



# **A. MICHAEL MULLANE HEALTH AND SAFETY SYMPOSIUM**

*Addressing the Occupational Hazards Facing Fire Fighters*

May 8-9, 2019



BOSTON FIRE DEPARTMENT, BOSTON FIREFIGHTERS, LOCAL 718 AND THE INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

# Shift Work, Fire Fighting and Family: Coping with Stress at Home

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# Disclosures

- Neither Patricia Diaferio, LICSW or Wendy Currie, LICSW have any disclosures or conflicts of interest to declare.
- Please be aware the aggregated data we will present is preliminary analysis only, for training and quality care improvement only, and is confidential in content.
- Please do not distribute this presentation to protect those we serve!





# Firefighters: What does it take to be a hero?





Especially since 9/11, firefighters are viewed by the public as heroes



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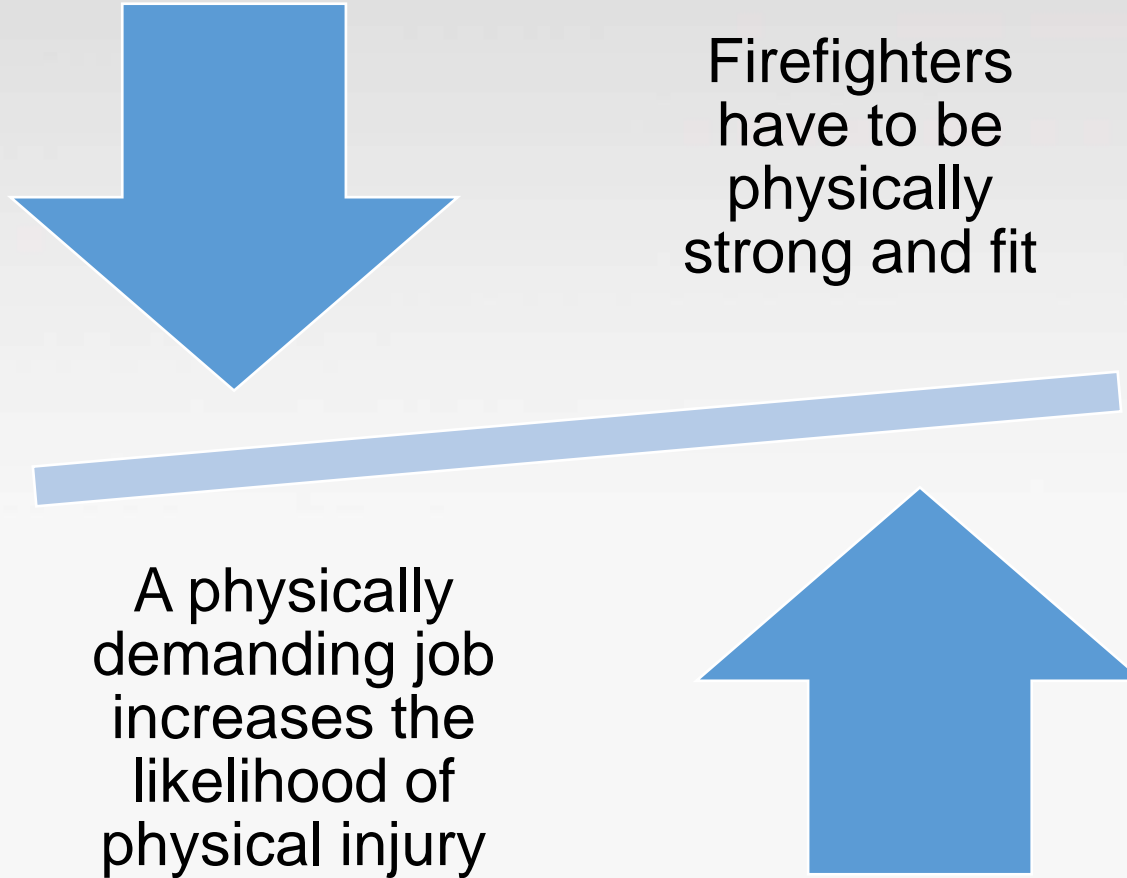
# The Toll on the Families

- The divorce rate for firefighters is three times that of the general population, which is the highest rate in the nation, second only to that of the military.
- Emotional toll on children and spouses due to the dangers of the job.
- Difficulty talking about the job at home due to protecting the family from details.
- Not being able to make firm plans with family, missing holidays, sporting events, school meetings.





