5-2012

Self-Care Practices and Attitudes Toward CISD and Seeking Mental Health Services Among Firefighters: A Close Look at a Mid-Sized Midwestern Urban City

Erin Wall
St. Catherine University

Self-Care Practices and Attitudes Toward CISD and Seeking Mental Health Services Among Firefighters: A Close Look at a Mid-Sized Midwestern Urban City

Submitted by: Erin Wall
May 14, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrated facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work
University of St. Thomas/St. Catherine University
St. Paul, Minnesota

Committee Members:

David Roseborough, PhD (Chair)
Annette Semanchin-Jones, MSW
Mark Olson, MSW, LGSW, LICSW

Abstract

Since September 11, 2001, a great deal of attention has been put on firefighters and their abilities to cope with the day to day stressors of their jobs. This study used a survey method to investigate the different ways firefighters in a mid-sized mid-western city take care of themselves mentally and physically. This study also explored the firefighters' openness to the Critical Incident Stress Management (CISM) process and seeking formal mental health services if needed. It also examined whether all components of CISM are utilized by this department. The results indicated that overall the group was open to seeking mental health services if needed and feel that Critical Incident Stress Debriefing, a component of CISM, is beneficial. Further research could determine why this group is so open to the utilization of mental health services when compared to their peers previously studied in the literature and also the reasons behind the lack of retention of women within this department. Additionally, due to the camaraderie amongst the firefighters, other critical incident debriefings and ongoing support may be more beneficial for this department.

Acknowledgements

Throughout this entire journey, there have been some key people who have supported and encouraged me. First, thank you to David Roseborough, my committee chair. His never-ending optimism and calmness, was exactly what I needed to make it through the intense moments in which I was worried about next steps, formatting, etc. He was a great cheerleader throughout this process.

To my committee members, Mark Olson and Annette Semanchin-Jones, who brought their own unique support to the table. Mark, your expertise in this area was astounding and the resources you provided were unmatched. Annette, your research eye was truly appreciated I admire your knowledge in this area, and it was fun to learn that I actually do like and appreciate research!

To my good friend and "informant" Joe; you inspired me to take on this project for the betterment of the fire service you so love and are committed to. I truly hope this project is helpful to the department. I thank you for your support and allowing me into your firefighter family, even though we've already been a part of each other's personal families for many years!

Last, but not least; my family: I'm not sure where to begin. Mom and Dad; you're lifelong support and encouragement of me has always been more than I could imagine. Thank you for always being there for me, and checking to see if I had my homework done yet! To my other friends and family who have also supported me through this three year journey!

To my husband Mike; I couldn't have done any of this without you. The life that we have made astounds me every day, and I know that without your support I couldn't have accomplished any of this! I only look forward to our many days ahead as we continue our life together.

Table of Contents

Appendices

Appendix A:

Appendix B:

List of Tables

Introduction

Firefighters have a close relationship with each other. This became even more prevalent after the terrorist attacks on September 11, 2001, in which 343 firefighters lost their lives in pursuit to save the thousands of people trapped in the World Trade Center towers (Regehr, Dimitroloulos, Bright, George, & Henderson, 2005). The loss of the many firefighters was felt within fire districts throughout the entire United States.

It was after the September 11 attacks that Post-Traumatic Stress Disorder (PTSD) began to receive more attention within the firefighting and emergency service personnel communities. (Del Ben, Scotti, Chen, & Fortson, 2006). According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (2000), PTSD is diagnosed when "the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to ones' physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness, or horror" (p. 463).

After the attacks on the World Trade Center on September 11, 2011, many New York City firefighters experienced PTSD. Robert Senn, a firefighter from the New York City fire department was one of those who became diagnosed post-9/11. He has since become a national speaker talking about his experience in an effort to make firefighters aware of his story, so that hopefully others do not become diagnosed with PTSD. He recalls one of his flashbacks.

Suddenly, I am no longer in my bedroom. I am standing in a housing project elevator with the guys from my firehouse and a company we respond with. Leon is standing next to me with a big smile on his face. We just finished laughing after I told him that he's 'possibly the ugliest fireman I've ever met.' The elevator door opens, and our smiles go back to the business at hand….BANG!!!!!!! Instantly I'm back, with my hands on my sock sliding up over my right foot. Leon is gone, too, along with his entire company. I am now sitting in my underwear on my bed, and I start crying-more like sobbing- to the point that I almost choke on the mucus and tears, the absolute purest form of grief coming out. (Senn, 2010, p. 59)

Studies have indicated that firefighters take care of themselves by talking to their coworkers (Haslam & Mallon, 2003). This is referred to as the "brotherhood" of firefighters, which is the tight-knit group that firefighters become due to the many hours spent together (Regehr, Dimitroloulos, Bright, George, & Henderson, 2005). Other coping mechanisms include talking with their spouses and using humor (Haslam & Mallon, 2003). It has also been found that when firefighters do not use healthy outlets for support, they rely on unhealthy coping mechanisms, such as smoking or drinking (Senn, 2010).

In a tri-county area in Western Wisconsin, Critical Incident Stress Debriefing is used to help volunteer and professional emergency service personnel (i.e., firefighters, law enforcement, dispatchers, EMT, and emergency flight personnel) to debrief after a serious incident occurs. Critical Incident Stress Debriefing is a model of crisis debriefing created by Jeff Mitchell using peer counselors to assist and provide emergency service personnel with psychological support following exposure to a critical incident (Harris, Baloglu, & Stacks, 2002). Although this model is viewed very positively by the tri-county team in Western Wisconsin, there is controversy

surrounding the model. Some researchers feel that the use of the model actually causes or worsens PTSD, as it may force participants to debrief before they are emotionally ready to absorb the feelings associated with the debriefings (Everly, Jr., & Mitchell, 2000).

Using a survey method of both quantitative and qualitative questions, this study explored what firefighters in a Midwestern, mid-size urban setting do to take care of themselves. What is it that firefighters do to take care of themselves outside of the firehouse setting? Many put forth such a macho or "superhero" image, most of which is a status given to them by the general public, particularly after September 11, 2011 (Senn, 2010). Are they willing to seek therapeutic services for any struggles they may be having, or do they try to cope in other ways in fear that seeking therapeutic supports may hinder the macho or heroic image many have of them? Additionally if referred or feel inclined, are they open to seeking formal mental health support? These questions wwere investigated further in this study.

Literature Review

There are many ways in which firefighters identify and ultimately take care of themselves. While many people have a job that they do during the day, when they go home they may not necessarily identify themselves by their profession. However, firefighters are different. According to Antonellis, Jr., (2006), "Firefighting isn't just a job to firefighters; it's who they are." Additionally, firefighters tend to have unique personality traits. They are both dedicated and adrenaline junkies. Firefighters also like to tinker with and fix things. They are non-quitters, and team players (Antonellis, Jr., 2006).

Previous studies have identified various ways that firefighters identify and relate to one another. Interestingly, the way in which they relate with each other and identify themselves, or are identified by the mass media and population, appears to have an effect on how they take care of themselves. For instance, whether volunteer or professional, firefighters rely on each other for support on and off of the job, which draws attention to the "brotherhood" of firefighters. As this is a tight-knit group of individuals, usually men, there are often coping skills that develop as a result of the image they portray to each other and the general public.

