Local 113
Toronto Fire Department
Type of EAP: Labor/Management
Phone: 416-466-1167

Employee Assistance Program
Toronto Fire Department
Employee Assistance Program.
39 Commissioner St.
Scarborough , ONT M58-1A6

EAP Administrator
Ronald Seymour, EAP Coordinator
Ronald Nickel, EAP Assistant-Coordinator

CISM Program
Critical Incident Stress Management Team
39 Commissioner St.
Scarborough, ONT M58-1A6

CISM Administrator
Ronald Seymour, EAP Coordinator
Ronald Nickel, EAP Assistant-Coordinator

EAP & CISM Contacts

IAFF Local 117
Birmingham Fire Department
Type of EAP: City/County
Phone: 205-933-7442

Employee Assistance Program
City of Birmingham
Employee Assistance Program
1923 14th Avenue, South
Birmingham , AL 35205

EAP Administrator
Sarah Gentle, Director

IAFF Local 1349
Mobil Fire Department
Type of EAP: Contract
Phone: 205-661-6633

Employee Assistance Program
City of Mobile
Bayview EAP
663 Azalea Road
Mobile , AL 36609

EAP Administrator
Jerry Casson, Director
CD Pitt, Deputy Chief

IAFF Local 34
Little Rock Fire Department
Type of EAP: Contract
Phone: 501-663-1797

Employee Assistance Program
Southwest Employee Assistance Program
Plaza West Building, Suite 520
415 N. McKinley Street
Little Rock , AR 72205

EAP Administrator
Dick DeWoody, Director

IAFF Local 632
New Orleans Fire Department
Type of EAP: Fire Department
Phone: 504-565-7800

Employee Assistance Program
New Orleans EAP
317 Decatur
New Orleans , LA 70130

EAP Administrator
Dello Breckenridge, District Chief
Frtiz Comrad, Assistant Superintendent

CISM Program
New Orleans Critical Incident Stress Team
317 Decatur
New Orleans, LA 70130

CISM Administrator
Dello Breckenridge, District Chief

EAP & CISM Contacts

State/Province: TN   **IAFF District: 14**

IAFF Local 1784
Memphis Fire Department
Type of EAP: City/County
Phone: 901-320-5350

Employee Assistance Program
City of Memphis Employee Assistance
Concern
65 South Front St.
Memphis , TN 38103

EAP Administrator
Joe Caldwell, EAP Coordinator

IAFF Local 763
Nashville Fire Department
Type of EAP: City/County
Phone: 1-800-955-6422

Employee Assistance Program
Occupational Health Consultants of America
3401 West End
Suite #308
Nashville , TN 37203

EAP Administrator
Phyllis Chumley, Director

Appendix F

IAFF Local Affiliate Contacts' Forms

The IAFF directory of established EAPs, CISM Programs and associated resources will be updated by the IAFF. For those affiliates who either have a program that is not listed or establish an EAP or a CISM Program, we would appreciate the completion of this form. For those affiliates that have provided information for this edition of *Developing Fire Service Labor/Employee Assistance and Critical Incident Stress Management Programs*, we ask that you please review your information for accuracy and make necessary changes, additions or deletions. Please mail, fax or email the following form and any additional information to the:

> International Association of Fire Fighters
> Department of Occupational Health and Safety
> 1750 New York Avenue, NW
> Washington, DC 20006
> 202-824-1571 (Phone)
> 202-737-8418 (Fax)
> laaron@iaff.org (E-mail)

We also would like to receive any EAP/CISM contract language, brochures or any printed materials describing EAP/CISM services available to your members. This information will be maintained in the health and safety files at the International's headquarters.

LABOR/EMPLOYEE ASSISTANCE PROGRAM CONTACTS

TYPE:
- ○ Labor/Management
- ○ Union - Controlled
- ○ Fire Department
- ○ City/County
- ○ Consortium
- ○ Contract

FAX:
PHONE:

E-MAIL

DEPARTMENT/DIVISION:
IAFF LOCAL NUMBER
IAFF District

EAP NAME:

ADDRESS:
POST OFFICE BOX:
CITY, STATE, ZIP:

EAP ADMINISTRATOR:

FIRST NAME	LAST NAME	TITLE

The IAFF directory of established EAPs, CISM Programs and associated resources will be updated by the IAFF. For those affiliates who either have a program that is not listed or establish an EAP or a CISM Program, we would appreciate the completion of this form. For those affiliates that have provided information for this edition of *Developing Fire Service Labor/Employee Assistance and Critical Incident Stress Management Programs*, we ask that you please review your information for accuracy and make necessary changes, additions or deletions. Please mail, fax or email the following form and any additional information to the:

> International Association of Fire Fighters
> Department of Occupational Health and Safety
> 1750 New York Avenue, NW
> Washington, DC 20006
> 202-824-1571 (Phone)
> 202-737-8418 (Fax)
> laaron@iaff.org (E-mail)

We also would like to receive any EAP/CISM contract language, brochures or any printed materials describing EAP/CISM services available to your members. This information will be maintained in the health and safety files at the International's headquarters.

CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM CONTACTS

TYPE:
- ○ Labor/Management
- ○ Union - Controlled
- ○ Fire Department
- ○ City/County
- ○ Consortium
- ○ Contract

FAX:
PHONE:

E-MAIL

DEPARTMENT/DIVISION:
IAFF LOCAL NUMBER
IAFF District

CISM NAME:

ADDRESS:
POST OFFICE BOX:
CITY, STATE, ZIP:

CISM ADMINISTRATOR:

FIRST NAME	LAST NAME	TITLE