# What it takes to be a hero





*“I am so frustrated and angry at my husband right now. He just came off shift and what is seeming more and more like the norm, he is in a cranky mood. He says he is so done running all these B.S. calls and apparently that must be the whole family’s issue. The whole house must be quiet and walk on eggshells otherwise we all get to hear about it. Our boys are 5 & 7 so as I am sure you can imagine there is not much quiet in our house. 9 times out of 10 he is either watching TV or has his eyes in his phone and acts annoyed if anyone is talking to him. I try my best to keep our boys busy and either outside or doing something to entertain them but damn it I am not a single mom, this is supposed to be a partnership. We go to marriage counseling already which usually helps for a couple days after but quickly fades back into the same thing. I get having a bad day now and then but every day is getting old. I have tried to tell him how I feel and he just gets defensive. I have been understanding and tried to be extra sensitive, I have asked that he either deal with what is bothering him or to leave it at the door.”*

- “firefighterwife.com”







# What it takes to be a hero



Firefighters  
“only” work a  
few days a  
week



24 hour shifts  
cause major  
disruptions in  
sleep patterns





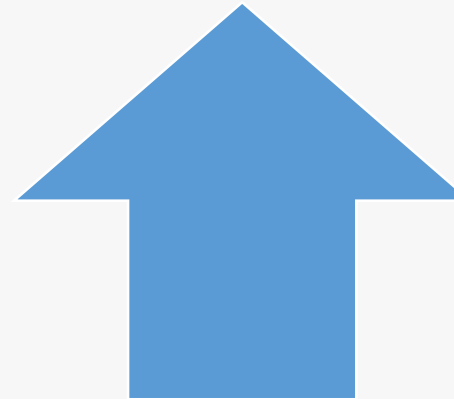
# What it takes to be a hero



Firefighters risk  
their lives to  
save other  
people



They then are at  
high risk for  
trauma-related,  
and other mental  
health issues

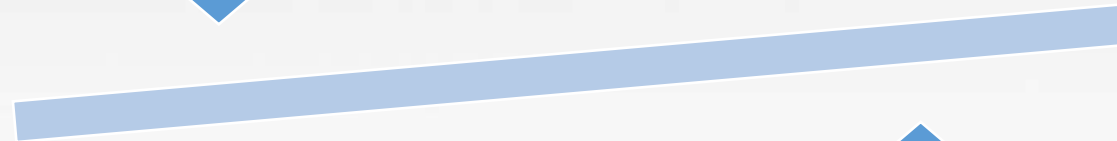




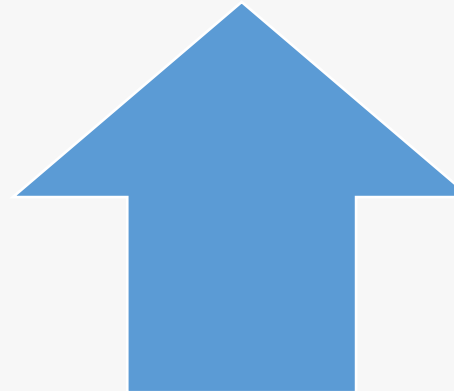
# What it takes to be a hero



Fire fighters are a  
Brotherhood – A  
Family



Norms in the  
Brotherhood are  
often based on  
invincibility, being  
tough – not ideal  
for getting help





1. When injuries occur, pain medications are a quick fix  
*“I have to keep going. I need my job.”*
2. 24 hour shifts can cause stress on the whole family; when sleep patterns cause problems, drugs and alcohol can help  
*“I just need to relax before I go to sleep. It’s hard to do when your adrenaline is amped up all day.”*
3. When problems arise with processing trauma, or with managing anxiety and depression, it’s often taboo to share with colleagues who are going through the same thing  
*“We’re supposed to man up.”*
4. Again, for many, drugs and alcohol can numb feelings and memories  
*“There are always calls that haunt you. You can’t think about that.”*





# Firefighting is one of the most stressful jobs

- Second only to active military duty, firefighting is one of the most stressful jobs due to risk to the life of the firefighter and risk to the life of those experiencing an emergency
  - [www.careercast.com/jobs-rated/most-stressful-jobs-2016](http://www.careercast.com/jobs-rated/most-stressful-jobs-2016)
- 80 firefighters died on the job in 2014; 108 committed suicide
  - [www.firechief.com/2016/03/22/why-firefighters-take-their-own-lives/](http://www.firechief.com/2016/03/22/why-firefighters-take-their-own-lives/)







# What does the research show?





# Physical Health

- 60,000+ firefighters are injured on the job annually (Haynes, 2015)
- Higher than average rate of cancer: Respiratory, digestive and urinary
- 2x average rate of mesothelioma
  - [www.cdc.gov/niosh/updates/upd-10-17-13.html](http://www.cdc.gov/niosh/updates/upd-10-17-13.html) (same for previous bullet point)
- Higher than average obesity levels: 83% of firefighters are overweight or obese, which increases risk for injury and illness

Wilkinson ML, Brown AL, Poston WS, Haddock CK, Jahnke SA, Day RS. Physician Weight Recommendations for Overweight and Obese Firefighters, United States, 2011–2012. *Prev Chronic Dis* 2014;11:140091. DOI: <http://dx.doi.org/10.5888/pcd11.140091>. CDC





# Mental Health

- High career prevalence of suicide ideation (47%), plans (19%), attempts (16%), and non-suicidal self-injury (16%)
  - (Stanley, 2015)
- Up to 37% of firefighters meet criteria for PTSD at any given time time
  - [www.fireengineering.com/articles/2012/11/post-traumatic-stress-disorder-in-firefighters-physical-treatment-options.html](http://www.fireengineering.com/articles/2012/11/post-traumatic-stress-disorder-in-firefighters-physical-treatment-options.html)
  - Del Ben, KS, Scotti, JR, Chen, Y, & Fortson, BL. (2006). "Prevalence of posttraumatic stress disorder symptoms in firefighters," *Work and Stress*, 20, 37-48.