Rural/Volunteer versus Professional

According to Karter & Stein (2010), volunteer fire fighters comprise 71% of all firefighters in the United States (Mackay-Yarnal, Dowler, & Hutchinson, 2011), and protect 23% of the population in the United States, particularly those living in areas with a population less than 10,000 (Kirschmann, 2004). While all firefighters work toward the same goal, there

are clear differences between what it means to be a volunteer and a professional. While much of the terminology of being a firefighter is prevalent in both volunteer and career, (i.e. brotherhood, team, camaraderie) (Mackay-Yarnal, et. al, 2011), the time spent together, and the definition of family and team perhaps have differing meanings from one group to the next.

The following quote is an example of the closeness felt by not only the volunteer firefighters between each other, but the extended family that often forms with the family members of the firefighters. "My father died last week. It meant more to me that seven or eight firefighters were at the funeral than the rest of my family. It hurts just as much to lose firefighters as it does a family member" (Mackay-Yarnal, Dowler, & Hutchinson, 2011p. 1. In many towns, the local firehouse also becomes a community center in which local events such as bingo, weddings, etc. are held (Simpson, 1996). Due to the strong sense of community revolving around the local firehouse, critical incidents that volunteer firefighters participate can be more traumatic than for professional firefighters.

The local firehouse also offers a place for the volunteers to spend time together, even for non-fire related reasons. Oftentimes, some volunteers will come to the firehouse to escape the day to day struggles of their everyday lives. They feel that they can go there and just be themselves (Mackay-Yarnal, Dowler, & Hutchinson, 2011). In many situations, the local firehouse becomes a rite of passage for the next generation, as the love of firefighting and the bond of the local firefighters is engrained in the children of the firefighters (Simpson, 1996). Whereas professional firefighters are brought together by the purpose of their job and then may form a bond, the volunteer firefighters form a bond, and then get the job done.

Brotherhood

Firefighters are often referred to as a "brotherhood" (Regehr, et. al, 2005). The phrase refers to the emotional closeness firefighters feel towards one another due to the nature of their job; long hours together doing shift work in a setting in which they live together, rely on one another in the line of duty, and develop trust during this process (Regehr, et. al, 2005). Although this term is very masculine and gender-biased, it is actually demonstrative of the group of firefighters surveyed for this project. Although there are 90 active sworn firefighters on the department, only two of them are women (Snow, Personal Communication, 2011). According to the 2010 Bureau of Labor Statistics, the United States had 301,000 firefighters. Of this amount 3.6% were women. This number demonstrates why to some, firefighting is still a "brotherhood."

This bond was nowhere more prevalent than on 9/11 when the firefighters of the Fire Department of New York (FDNY) became the face of firefighters worldwide. There were few newspaper or news stories that did not talk about the devastation these firefighters were facing and the ongoing stories that followed their journey of healing; many without their fellow firefighters. Their wounds were felt around the world, and a spotlight was shown on firefighters worldwide as heroes.

Because the firefighters are such a tight knit group, they often do not, or are hesitant to let non-firefighters into their circle. In one study, a firefighter wouldn't even tell his mother the details of an accident, because he wanted to keep his firefighting separate from his everyday life (Mackay-Yarnal, Dowler, & Hutschinson, 2011). The firehouse often provides a refuge for the firefighters to escape from their everyday life and responsibilities. For some, it is place where "boys can be boys," tell off-color jokes, and tinker with the tools and trucks (Kirschmann, 2004). While on duty, they go everywhere together. When they are off duty, they often spend much of their time with their "firehouse family" (Kirschmann, 2004). They spend so much time together

on and off duty that they get to know each others' personalities and moods, an intimacy that compares closely to family (Kirschmann, 2004).

Spouses do find it difficult at times, because their husbands or wives have such a close bond with their fellow firefighters, they often feel shunned. According to active firefighters and their families, they indicate three "givens" as being part of a firefighter's family: 1) learn to share your loved one with the firehouse family, 2) difficulty of shift work and separations, and 3) coping with long hours at work (Kirschmann, 2004). Sharing your spouse with the firehouse family is not always a negative thing. Some wives who were spouses to an older generation of firefighters described their experience as the wife of a firefighter more positively, because they would become friends of the other firefighters' wives. It offered a support network for all, because firefighting was their common bond (Regehr, et. al., 2005). Additionally, it guarantees a safety net, as firefighters are consistently willing to help out another firefighter and his/her family. It is also an esteemed group or club to belong, because the community typically holds a high admiration and respect for firefighters, so being the spouse or child of a firefighter, automatically provides the same amount of respect. Lastly, for some spouses, they realize that the qualities they love in their spouse or partner and the desire to help and be sensitive to others, are what make him/her such a devoted firefighter (Kirschmann, 2004).

Haslam andMallon (2003) further spoke of the bond of firefighters in reference to the humor they use with one another to help debrief after an incident. In essence, for the good or the bad, firefighters are like family. They go through the toughest of incidents together, and then have to find a way to reside under the same roof, even if it is short term. This too, comes with its negatives and positives. Since they do spend time together enduring long hours of sometimes strenuous work, tension can arise. Personalities and housekeeping habits will differ. Every home

has its own culture, and bringing those cultures into close quarters for up to twenty-four hours at a time can cause tension and rifts. In this sense, brotherhood has a different connotation, since brothers don't always get along, but yet need to learn how to live, and in this case, work together (Kirschmann, 2004).

On the other hand, family membersstand up for each other when a conflict with others arises. A personnel director of a large urban emergency service department spoke of the differences between law enforcement and firefighters upon receiving the results of their required psychological testing. If police officers fail their psychological test, they will keep the outcome to themselves. Whereas firefighters will tell each other about their failure and will band together to conclude that the psychologist providing the test is at fault (Kirschmann, 2004).

Coping Mechanisms

In addition to putting out fires, firefighters are most often the first to arrive at the scene of a traumatic event. They are exposed to accidents, homicides, suicides, and other acts of violence, such as rapes, bombings, and school shootings (Rainone, 2000). It is therefore extremely important that in order to properly function in their personal and professional life, that they have various coping mechanisms to take care of themselves, particularly during stressful times. Due to the nature of their job, they often deal with extremely traumatic and difficult situations. The most stressful incidents include those involving children, incidents involving severe injury, in which victims were in severe pain and/or there were high amounts of blood loss (Haslam & Mallon, 2003), or the death or injury of a fellow firefighter (Kirschmann, 2004). Kirschman (2004) also suggested? the following additional factors that may lead to high psychological stress:

1. Catastrophic loss of life

2. Presence of emotionally evocative contrasting details (i.e. a "Just Married" sign on the back of a car in which the newlywed occupants have been killed)

3. Preventable tragedies involving human error

4. Events involving unknown substances or causes

5. Conditions of prolonged uncertainty where the worst is yet to come, i.e. aftershocks of an earthquake

6. Prolonged contact with the dead or injured

7. Loss of life following intense rescue efforts

8. Unusual of distressing sights and sounds, i.e. the falling bodies at Ground Zero

9. Lack of opportunity for effective action, i.e., search for survivors at Ground Zero

10. Stressful living or working conditions

Two external factors that add stress to the job of a firefighter may include the media, as they may be insensitive to the tragedy of the situation. For example, following a tragic house fire in which eight people died, most of whom were children due to their inability to escape out their windows with metal bars on them to protect them from thieves, a reporter asked a firefighter to take out then reload the bodies into the ambulance, because the reporter wanted a good photograph for the story (Kirschmann, 2004). The other external stress factor is knowing the victim, which is more prevalent among volunteer firefighters due to the small communities they reside (Kirschmann, 2004). Additionally, firefighters also struggle with the day-to-day demands of shift work, bureaucracy, and time pressures (Haslam & Mallon, 2003). Afterwards, firefighters may worry that a similar incident can/will happen to their family, suffer from

insomnia, or experience flashbacks or thoughts that they strive to avoid, (Haslam & Mallon, 2003) and increased sensitivity and irritability (Del Ben, Scotti, Chen, & Fortson, 2006).

