

FIREFIGHTERS AND EMDR

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Firefighters are strong, smart, resilient heroes and heroines, showing unprecedented bravery in the face of life-threatening events, yet many suffer in silence from the cumulative exposure to human tragedy and the lack of training on how to manage it.

In the early 1990s, after having been an LMFT in private practice for nearly 8 years, and recently trained in a new therapy called EMDR, Sara Gilman moved out to the country with her 2 young sons. A fire broke out in their back yard. She called 911 and in minutes the property was filled with trucks, hoses, and firefighters. While watching the fire get put out and with the surrounding area was now safe, the Chief began to tell her about the need for more volunteer firefighters in their rural community. She got excited about the possibility to serve as a volunteer firefighter and soon enrolled in the California Fire Academy and Emergency Medical Technician (EMT) school at the local college. It was a challenging and transformative experience, which influenced a trajectory in her professional mental health career. Getting trained in EMDR at the same time as becoming a state certified Firefighter/EMT was the gift that kept on giving in the decades that followed. She has personally facilitated thousands of hours of the healing power of EMDR with first re-

sponders. The intention of this article is to share a glimpse into the firefighter mindset and the impact of the unique stressors on the job, while adding a few lessons learned when counseling this remarkable group of people.

Firefighters...who are they?

As of 2015, there are approximately 1,160,450 firefighters serving. Of those firefighters, 30% (345,600) are career firefighters and 70% (812,315) are volunteers.

Firefighters are known to be:

- Type A personalities
- highly competitive
- self-critical
- high work involvement
- extroverts
- in a constant state of urgency
- concerned about time management
- organized

The goal of the firefighter is to harness these characteristics to be able to run towards a dangerous situation, recognizing their responsibilities, and making organized and rapid decisions based on a highly-trained skill set. To be a successful firefighter, certain traits are said to be key components: a drive to be the best they can, organized, persistent, humble, self-controlled, showing accountability, and thoughtfulness.

Michael Blackburn wrote an article in 2016 that described "5 Character Traits All Firefighters Have." 1) Physically and mentally fit, 2) Leaders as well as team players, 3) Dedicated with flexibility, 4) Courageous yet levelheaded, 5) Honest and trustworthy.

How do they do what they do?

With these positive traits that are honed and trained over years, the unique stress of the job requires each firefighter to learn adaptations in coping skills to maintain resilience. Many of them respond in similar ways:

- They learn to compartmentalize thoughts and feelings on-duty to be able to accomplish the tasks at hand during emergency responses.
- They use depersonalization, derealization and dissociation to give adequate psychological distance in managing the accumulation of exposure to human suffering and tragedy. This may sometimes look like a dissociative problem, when it is actually a part of functional coping strategies.
- They develop a type of humor, 'gallows humor,' shared amongst one another to help cope with tragedies they have witnessed, again giving some emotional distance. This is like a family who has 'inside jokes' that others don't

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quite understand. They can seem insensitive or 'dark,' yet for this group, it lightens the load of the on-duty challenges and supports the bond of the team.

The average career of a firefighter can last for decades. Staying physically and mentally fit throughout these years is imperative. Their chronic exposure to human tragedy such as mangled bodies from vehicle accidents, a mother screaming while trying to revive her baby, an elderly person injured, scared and alone, caring for a child who has suffered terrible neglect, young adults who have died due to drug abuse or suicide, or going into a burning structure in hopes to save those inside, can break-down even the most resilient people. Like any human, the firefighter takes in these experiences through all their senses: sights, sounds, smells and bodily sensations. Due to their extensive training, they have learned to override emotionally reacting to all that they are taking in, making split second decisions in the urgency of the incident. So, where does all of this 'data' go when it is downloaded into the firefighters' brain and nervous system day after day, year after year?

Is there a personal cost to being a hero?

The Ruderman White Paper on Mental Health and Suicide of First Responders (2018) reports that PTSD and depression rates among firefighters have been found to be nearly 5 times higher than the rates of the civilian population. (Firefighters: PTSD 14.6%-22%, depression 11%, suicidal thoughts 46.8%). With PTSD and depression being precursors to suicide, it is not surprising firefighters die by suicide at a high rate. The Firefighter Behavioral Health Alliance (FBHA) reports that more than twice the numbers of firefighters die by suicide than line-of-duty deaths. Additionally, research found high rates of heavy and binge drinking among male and female firefighters (rudermanfoundation.org).

The research indicates up to 22% of U.S. firefighters suffer from PTSD, which comes to about 255,299 individuals. Considering that sub-threshold PTSD symptoms exist long before a full diagnosis, how many firefighters are living with symptoms of irritability, sleep disruption, fatigue, anger, detachment, isolation, hypervigilance, bodily aches and anxiety for extended periods of time? The effects of these symptoms ripple out to their families where they least want the job to have a negative impact. We often hear a spouse say, "Well, he's home, but he's really not here. He's checked out." This is likely an example of when the coping strategy of dissociation has gone too far. Or the stressed firefighter describes, "Sometimes it is easier to be at work, so I don't have to see the ways my kids could get hurt, but when I am not there, I can't protect them."

