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## Peer Support for EMS

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No relevant financial relationships to disclose.

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### Learning Objectives

- Describe behavioral health issues commonly experienced by EMS.
- Identify steps for creating and implementing a peer support program for EMS.
- Describe the core objectives of Psychological First Aid.

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## Exposure + Culture

- Multiple types of trauma:
  - Primary: trauma happens to you
  - Secondary: you witness a trauma happening to someone else
  - Vicarious: you experience trauma after hearing stories of other trauma
- Approximately 75% of EMS experience trauma – more than half experience multiple traumas
- 1 in 5 Americans experience mental health problems vs 1 in 3 firefighters/EMS workers
- Culture: Stigma/labeling when strength is a job requirement

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## Possible Posttraumatic Responses

- No immediate difficulties
- Normal distress that resolves with time and adaptive coping
- Trauma-related psychopathology
  - Acute Stress Disorder (3 days to 1 month after trauma)
  - Posttraumatic Stress Disorder (more than 1 month after trauma)
  - Adjustment Disorders

Estimates of lifetime prevalence of PTSD among police, fire, and emergency services workers range from 6-32%

- Other psychopathology
  - Depression
  - Anxiety
  - Substance or Alcohol Use
- Exacerbation of preexisting psychological symptoms
- Resilience and posttraumatic growth

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## Psychiatric Sequelae

- Symptoms that cause significant distress and impairment

### ▪ Major Depressive Disorder

*Irritability, laziness/lateness, weight gain or loss, withdrawal from the team, not fun anymore*

### ▪ Generalized Anxiety Disorder

*Fear, avoidance/laziness, over-controlling, procrastination*

### ▪ Acute Stress Disorder and Posttraumatic Stress Disorder

*Fear, avoidance of essential work duties, jumpy, suspicious, fatigue, checked-out, timid, negative*

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## Posttraumatic Growth

- *Positive change that occurs as the result of a struggle with challenging or traumatic life events (Tedeschi & Calhoun, 1996)*
- More than the ability to resist damage after a stressful event → **rather than returning to baseline functioning, the individual instead experiences positive psychological change**

- Appreciation of life
- Improved relationships
- New possibilities
- Personal strength
- Spiritual change



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## Prevention & Intervention Strategies

**Chronic Stress + Critical Incident Stress**

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## Peer Support

- **More acceptable to EMS**
  - Less stigma
  - Improved trust
  - Mitigate fear of repercussions
  - Improved access to care
- **Effective**
  - Improved social functioning, increased social support networks, increased social support seeking
  - Improved self esteem
  - Improved decision-making skills

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### Peer Support Guidelines

1. The goals of peer support:
  - a. Empathic listening
  - b. Low level psychological intervention
  - c. Identification of colleagues who may be at risk
  - d. Facilitation of pathways to professional help
2. Selection of peer supporters:
  - a. Member of the target population
  - b. Someone with considerable experience in the field
  - c. Respected by peers
  - d. Undergo an application and selection process
3. Training and accreditation:
  - a. Trained in basic skills
  - b. Meet specific standards in training
  - c. Participate in ongoing training




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### Peer Support Guidelines

4. Mental health professionals:
  - a. Occupy the position of clinical director
  - b. Involved in supervision and training
5. Role – Peer supporters should:
  - a. Not limit activities to high-risk incidents
  - b. Not see “clients” on a regular basis → refer
  - c. Maintain confidentiality
6. Access to peer supporters:
  - a. Offered as the initial point of contact after exposure
  - b. Self-selection in less emergent situations

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### Peer Support Guidelines

7. Looking after peer supporters
  - a. No 24/7 call – structured call schedule that supports work/life balance
  - b. Access to mental health services
  - c. Regular peer supervision
8. Program evaluation
  - a. Goals linked to outcomes
  - b. External auditing
  - c. Monitoring of objective indicators such as absenteeism

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### Psychological First Aid (PFA)

- An **evidence-informed approach** to help individuals cope in the aftermath of a disaster
- Appropriate for use with children, adolescents, adults, first responders, and disaster relief workers
- May be delivered by non-mental health professionals
- May be delivered in any setting

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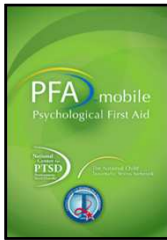
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### Psychological First Aid (PFA)

- Rapid assessment of immediate needs
- Flexible
- Emphasis on developmentally and culturally appropriate strategies
- Handouts, online trainings (+CEUs), and manuals available free of charge



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### PFA - Objectives

- Establish a connection
  - non-intrusive, compassionate, voluntary
- Enhance immediate and ongoing safety
  - physical and emotional comfort
- Calm and orient those who are emotionally overwhelmed or distraught
- Elicit immediate needs and concerns
- Offer practical assistance and information
- Connection to social support networks
- Support of existing adaptive coping skills and strengths
- Provide information to enhance coping with the psychological response after a critical incident
- Clarify the availability of support resources

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### Preparation for Delivery of PFA

- Awareness of the nature of the event and current circumstances
- Calm presence (self care)
- Sensitivity to culture and diversity
  - Awareness of values and prejudices
- Awareness of organization structure and hierarchy
  - Knowledge of typical legal procedure and administrative processes

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### PFA Core Actions

1. Contact and engagement
2. Safety and comfort
3. Stabilization
4. Information gathering
5. Practical assistance
6. Connection with social supports
  - Contact with family and/or significant others as soon as possible
7. Information on coping
8. Linkage with collaborative services

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### Issues to Consider with Implementation

- Selection of peer support officers
  - Visible, respected, experienced, trustworthy, recommendations
  - Removal of peer support officers
- Training
  - Initial and continuing education
- Consultation with mental health professionals
- Privacy, Confidentiality, and Privilege
  - Understand and define the limits
  - Clarify during introduction and periodically thereafter
- Officer buy-in
  - Consistent presence – not just around during critical incidents
  - Well publicized – including rationale for implementation
- Referral for mental health follow-up
  - Internal? External?
- Awareness

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## Resources

- Service to Self: Behavioral Health for Fire and EMS Personnel  
– <https://www.samhsa.gov/practitioner-training/dtac/service-to-self-training-course>
- Code Green Campaign  
– <https://codegreencampaign.org/>
- NAEMT  
– [http://www.naemt.org/docs/default-source/ems-preparedness/naemt-resilience-guide-01-15-2019-final.pdf?Status=Temp&sfvrsn=d1edc892\\_2](http://www.naemt.org/docs/default-source/ems-preparedness/naemt-resilience-guide-01-15-2019-final.pdf?Status=Temp&sfvrsn=d1edc892_2)
- IAFF peer support training  
– <http://client.prod.iaff.org/#contentid=40484>
- Scully. (2011). Taking Care of Staff: A Comprehensive Model of Support for Paramedics and Emergency Medical Dispatchers. *Traumatology*, 17(4) 35-42.

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