Some firefighters are at a higher risk than others for developing unhealthy coping mechanisms or stress-related diagnoses after enduring the day to day demands of the role of a firefighter. The most common risk factors are: 1) psychiatric history, 2) family history of mental disorders, and 3) childhood abuse (Heinrichs, Wangern, Schoch, Soravia, Hellhammer, & Ehlert, 2005). Additionally, individuals who are poor problem solvers, those who have a more introverted personality who may not rely on or have a strong support network, or those who strive for perfection, whose sense of self-worth is based on their performance in their job (Kirschmann, 2004). High amounts of stress can also take a toll on the physical well-being of a fire-fighter. Constant stress on oneself can raise blood pressure and increase the susceptibility to heart disease, diabetes, and cancer (Rainone, 2000). Approximately forty-five percent of firefighter deaths occurring on the job are related to heart failure (Kales, Soteriades, Christophi, & Christiani, 2007).

Additionally, the stress on a firefighter can take a toll on other aspects of their lives, including relationship and psychological factors. According to the Substance Abuse and Mental Health Services Administration (1995), chronic stress may lead to depression, withdrawal, apathy, and relationship difficulties. Divorce, substance abuse, and heart attack rates rank among the highest in the professions across the United States (Rainone, 2000).

Some examples of unhealthy coping mechanisms include smoking or high caffeine intake to avoid sleep (Senn, 2010). Additionally many firefighters turn to alcohol to help them cope with their stress and struggles. The results of previous studies demonstrate alcohol use to vary

from twenty-nine percent (Boxer & Wild, 1993) to approximately fifty-four percent (Chen, Sun, and Chao, 2007).

Since their fellow firefighters can identify with these stressors, they rely on each other for support. Studies have shown mixed results with this however. Some research indicated that firefighters do not turn to their coworkers, because they do not want to feel vulnerable and indicate that they are struggling due to the macho image of firefighters (Haslam & Mallon, 2003). Oftentimes, humor is used as a coping strategy. They may use an off-color joke in reference to an incident to bring about discussion, and release some emotions about the tragedy. Yet others indicated that they prefer to talk to their spouses for support (Haslam & Mallon, 2003). However, others have indicated that they do not want to rely on their spouses, because they do not want to bother them with their needs, and feel that their spouse may not be able to identify with their struggles (Haslam & Mallon, 2003). Not talking to anybody about their emotional struggles may result in the development of unhealthy coping mechanisms.

Critical Incident Stress Management for Fire Fighters

An additional coping mechanism for fire fighters is provided through an organizational context. Critical Incident Stress Management (CISM), as previously mentioned is a model of practice used with emergency service personnel. It is a model of practice developed by Jeff Mitchell in 1983. There are nine components to the model, but the most common component is Critical Incident Stress Debriefing. This component is used following the occurrence of a critical incident. A critical incident is exposure to severe loss or injury, traumatic events, multiple severe occurrences in a short space of time, or involvement with severely injured or deceased children (Harris, Baloglu, & Stacks, 2002). CISD occurs in a peer group setting, with a mental health

professional and peer supporter present to facilitate and lead the group discussion (Harris, et al., 2002). The premise behind the development and implementation of CISD is to help the personnel involved in a critical incident to debrief. Thus, talking about the incident by discussing everyone's role and the emotions during and after the incident occurred. Its purpose is to help prevent the development of PTSD or any other stress related disorders from manifesting (Jeannette & Scoboria, 2008).

CISD is a component of Critical Incident Stress Management, which has eight core components: 1) pre-incident preparation, 2) demobilization, 3) defusing, 4) Critical Incident Stress Debriefing, 5) individual crisis intervention, 6) pastoral crisis intervention, 7) family crisis intervention and organizational consultation, and 8) follow-up and referral (Everly & Mitchell, 2000). CISD has seven phases, takes approximately one-and-a-half to three hours to complete, and occurs approximately two to fourteen days after a critical incident. However in the occurrence of a mass disaster, the debriefing occurs approximately three weeks following the event (Everly & Mitchell, 2000).

CISD is the model of debriefing used by the Fire Department sampled for this study. It is also used by surrounding volunteer departments, and although professional firefighters within this particular Fire Department feel that this is an effective practice (Snow, Personal Communication,, September 23, 2011), there is a great deal of controversy pertaining to CISD and its effectiveness as a model in the broader literature. According to Deahl (2000), "there is little other than anecdotal evidence to demonstrate the effectiveness of debriefing and the vast majority of published data suffers from various methodological difficulties" (p. 933).

Jeannette and Scorboria (2008) researched firefighters' preferences in relation to critical incident interventions. Their study concluded that firefighters' preference varied depending on the nature of the incident. Many firefighters that as a general rule, an informal discussion with their team, was sufficient and even preferred, unless the incident was very severe, then they preferred either one to one discussion with a mental health professional or utilizing CISD.

However, Harris, et al., (2002) reported that significant stress symptoms still existed following a formal debriefing, indicating that the debriefing was not entirely helpful. This study further brought forth the notion that perhaps in some situations CISD involvement is mandatory for some, which could contribute to further personal stressors. Harris, et al.'s study also indicated that further study should be completed. Deahl (2000) also indicated three risk factors of CISD: 1) the volunteers leading the CISD becoming victims of secondary trauma, 2) resentment of participants for being mandated to participate, and 3) possibility of a delayed diagnosis due to unclear guidelines of when the support needs move from informal to formal.

CISD is a nationally recognized model of group debriefing after a critical incident, and is widely used by fire departments within the United States, indicating recognition by the departmental organization of the importance of the mental health of the fire fighters and other emergency service personnel. Whether firefighters are professional or volunteer, it is one formal coping tool that is utilized by the fire department while being cognizant of the "brotherhood."

Psychological First Aid

More recently another model entitled "Psychological First Aid" has begun to be used in place of CISM, due to the many controversies surrounding CISM and its lack of effectiveness. The three objectives of Psychological First Aid (PSA) are; 1) recreate a sense of safety, 2)

establish meaningful social connections, and 3) reestablish a sense of efficacy (McEvoy, 2005).

PSA, like CISD, is mostly intended to occur after a traumatic incident has occurred. However,

recreating a sense of safety actually begins while a traumatic incident is occurring, as it is

intended to meet the basic needs of the individuals involved. PSA is also designed to use the

inner strengths and skills of the members of the fire department, or whichever population of

professionals is utilizing it. Psychological First Aid is currently endorsed by The National

Institutes of Mental Health and the World Health Organization (McEvoy, 2005).

Firefighters are unique individuals with many unique characteristics and needs. There are

many opinions and theories as to how to best serve the mental health needs of firefighters and

their families. However, is it truly possible to find some common themes about what does or

does not help this group across settings? This study sought to ask this question as a potential

source of comparison with existing literature.

Conceptual Framework

Critical Incident Stress Management is one model of debriefing used following a critical incident (Jeannette & Scoboria, 2008). It is currently the model of debriefing utilized by the fire department participating in this study, and is viewed positively by many of the personnel within this fire department (Snow, Personal Communication,, 2011). It is an important model of practice within the emergency service profession, as it takes a step back from the job at hand, and recognizes that the job is a stressful and often traumatic one. While the impact that emergency services has on one's mental health has come a long way from twenty years ago (Snow, Personal Communication,, 2011), it often goes unrecognized in the general public.