The truth from firefighters about on-duty stress

In a survey completed by the International Association of Firefighters with NBC-New York, 7,000 Firefighters told us what they are really experiencing in their life and work.

- 95% reported experiencing critical stress on the job.
- 75% say on-duty stress is causing lingering or unresolved emotional issues
- Over 60% reported sleeplessness, recurring or unwanted memories of events, easily angered or withdrawn, and family problems.
- 26% described substance abuse to cope with stress.
- 16% said they have had thoughts of suicide.
- Over 85% said it is the stigma of weakness that prevents them from asking for help.
- Only 35% of firefighters have spoken to their peers about their stress, of that 35%, 71% found it to be helpful.
- 58% said more behavioral health services need to be made available to them and that the recognition of these services needs to be improved.

- 94% believe greater awareness about behavioral health and duty-related post-traumatic stress will lead to improved services.

This study tells us that firefighters experience the stress of the job. It affects their performance, their families, their quality of life, and they aren't getting the help they need.

Barriers to getting the help they need

The long-held cultural message of "suck it up", don't talk about what you are experiencing, and if you can't handle what you see and feel, then maybe you're not right for the job" causes firefighters to hold back so as not to appear weak and unfit for duty. They are also worried their peers would not trust them and their decision making in the field if they talked about what they are experiencing. They then worry their job may be at risk. While this stigma is currently being confronted and broken down in many departments, it is still prevalent. Psycho-education on the neurobiology of stress is needed to help normalize stress responses, along with stress management skills training. Additionally, Counselors must emphasize the requirements of confidentiality, so the firefighter will trust the process.

Sleep disruption – a huge contributing factor to resilience break-down

Sleep disruption is the norm for firefighters with the demands of shift work. These disruptions are due to calls, deployments under difficult circumstances, attempts to revert to the family schedule of sleep routines, and further disruptions again after returning to work. In 2002, Dr. Robert Stickgold, from Harvard Medical School, offered a new way to look at PTSD by describing that PTSD could also be considered Posttraumatic SLEEP Disorder where there is a breakdown in sleep dependent memory reprocessing that's normally brought on with REM sleep. The lack of consistent healthy sleep sets the firefighter up for health challenges. On-duty disruption of sleep also contrib-

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utes to what Dr. Joel Fay calls Emergency Responder Exhaustion Syndrome (ERES). When the firefighter comes into counseling, it is imperative that their sleep architecture is considered and improvements be made immediately. Self-soothing skills, relaxation techniques, heart rate variability training (HeartMath Institute research with first responders is a good resource) and improved habits can start them moving into more productive sleep patterns. EMDR interventions have been shown to have an impact on sleep recovery. Often after the first EMDR session they will say, "It was much easier to sleep than it has been." As sleep patterns are restored, resilience begins to return as well.

Two families at once...

Firefighters have their family at home and they have their work family of peers who they live with when on duty. On duty they live together for extended periods of time without going home. It could be a few days or weeks depending on shift work and strike team deployments. They cook together, share chores, work on incidents together over long hours under extreme conditions. They risk their lives for the public and for one another. They are often popular in the public eye where they feel appreciated and valued. When returning home, firefighter families must figure out ways to re-integrate their firefighter who has been away from the family routines and flow. Often the spouse has felt like a single-parent, carrying on without being able to depend on another parent, and the firefighter-parent feels badly about all that they have missed, yet is often exhausted, needing to rest after returning home. In the best of circumstances, these families connect with one another and share ideas on how to work with these unique demands. There is a quiet understanding that this is a risky and dangerous business and one never knows if their loved one will come home safely. The family makes a commitment to this professional career with a sense of respect and pride, even amid the challenges and

fears. Creating and maintaining an extended community of support is vital to the health and resilience of the firefighter family. Yet, when the firefighter is suffering, so is the family. Counselors need to make sure they are checking in on the family needs as well.

Staying strong & resilient over time

Many firefighters seem to bounce back (resilience) during highly stressful incidents and potentially traumatic events (PTEs). Research has shown that there are protective factors that foster this type of resiliency. Psychological scientists in Israel have been exploring the notion of 'regulatory flexibility.' A resilient person can match their emotional regulation style to the emotional intensity of the event. For the firefighter who is exposed to highly emotional events on a consistent basis, it may be adaptive to disengage with some highly intense emotional situations in order to manage the potential pile-up. However, disengaging randomly, even from more tolerable situations, may increase the risk of anxiety disorder. (Levy-Gigi, E., Sheppes, G., *Jnl Clinical Psychological Science*, pre-publication). A part of effective treatment should include helping them learn how and when to disengage, and how and when to feel appropriate emotions at the appropriate time.

Another key to building resilience is being able to find meaning out of bad experiences. For example, one firefighter said, "I couldn't save her, but I was holding her when she died and she wasn't alone." The role and responsibility that a firefighter plays on scene can matter in how they internalize the incident. Such as, on a house fire, the engineer's job is to get water to the hoses and keep it going, enabling the firefighters on the hoses to tackle the fire. If they kept the water going, even if the house burned down, they will feel a sense of satisfaction on their part. However, the firefighter /paramedic who went into the house to save a life, pulled them out of the fire and could not revive them, may feel responsible for

not doing enough. Thus, the meaning one gives to it can improve resilience or chip away at it. EMDR interventions can help restore resilience by processing the negative thoughts and feelings of their role and outcome, as the positive cognitions and emotions emerge from the processing.

Previously, it was mentioned that a trait of firefighters is to be self-critical. Studies have shown that self-compassion buffers the link between self-criticism and depression in trauma-exposed firefighters. Peers and counselors can guide the firefighter towards self-compassion to restore their resilience. Many EMDR clinicians have shared that a greater sense of self-compassion emerges following trauma processing. It might sound like, "I did what I could" or "there was nothing else I could have done" or "I am glad I trained hard because I made the best decisions I could in this circumstance." In her first responder trainings, Dr. Catherine Butler, military veteran and EMDR therapist, talks about helping firefighters to understand the features of compassion fatigue and how to unpack the stress pile-up, reducing cynicism and restoring healthy compassion for themselves and others.

Counseling Firefighters – a few lessons learned

When they ask for help – it means NOW! Get them scheduled as soon as possible. Do a brief history taking and find out what has brought them in. Psycho-education on the neurobiology of traumatic stress is vital to reassuring them that what they are going through is a normal response to unusual, unexpected and/or extraordinary human experiences. Explain to them that stress can have a lasting impact on the structure and function of brain circuitry that results in long-lasting changes and that certain skills to manage stress are imperative to their health and resilience. Then, teaching them practical stress management tools, (heart rate variability training, breathing skills, mindfulness, relaxation tools aroma

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therapy, container and calm/safe place visualizations) will be something they can implement immediately. Guiding them to find ways they can implement these things at home and at work, will help them develop these skills and apply them when they need them most. For example, sitting in the fire engine, after an incident, on the way back to the fire station, is a great time to do their breathing exercises and reset their heart rate variability, returning to the 'zone' or 'flow' before the next call. Dr. Robbie Adler-Tapia, a former firefighter, EMDR trainer and expert in working with first responders, has reminded us to teach firefighters grounding and recovery between incidents by using aroma interventions. For example, while in session, using essential oils, let the firefighter choose the aroma that is calming or grounding. Once they choose theirs, fill a cotton ball with the scent, put it in a small zip-lock bag and have them carry it with them to open and smell to reset their taxed system. They carry all sorts of 'tools' and equipment, remind them this is part of their stress inoculation equipment, Immediate Resourcing, and stabilization is crucial because they are returning to on-duty stress each day. They need self-regulation tools for the road. Reassure them that through some mental and physical training and some EMDR processing, they can reboot their brain and body. Use terms that make sense to them. For example, don't call it the "butterfly hug," they will laugh at that, rather say something like, "this is a peak performance strategy for grounding and focus - you can activate your whole brain to kick-in to help your system regulate itself by crossing your arms and tapping your knees or arms." Demonstrate ways to do this and work with them to figure out when during their work day and home life they can utilize this. I often suggest the bathroom, where no one is looking!

Firefighters say that to trust a counselor they want to feel like the counselor has made an effort to get to know them and the work they do. Going on ride-alongs is a surefire

way to learn more! Learn to become comfortable with their twisted humor! When you don't understand something, it is ok to ask what they mean. Don't pretend to 'get it,'. They will know you are not genuine. Be sure to ask about their success stories (best experiences) and ask about their family. Find out why they signed up for this career in the first place. Helping them to remember their inner purpose in wanting to be a firefighter can help them get back to this greater sense of self.

There is often a sentiment of, "I don't know why this call got to me. I've had much worse, but I just can't shake it, I don't feel like myself," or "I'm not able to sleep and I keep waking up a lot" PILE-UP beware. Case conceptualization becomes very important. Figure out how much time will be needed with this firefighter and what can be effectively accomplished in that amount of time. If there are a limited amount of sessions due to EAP agreements, insurance limitations, or fire season has begun, prioritize and utilize the appropriate EMDR Early Intervention protocols. For an excellent description of the EMDR-EI protocols refer to the September issue of the EMDRIA magazine article by Dr. Amanda Roberts. Becoming proficient at these methods will be of great service.

Firefighters all over the country are sharing their own EMDR stories. They frequently refer to it as "Magic!" Be sure to ask them if they have heard of EMDR and what they know about it. Current research shows promise for EMDR & EMDR-EI in both prevention of delayed onset-PTSD and the promotion of resilience. With additional research, we may discover that EMDR-EI can inoculate first responders from ever getting full-blown PTSD. Now wouldn't that be the gift that keeps on giving!

To learn more, be sure to join the EMDRIA SIG for First Responders. This SIG is a powerful resource to share the collective knowledge from experienced EMDR clinicians

from all over the country. Together we can continue to support one another in providing excellent care to our local heroes and heroines in the fire service. We owe it to those who protect and serve all of us; to help protect and serve them in return! EMDR clinicians can be the gift that keeps on giving!

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