The public has a perception of firefighters as "heroes," whose job it is to go into a burning blaze or a horrific accident, save who and what they can, brush it off, and go about their day. This underscores the reality behind these incidents. What were the sights, sounds, and smells in the scene? What was the condition of the victims when recovered? Was 90% of their body burned? The general public does what they can to shield themselves from those details, puts firefighters up on a "heroic" pedestal and admires them as they drive in parades in their handsome uniforms and wave to the crowd.

Firefighting is so much more than that. It's a 24 hours a day, seven a week job. Even when firefighters aren't on duty they often still are, mentally. They're thinking about the fire the night before in which they pulled two children out of their blazing home, but yet couldn't get the third. They're hearing the screams of the mother, because as she was watching her home burn with two of her children in her arms, she was grieving the loss of her third that couldn't be reached. It is these instances that make some form of debriefing so critical.

Critical Incident Stress Debriefing is a component of CISM intended to allow professionals involved in a traumatic incident to debrief about the incident, offering great group support; something firefighters are comfortable with (Jeannette & Scoboria, 2008). It sends a message to firefighters that it is important to take care of yourself, by using your support network to lean on, finding effective coping skills that will assist them in surviving this often horrific role. By providing a model of support following a critical incident, it encourages the firefighters to find healthy coping skills. This study will use Critical Incident Stress Debriefing as a point of comparison to further investigate what firefighters do to take care of themselves. The fire department in this study utilizes Critical Incident Stress Debriefing to support their firefighters on an organizational level. However, this study explored what healthy coping skills, in addition to CISD, firefighters utilize on an individual basis that supports the idea of CISD, and emphasizes the importance of healthy coping skills of firefighters.

Methodology

Research Design

The purpose of this study was to investigate the different ways firefighters in a mid-sized mid-western city take care of themselves mentally and physically. This study also explored the firefighters' openness to the CISM process and seeking formal mental health services if needed. It also examined whether all components of CISM are utilized by this department. Based on feedback from a firefighter on this department and themes in the research that identifies the struggles firefighters often have speaking to non-firefighters about their mental health, this study used a survey with both quantitative and qualitative questions. This survey allowed for relative anonymity for the participants as they completed the survey, then mailed it, using a self addressed stamped envelope provided with the letter of explanation and survey tool. However, the majority chose to complete the survey immediately following this researcher's presentation of the study. When this occurred, this researcher stepped out of the room, and upon completion, the participants placed the questionnaire in the envelope provided.

Sampling

The sample included 79 paid firefighters, including staff representing the entire spectrum of authority within the fire department. This sample was a convenience sample as there are 85 total fire fighters in the fire department surveyed. The survey was provided to almost all of the members of the fire department, including the chief, captains, lieutenants, etc. Due to the schedule of on-site visits to the training station, this researcher was not able to provide all of the firefighters with the survey as some did not attend due to vacation, sick leave, etc. The survey was provided to the firefighters at the training station within the department. The firefighters

from each station on each shift would arrive at a designated time to hear a short presentation by this researcher and her informant. Following the presentation, the firefighters could choose to take the questionnaire with them and mail back at a later time or complete it immediately. Most chose to fill it out immediately.

There were eighteen questions in the survey. They centered on the themes of mental health, coping, and family relations. These survey questions can be found in the appendix. The surveys were distributed following approval by the IRB of the University of St. Thomas. The data collection occurred in January and February 2012.

Protection of Human Participants

In order to protect the human participants, a proposal was submitted to the University of St. Thomas' Institutional Review Board to seek approval for the study. The proposal additionally went through a peer review via this researcher's MSW research committee. Lastly, the study was also approved by the fire chief and the fire fighter union of the surveyed fire department. The letter of explanation that was provided with the survey outlined consent and indicated that their completion of the survey indicated their consent. No names were provided in this study and therefore no names were used. This will ensure the sample's anonymity. The participants' involvement was completely voluntary, and the information was held in a locked safe in this researcher's house until the completion of this project in May, 2012. Additionally, the data was stored on this researcher's computer in which only she has access. After May 2012, all collected surveys will be shredded and any confidential data on this researcher's computer will be deleted.

Data Collection

This researcher sought permission from the formal fire department and fire fighter union to complete this study. This permission was obtained with the assistance of a firefighter on this department. This researcher explained the purpose and goal of the study to the firefighter who then submitted a formal email to the chief of the department and the union representatives inquiring as to the possibility of such a study. This email explained that this researcher is an MSW student seeking to complete a research study with the department specifically looking at the mental health of the firefighters. Through communication with the firefighter, he indicated openness to this researcher verbally that permission was granted from both the union and the fire chief to conduct the study.

The letter of explanation indicated that the firefighter's participation in the survey was indicative of their consent. To retain anonymity, they were not requested to complete a consent form, as this would include their signature, and thus eliminating the anonymity. Additionally, the letter explained that the survey was completely voluntary and was separate from the fire department or union. Their involvement in the survey had no impact on their job whatsoever. To make it as convenient as possible, they received a self-addressed stamped envelope that delivered their survey to this researcher.

The surveys were collected via mail or following their completion after this researcher's presentation. The survey participants received the letter of explanation, survey, and a self-addressed stamped envelope so they could anonymously return the surveys to this researcher.

Measurement

The survey was a structured questionnaire created by this researcher. The questions followed the themes found within the research in addition to themes discussed with a key informant from the fire department. The survey (Appendix A) contained eighteen questions, asking the firefighters about themes of coping skills, CISM, openness to mental health services, and family and friend relations (). Survey questions resulted in both qualitative and quantitative (i.e. demographic) data.

Data Analysis

Since the data collected from this study was both qualitative and quantitative, two different data analyses were conducted. The quantitative data was collected and analyzed for descriptive statistics. The qualitative data underwent a content analysis by searching for themes in the responses. Once themes were identified, they were organized using an excel spreadsheet designed by this researcher and coded according to common language among the responses, and placing particular quotes from the surveys into the corresponding identified theme.

Results

Sample

A total of 79 firefighters attended and were provided surveys during these sessions. 78 of the attendees were male and one was female. There are currently a total of three females in the department. However one has provided notice and will soon will no longer be with the department, leaving a total of two females in a department of 94 firefighters. While there are 94 firefighters in the sampled department, due to vacations and scheduled time off not all of the firefighters attended the listening sessions or were provided surveys. A total of 68, or 86% of the surveys were returned.

The firefighters were asked to provide their ages in brackets of five years, ranging from 21-25 years to 50+ years of age. The largest group of firefighters on this department was above the age of 50+ and the smallest group of firefighters was from the youngest group of 21-25. *Table 1* below shows the number in each age bracket.

Table 1: Age Range of Firefighters

Number	Age Range
4	21-25
10	26-30
6	31-35
8	36-40
11	41-45
10	46-50

13	50+

There was also a variation in the total years of service as a firefighter. The table below shows that the largest number of firefighters had 11-15 years of experience, and the smallest represented group was those who reported having 6-10 years of experience.

Table 2: Years of Experience as a Firefighter

Number	Years of Service
12	0-5
4	6-10
16	11-15
9	16-20
6	21-25
14	26+

The majority of the sample was married. Although not specifically asked, some provided further information indicating that they had additionally been previously divorced or commented on the high divorce rate among firefighters. One married respondent commented,

I know through experience that marriages don't last when one or other spouse is in the military, police, or fire/EMS. Part of the reason is the part that they don't understand our stressors and how to deal with them. The fact that we don't open up to our spouses about our stressors. We bring the job home and then take it out on the family. Then we are gone for long periods of time; 24 hours or more, so we're not around to help at home.

Although past relationship patterns were not specifically asked, some participants offered further information, in which they may have responded that they were "married," but had been divorced twice. Table 3 illustrates the current relationship status of the participants.

Table 3: Relationship Status

Number	Marital Status
47	Married
3	Single
8	Divorced
7	Long-term Committed Relationship

Findings

The survey asked the sampled firefighters how they take care of their mental health, their daily stress level, their openness to sharing their work experience with their friends and family, and their thoughts on the process of Critical Incident Stress Management. When asked to list all of the applicable coping skills in which they rely on, most of the participants indicated that exercising and talking to fellow firefighters is most helpful. Talking to their spouse and friends were also highly utilized coping strategies.

Table 4: Coping Skills

Number	Coping Skills

45	Exercise
45	Talking to Spouse
41	Talking to Friends
45	Talking to Fellow Firefighters
13	Alcohol Use
1	Smoking
15	Isolation
18	Other

The participants were asked to rank their overall daily stress level with 0 representing "no stress" and 10 representing "very stressed." Wide arrays of responses were given, but the average response was five, indicating that on a daily basis, theses surveyed firefighters feel a moderate amount of stress. Below the table provides the mean, median, and mode pertaining to their level of daily stress.

Table 5: Descriptive Statistics

Number	**Descriptive Statistic**
5	Mean
5.5	Median
6	Mode

Of the respondents, 43 indicated that they had participated in the CISM process, while 25 had not. When asked if they found it helpful, or 84%, responded that it was helpful. Of hose

who had participated in the CISM process, the most common response was the "Small Group Intervention" as reported by 34 participants. "Large Group Intervention" Was the second most common response. Below is the full breakdown of participant involvement in components of CISM.

Table 6: Participants in Components of CISM

Number	Component of CISM
14	Pre-incident planning, education, etc.
4	Crisis assessment
4	Individual crisis intervention
11	Large group interventions
32	Small group interventions
8	Pastoral crisis intervention
4	Family support services
4	Follow-up services &/or meetings
3	Referral services
8	Post-incident education

Of the 41 participants who indicated that they found CISM helpful, additional open-ended questions about what was helpful was asked by the researcher. Three common themes/responses emerged from these responses. The three themes were; validation, [talking with others involved in the same incident to learn their perspectives], filling in the gaps to gain a better idea of the larger picture, and the ability to talk candidly in a safe environment. One

participant felt it was helpful because it provides the opportunity of, "sharing incident with others to understand what happened and can we prevent in future". Yet another participant enjoyed the "ability to open discuss my feelings without fear of criticism or ridicule." One participant had many positive comments as to how it benefited him;

> *Having an outlet to share and vent experience/reaction was beneficial. Also very helpful hearing how others are handling the same incident stress and knowing you aren't alone in how you are feeling. Another positive is hearing everyone's' perspectives on the incident and getting the information about all the aspects of the incident, and what roles people played. During an incident when it feels like you have personally failed, it is helpful hearing that other people gave their efforts to the max also and that some incidents are beyond control.*

Table 7 indicates the number of responses in each listed theme of how CISM was helpful to the participants.

Table 7: Helpfulness of CISM

Number	Theme
11	Validation
22	Talking with others on incident
5	Safe environment

It should be noted that of the respondents who indicated that CISM was not helpful, no major or common themes were noted from the respondents. Each participant had varying reasons why it was not helpful. One participant stated; *I think it was helpful for some, but not necessary for all. They somewhat forced everyone to say something. I don't think that everyone should be expected to share feelings.* Yet another indicated; *Firefighters then to have big egos with a tough guy mentality. Rarely do they acknowledge they need help or refused help.* Lastly, another

participant shared these concerns; *It was not voluntary, we weren't told we were going to a CISD, and it was done by a coworker.*

The participants were further questioned about their openness to utilization of mental health services. Sixty participants stated that they are open to using EAP, while 4 were not. Of the respondents who indicated that they were open to using EAP, 20stated that they had used EAP, while 39 had not. One participant did not respond to the question. Additionally, when asked about their openness to seeking formal mental health services, 55 stated that they were open to utilizing formal mental health services if needed or recommended and 7 were not. Three participants did not respond to the question.

In addition to researching their openness to the utilization of formal or professional supports, the participants were also asked about their utilization of informal supports (i.e. their friends and family). Forty-two participants reported that they do talk to their family and friends about their work stressors, while 15 do not. Of the respondents who do talk to their friends and family, some specifically commented that they talk to their family, but not their non-firefighter friends. Additionally, thirty-six reported keeping their work life separate from home life, while 21 do not. Approximately one-third or 33% felt that their friends and family understand their job, but 47% did not. Lastly, when asked if they felt their family would benefit from EAP services, 39 indicated their families would benefit while 19did not feel it would be beneficial.

As a means of self-care, the respondents provided examples of how they help each other with the most stressful parts of their job. The following themes emerged; supporting each other (through talking with each other, validation, listening, and watching out for one another), joking around, and camaraderie. One participant described all of the themes within one response;

> *We talk to each other about stresses of the job and also work together to share duties. We also joke around and laugh to ease stress.*

Other participants discussed the closeness of their relationships;

> *We look out for each other. We know when something is bothering them because we are close and together so much.*

> *We can relate to each other and have a family bond with each other. We talk, we know when others are struggling and do something about it.*

However, one participant commented on the closeness of their relationships with one another, but their support for one another was in non-verbal exchanges.

> *We don't talk about it, we socialize with other firefighters in activities such as softball, house projects, hunting, fishing.*

In conjunction with the above quotes, Table 8 (below) shows that supporting one another was the most common theme as 52, or 66%, of the firefighters stated this.

Table 8: How Firefighters Support Each Other

Number	Form of Support
52	Supporting (i.e. talking validation, listening)
16	Joking
6	Camaraderie/Family-like bond/Teamwork

In addition to learning how firefighters take care of themselves mentally and physically, they were also asked to identify their greatest sources of stress. This question was open-ended, and although varied responses were given, three were identified as the most common responses.

Incidents involving children were listed as the most common work-related stressor, with 27% respondents naming this stressor. Emergency calls that are highly stressful (i.e. fatalities, traumas, requiring proficiency & accuracy, and the unknowns of a call), was the second most identified theme which received 24% of the responses. The third most common response (16%) among participants was personnel/personality conflicts. Table 9 provides all of the identified themes and the amount of responses for each theme.

Table 9: Highest Source of On-the-Job Stress

Number	Stressor
21	Incidents involving children
19	High stress/Traumatic calls
13	Personnel/Personality Conflicts
9	Sleep deprivation
3	Politics/Budget Concerns
4	Management
3	Dealing with victim's family

Lastly, the firefighters were asked to identify the most rewarding part of their job. Two themes emerged from this question; helping others and making a difference The most common response, with over half of the responses was helping others. The second most common theme was making a difference with 23% of responses. An example of one participant's response is as follows;

> *Having patients appreciate and thank you for taking care of them or family member…delivery of babies, meeting coworkers-having a second family, meeting patients with interesting lives—like vets.*

Another participant stated;

> *Seeing a skill or a caring hand make a difference in someone's life.*

In summary, the findings suggest that most of the firefighters within this sample are aware of their stressors, know how they cope, and are open to seeking formal mental health services if they or others around them feel it is warranted. Additionally, they hold many common bonds as to why they do this type of work, what supports are helpful, and what are the most stressful incidents they find. Ultimately the greatest reported source of support is their family, whether it is their immediate family or their firefighter family.

Discussion

The findings of this study identify both correlations and some differences between the study and the literature. While there are many controversies within the literature regarding the effectiveness of CISM, the majority of these firefighters found it to be helpful. Additionally, reliance on fellow firefighters and the formation of a "firehouse family" (Kirschmann, 2004) inside and outside the fire station was commonly mentioned. As is similar to the reliance on fellow firefighters, work-related stressors found in this study were similar to the literature. These stressors include incidents involving children, traumatic/high stress calls, and personnel issues. The last similarity of the study to the literature was the rewarding aspects of firefighting. As was mentioned in the literature, helping people was the most common response of job satisfaction indicated by the participants of the study.

While McEvoy (2005) indicates that CISD is only appropriate for 40 percent of rescuers, and even those results indicate that CISD is not extremely helpful it is deemed helpful by the participants in this study. However, although there are ten components of CISM, debriefing (CISD) is the most common, and most of the participants had only participated in the CISD component of the model. The majority had not participated in the nine other components which include; pre-incident planning/education/training, crisis assessment, individual crisis intervention, large group interventions, pastoral crisis intervention, family support services, follow-up services and/or meetings, referral services, and post-incident education. The majority of the respondents indicated that the ability to talk about the incident in a safe environment without worry about judgment was most helpful to them. They also enjoyed hearing the perceptions of the others that were also on sight as this often helped put missing pieces of the incident/scene together for them.

While CISD allows for this to occur, other models are using this component of debriefing and moving away from CISM. Psychological First Aid is one model (McEvoy, 2005), and Colorado Springs Fire Department has developed their own program in which each firefighter is assigned a mentor; someone in which they can turn to and rely on for any types of questions that arise or support that is needed (Goodland, Personal Communication,, 2012). Many of the firefighters in this study indicated that they return to the station following an incident and do their own informal debriefing to talk about the events of the incident. This helps to fill in the missing pieces or perhaps just provides support to one another.

Support of each other was commonly mentioned throughout the literature and within this study. Relying on one another to work through difficult incidents and struggles comes in many forms within the fire station. Humor is often used as a coping skill. Haslam and Mallon (2003) spoke about the off-color humor that firefighters use to get through the daily stressors within the station. Additionally, many of the participants of this study stated that humor is commonly used following a stressful incident. They use it as a form of coping and support of one another to try and lighten the deep-hearted issue they just faced.

The "brotherhood" of firefighters is also mentioned in the literature, due to the close, fraternal-like bond that develops within a fire department. While this term is male-oriented and there are female firefighters on many stations throughout the country and world, in this particular department, there were only two females on the department at the time this study occurred. Of those two, one is currently pursuing a degree in a medical-related field and upon graduation will be leaving the department. The other female has been employed by the department over eleven years. A long-term firefighter on the department in this study indicated an inability to retain female firefighters for a long period of time within the department, but he could not identify the

reasons for this (Snow, Personal Communication,, 2011). The "brotherhood" can be seen and applied within the department in this study. Many indicated friendships as a "second family" that formed as a result of being a firefighter. They spend time together both at and away from the station. The literature also states that because they spend so much time together, they are often hesitant to let non-firefighters into their circle (Mackay-Yarnal, Dowler, & Hutschinson, 2011). This was seen within this department studied both in their results, but also within the formation of the way the participants were recruited for this study. Upon approval from the chief and city attorneys to move forward with the study, the chief informed this researcher that her informant would need to accompany her to every session otherwise the firefighters would not trust the researcher or what she planned to do with the results.

Although administration played an important and key role in the completion of this study, administration was not found to be a source of support within this study. In fact, some respondents had stated in their surveys that administration was a form of stress within the workplace. Although it appears that this administration is open to a survey related to stress, coping, and openness to mental health services, perhaps they are not as open or readily available to support the on-the-ground firefighters within the department. Some firefighters within the department strongly indicate their feelings towards the lack of support they receive from administration. Although a majority of the participants did not indicate this as a source of stress, it is noteworthy that administration was not listed as a source of support either.

While some literature indicates that most firefighters are not open to talking to other non-firefighters about their stressors, this was not seen within this study. For instance, 87% of the participants expressed openness to using EAP and 79% are open to seeking formal mental health services if deemed necessary. While only 37% of those have used EAP, the numbers of those

open to it are staggeringly different from the research. (Regehr, et al, 2005), indicated that going "outside the culture is viewed generally with suspicion and disapproval" (p.434). However, it appears to be more widely accepted within this department. Even 60% of the participants felt that their families would benefit from EAP services.

While it is clear within the literature that firefighters have a close bond with and rely heavily on each other, there are mixed results in the literature of how much firefighters rely on their spouses when they are stressed due to work-related incidents. This also rang true within this study. While there was an equal number (45) of participants who utilize talking to their spouse and talking to fellow firefighters as coping mechanisms, 38 participants indicated that they prefer to keep work life separate from home life. This result could be looked at from two perspectives. One perspective is that these results are contradictory. How can participants use talking to their spouse as a coping mechanism if they prefer to keep work and home life separate? However, the question as it relates to coping skills was asked in a general form of life stressors; not simply related to work. Haslam andMallon (2003) indicated similar mixed results in their findings in which some prefer to talk to their spouses and others prefer to talk to fellow firefighters.

Reliance on one another and coping skills are important for the mental health of firefighters as they are faced with stressful and dangerous situations at any given time throughout their day. The incidents identified as being the most stressful within this study were; incidents involving children, traumatic incidents, personnel issues, and sleep deprivation. The literature also identifies these as the most common stressors (Haslam & Mallon, 2003). Kirschmann also identified the death or injury of a firefighter as one of the most stressful incidents, however these was not noted by any of the participants in this study, which most likely indicates that they have been fortunate enough to not endure this type of tragedy within their department. One firefighter

spoke candidly with this researcher during one of her recruitment visits to the station about his brush with death. He was serving as a member of the Dive Team and while in the water for a training exercise, he nearly drowned. He has since been diagnosed with PTSD as a result of this incident, and is no longer a member of the Dive Team. He is thankful to the other crew members, because he stated that their training and quick action is what saved his life (Goodland, Personal Communication,, 2012).

While one firefighter was thankful to his team for saving his life, firefighters are also regularly thanked by their patients or patient's family. When asked to identify the most rewarding part of their job as a firefighter, helping others and making a difference were the most frequent responses by the participants in this study. Mitchell (1983) identified the "rescue personality" as a personality with a set of characteristics in which a person has a "high need for stimulation, are risk takers, are highly dedicated, and have a need to help others" (Mitchell and Bray, 1990, p.19). Antonellis, Jr. (2006) also identified common factors in the personalities of firefighters. He too noted the strong desire to help others. Therefore this demonstrates another correlation between the literature and the current study, because the most common professional reward among the participants within this study is helping people and making a difference.

Strengths and Weaknesses

Upon reviewing the literature and speaking directly with the chief of the participating fire department within this study, it became evident that the use of an informant was imperative. Throughout the length of the study this researcher, who is not a firefighter, was assisted by an informant within the department. He attended the meeting with the chief and introduced the researcher at every recruitment meeting that occurred. As a result, the participants completed the

surveys at a return rate of 86%. Based on the literature and speaking to the informant and other firefighters on the department, this would not have occurred if the surveys would have been mailed. The recruitment sessions, in which all on-duty firefighters came to the designated training station within the city at specific times throughout three different days, were the most successful strategy. This allowed for the informant to introduce this researcher and the researcher then explained to the group of firefighters the purpose of the study, how they could benefit from participating, and where the analyzed results and data would be shared. By earning the firefighters' trust and/or confidence, this researcher was able to receive such a high return rate.

Much of the researcher discusses the high rate of divorces among firefighters. While the firefighters' current relationship status was asked, the researcher failed to ask about past relationships. This study indicated that the majority of the firefighters were currently married; however some further indicated by writing in an additional response that they had been previously divorced or added a comment that there is a high rate of divorces among firefighters. In order to capture any correlations with the literature, this question should have specifically asked about current and previous relationship status, particularly whether a divorce had occurred. This would have been helpful during the data collection to relate it back to the literature and to see if the high divorce rate was related to the firefighters' mental health status and openness to services.

Implications for Further Research

It became evident during this study that while the studied fire department states that they use CISM, they do not use all of the components of this model, but only utilize the CISD (debriefing) component. Although some participants indicated that they had participated in more

than just debriefing (some had even checked all of the boxes), as a whole, the true "Mitchell Model" is not being practiced. While the participants feel that the support they are getting from the debriefings is helpful, research suggests otherwise. Although studies have indicated that CISM/CISD is more helpful than having no formal debriefing process in place, particularly for extremely traumatic incidents (Jeannette & Scoboria, 2008).

Although most of the participants found CISD to be helpful, they also have never been exposed to any other types of debriefing models. While other models like Psychological First Aid (McEvoy, 2005) are growing in popularity, further research may be needed to determine which debriefing model is most effective given the factors of each individualized fire department. Every department has its own culture. Although there are some similarities, as seen in the research, there are also dissimilarities such as the openness to seeking mental health services within the department in this study. Therefore, further research could be done within this department to learn why they appear more open to services and what would those services most ideally look like.

While the firefighters in this department appear more open to seeking formal support and mental health services, further research could be done to see if this is in part due to the culture within the department, starting with administrations. As indicated in the results, support from administration was not mentioned from any of the participants. This perhaps, could be an implication for a future research study. For example, if administration is not readily available to be or is simply not a form of support for the firefighters within the department, could they lend support to the creation of a culture in which it is formally encouraged that the firefighters rely on each other. In essence, they would build upon the close bond and "brotherhood" that has already been formed. For instance, there are fire departments throughout the United States who do not

use CISM, but instead use other forms of formal supports. For instance, Colorado Springs Fire Department does not have a formalized debriefing team, but instead use a peer mentoring role (Goodland, Personal Communication, 2012). In this department, each firefighter has another firefighter in which they're assigned to for support. When they need someone to talk to, they utilize their assigned firefighter as a mentor/supporter to work through stressful moments. According to the Colorado Springs Fire Department, this has been the most effective for debriefing and support following critical incidents (Goodland, Personal Communication,, 2012). Perhaps in a department in which the 'brotherhood'' is truly utilized and sought out, perhaps as a result of the lack of support or recognition from administration for the importance of mental health support and services, a model such as Colorado Springs' could be more effective.

Implications for Social Work

It is evident within this group of firefighters, that social workers could make a clear difference and impact in their lives. Since the majority of these firefighters are open to mental health services for both them and their family members, clinical social workers may be employed through the department's EAP or through a referral service for more formalized mental health services. While the social workers may have the clinical skills to assist each individual with his/her own mental health needs, gaining the trust of the firefighter is first and foremost. It may be beneficial for the social workers providing the mental health services, either through EAP or a formalized referral, to spend time at the stations. Spending time at the station, going on ride-alongs, and getting to know the culture of the department, crews, and stations, can allow the clinical social worker to further understand the intricacies of the fire department and its firefighters. When a clinical social worker combines his/her clinical skills, the trust of the

firefighters, and an understanding of the fire station family, they can be that much more effective in their mental health practice.

Social workers could also play a role in the training of new firefighters. In contrast to years past, current firefighter training includes components of the importance of self care, particularly mental health. According to one firefighter, training schools are more aware of the effects on mental health that firefighting has on the firefighters. This realization has caused a change in the curriculum, as they now receive training focused on self care as a firefighter (Snow, Personal Communication, 2011). A social worker could provide information on the various ways to take care of themselves, perhaps through mindfulness or other techniques. Clinical social workers learn the importance of self care so that they can be present for their clients. Firefighters need the same tools.

Social workers could also play an important role for the firefighter's family. This could be in the form of family therapy as the family struggles with the uniqueness of being the family of a firefighter. Additionally, perhaps social workers could provide marital therapy to a firefighter and his/her partner if they endure struggles. Lastly, a social worker could assist the family in gaining understanding of the odd demands placed on firefighters and perhaps the education of the stressors of a firefighter could provide much needed understanding in the family functioning.

A social worker, as an outsider could also observe the culture of the department, and could potentially assist in developing an organizational structure that is beneficial for all, women and minorities included. Due to the low numbers of women and minorities represented within this department a social worker could research and perhaps identify why this factor exists. Why

are most of the women within this department seeking other professions, when many of the men have remained a firefighter through much of their professional career? This is something that would have to be researched carefully, but yet learning if any underlying issues exist could also be beneficial to the entire department in the long run.

While most of the discovered factors complimented the information noted in the literature, there were also some staggering differences, particularly related to the participants' openness to mental health services. While this seems quite progressive for the department, there seem to be other areas in which they are not as progressive, such as in the ratio of women to men on the department. These factors certainly call attention to the possibilities of further studies and the role that social workers could play in the support and development within this fire department.

Conclusion

As added outside stressors such as budgetary deficits and political ideology continue to strain the resources of fire departments, it is important to note that self care in this profession is eminent for the continued strength of the individuals and department as a whole. To learn that so many within the studied fire department are already open to seeking formalized mental health services, is a demonstration of an institutional culture that although often viewed by the public as indestructible, is recognized within for its vulnerabilities to humanity. Although this "brotherhood" of firefighters appears open to the new recognition of proper self care, there are certainly other aspects of firefighting that demonstrate areas of growth. Perhaps this brotherhood of firefighters, one day will be considered a diverse family of firefighters.

References

Antonellis,Jr., P.J. (2006). Burning personalities. Retrieved on December 7, 2011, from

http://firechief.com/management/firefighting_burning_personalities/index.html[8/21/200

8 12:21:53 PM].

Berg, B.L. (2009). *Qualitative research methods for the social sciences* (Seventh Ed.). Boston,

MA: Allyn & Bacon.

Boxer, P.A. & Wild, D. (1993). Psychological distress and alcohol use among fire fighters.

Scandinavian Journal of Environmental Health, 19, 121-125.

Bureau of Labor Statistics. (2010). Retrieved from http://data.bls.gov/cps.cpsaat11.pdf.

Deahl, M. (2000). Psychological debriefing: controversy and challenge. *Australian and New*

Zealand Journal of Psychiatry, 34, 929-939.

Del Ben, K.S, Scotti, J.R., Chen, Y., & Fortson, B. (2006). Prevalence of posttraumatic stress

disorder symptoms in firefighters. *Work & Stress, 20(1).* 37-48.

doi:10.080/020678370600679512

Harris, M.B., Baloglu, M., & Stacks, J. (2002). Mental health of trauma-exposed firefighters and

critical incident stress debriefing. *Journal of Loss and Trauma, 7,* 223-238.

doi:10.1080/108114402900 57639

Haslam, C. & Mallon, K. (2003). A preliminary investigation of post-traumatic stress symptoms

among firefighters. *Work & Stress, 17(3),* 277-285. doi:10.1080/02678370310001625649

Heinrichs, M., Wagner, D., Schoch, W., Soravia, L.M., Hellhammer, & D. H., Ehlert, U. (2005).

Predicting posttraumatic stress symptoms from pretraumatic risk factors: A 2-year

prospective follow-up study in firefighters. *American Journal of Psychiatry, 162(12),* 2276-2286. Retrieved from http://ajp.psychiatryonline.org

Heinrichs, M. Wagner, D. Schoch, W. Soravia, L.M., Hellhammer, D.H., Ehlert, U., (2005). Predicting posttraumatic stress symptoms from pretraumatic risk factors: A 2-year prospective follow-up study in firefighters. *American Journal of Psychiatry, 162*, 2276-2286.

Jeannette, J., & Scorboria, A. (2008). Firefighter preferences regarding post-incident intervention. *Work & Stress, 22(4),* 314-326. doi:10.1080/02678370802564231

Kales, S. N. (2007). Kales, S. N., Soteriades, E. S., Christophi, C.A., & Christiani, D.C., (2007). Emergency duties and deaths from heart disease among firefighters in the United States. *The New England Journal of Medicine, 356,* 1207-1215.

Karter, Jr. M., & Stein, G.P. (2010). U.S. fire department profile through 2009. *National Fire Protection Association: Fire Analysis and Research Division.*

Mackay-Yarnal, C., Dowler, L., & Hutchinson, S. Examining "family making" in the domestic space of the volunteer firehouse. Retrieved on August 11, 2011, from http://lin.ca/Uploads/cclr10/CCLR10-125.pdf.

McEvoy, M. (2005). Psychological first aid: Replacement for critical incident stress debriefing? Retrieved on March 24, 2011, from http://www.fireengineering.com/articles/print/volume-158/issue-12/features/psychological-first-aid-replacement-for-critical-incident-stress-debriefing.html.

Mitchell, J. (1983). When disaster strikes. The critical incident stress debriefing process. *Journal Emergency Medical Service, 8,* 36-39.

Mitchell, J., & Bray, G. (1990). *Emergency service stress: Guidelines for preserving health and careers of emergency services personnel.* Englewood Cliffs, New Jersey: Prentice Hall.

Rainone, P. (2011). *A proposed program to support the emotional wellness of firefighters.*

    Retrieved from http://emsvillage.com.

Regehr, C., Dimitropoulous, G., Bright, E., George, S., & Henderson, J. (2005). Behind the

    brotherhood: Rewards and challenges for wives of firefighters. *Family Relations, 54,*

    423-435.

Regehr. C., Hill, J., & Glancy, G. D. (2000). Individual predictors of traumatic reactions in

    firefighters. *The Journal of Nervous and Mental Disease, 188(6),* 333-338.

Senn, R. (2010). Post traumatic stress disorder: One firefighter's story. *Fire Engineering,* 59-66.

Simpson, C. (1996). A fraternity of danger: Volunteer fire companies and the contradictions of

    modernization. *American Journal of Economics and Sociology, 55(1),* 17-34.

Appendix A

This survey will be focusing on coping skills you've developed throughout your time as a firefighter, your experience with and opinion of CISM, and what types of personal and professional supports you utilize. It is strictly for research purposes. Your participation will assist me in the completion of my Master's Degree in Social Work, and will provide information to the social work profession as to the importance of quality supports for the difficult tasks you complete as a part of your profession. Thank you for taking the time to complete this!

Survey Questions

1. On an average day, please rank your stress level

    1   2   3   4   5   6   7   8   9   10

(Minor Stress)   (Very Stressed)

2. I use the following coping skills when I feel stressed: (Circle all that apply)
    a. Exercising
    b. Talking to spouse
    c. Talking to friends
    d. Talking to fellow firefighters
    e. Alcohol use
    f. Smoking cigarettes
    g. Isolation
    h. Other: Please specify _____

3. Have you ever participated in any components of CISM?
    a. Yes   b. No

    If so, please circle which components in which you have participated.
    a. Pre-incident planning, education, training (specifically related to CISM)
    b. Crisis assessment
    c. Individual crisis intervention
    d. Large group interventions (Demobilization, Crisis Management Briefing)
    e. Small group crisis interventions (Defusing, Critical Incident Stress Debriefing (CISD)
    f. Pastoral crisis intervention
    g. Family support services
    h. Follow-up services and/or meetings
    i. Referral services
    j. Post-incident education

4. If you have participated in CISM following a critical incident, did you find it helpful?
    a. Yes   b. No

If yes, what parts? _____

_____

_____

If no, what would you change? _____

_____

_____

_____

5. Please list the highest sources of stress for you in your job._____

_____

_____

_____

6. What is the most rewarding part of your job?_____

_____

_____

_____

7. Are you open to using EAP?
    a. Yes   b. No

8. If yes, have you used EAP
    a. Yes   b. No

9. If you feel the need or are recommended to receive mental health services, (i.e. counseling or psychotropic medication management) are you open to this?
    a. Yes   b. No

10. It helps me to talk to my family about the stresses of my job.
    a. True   b. False

11. I prefer to keep work separate from my home life.
    a. True   b. False

12. Please list one or more examples of how firefighters help each other with the most stressful parts of your job. _____

_____

_____

13. My family/friends (non-firefighter) understand the pressures of my job.
    a. True   b. False

14. My family would benefit from supportive services (i.e. EAP, CISM Family Support Services) in relation to my work/professional role.
     a. True   b. False

15. Please provide your gender
     a. Male   b. Female

16. Marital Status
     a. Married
     b. Single
     c. Divorced
     d. Long-term Committed Relationship

17. Age
     a. 21-25
     b. 26-30
     c. 31-35
     d. 36-40
     e. 41-45
     f. 46-50
     g. 50 +

18. Years of Service
     a. 0-5
     b. 6-10
     c. 11-15
     d. 16-20
     e. 21-25
     f. 26 +

Appendix B

February 6, 2012

Dear (name of city) Firefighter,

I am a graduate student, completing my master's in Social Work at St. Catherine University/University of St. Thomas. As part of my graduate education, I am conducting a study on firefighters' coping strategies, their thoughts on the effectiveness of CISM, and your openness to seeking mental health services, if needed or desired. I would like to invite you to participate in this research. I reside in (name of city), so you were chosen to participate in this study as I have read and learned about studies within other fire departments throughout the United States and the world, but am curious to see if the themes within the other departments would be the same or differ within the department here in (name of city). I am conducting this survey under the supervision of Dr. David Roseborough, a professor of social work at St. Catherine University/University of St. Thomas.

The purpose of this study is to a) learn about your coping strategies you've developed to handle the difficult or stressful incidents you experience, b) inquire about your thoughts about the CISM (Critical Incident Stress Management) process, and c) if felt inquired or were recommended to do so, would you seek out professional mental health services for professional or non-professional related issues. The survey consists of 18 questions, and should take no more than 15 minutes to complete.

If you agree to be in this study, please complete the enclosed survey, and upon completion place it into the attached self-addressed, stamped envelope to be returned to me no later than February 27, 2012. Your data will be kept anonymous, so please be candid and honest in your answers to the survey questions. In order to ensure the anonymity of your survey information, please do not put your name or personal information in any of the answers on the survey. Please take the time needed to answer all of the survey questions carefully and thoughtfully. However, if you wish, you may discontinue taking the survey at any time or skip any questions that are difficult or uncomfortable.

Your participation in this survey is entirely voluntary. Your decision whether or not to participate will in no way effect your current or future relations with St. Catherine University, the University of St. Thomas or the (name of city) Fire Department. There are no more than minimal risks, and no direct benefits associated with this study. Completion and submission of a survey implies your consent to be in this study.

If you have any questions about this survey, you may contact me at (715) 579-1938. You may also contact my research advisor, Dr. David Roseborough, at (651) 962-5804, or the University of St. Thomas Institutional Review Board at (651) 962-5341 with any questions or concerns.

Thank you for your time and attention! Your participation is much appreciated!

Sincerely,

Erin Wall