# LEADER Program



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# Program Description

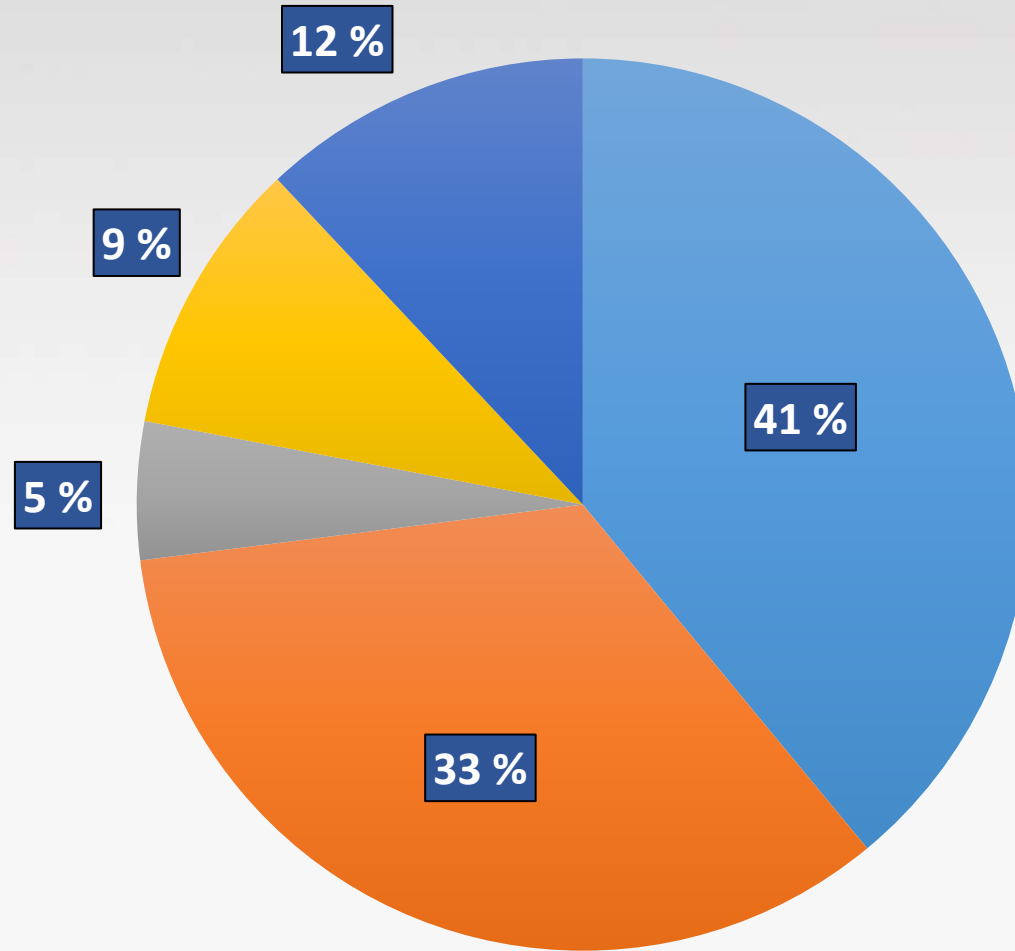
- 2013: comprehensive mental health services designed to meet the needs of law enforcement, active duty military, and emergency responders (LEADER). LEADER includes all levels of care including inpatient services for both mental health and substance use disorders, residential services and outpatient services.
- LEADER includes a 8-bed male residential program providing integrated mental health and substance use treatment.
- Women are housed in Hill Center for Women and attend LEADER Groups with the men.
- Outpatient tracks include substance use disorder track and Mood, Anxiety, Stress and Trauma Track.
- All members provide true peer support, appears to be a key ingredient in success of the program







# LEADER Referrals





# LEADER residential referrals (%)

	ALL
Married	42
Veteran	41
Employed 20+ year	19
College	52
Relationship stress	79
Work stress	80
Depression*	11
PTSD*	23
Substance use DO*	64

\* Primary reason for referral, not prevalence





# Program structure

- Average LOS = 14 days
- Most enter through inpatient evaluation
- Some Responders entering direct from community
- Program elements:
  - Psychiatry/APRN
  - Social work
  - Psychologist groups
  - Family support and education
  - LEADER closed AA meeting weekly
  - Active peer support engagement





# Program content

- Evidence-based psychological interventions
  - CBT, DBT, MBT, ACT, MI, 12-step facilitation
  - Integrated group therapy model
  - PTSD skills training
  - Sleep and stress reduction training
- Evidence-based medication interventions
- Structured family interventions based on CRAFT





# Program content

- Trauma consultations
- Chaplain consultations
- Neuropsychiatric assessment consultations
- Forensic consultations
- Fitness and yoga
- Full options for continuing services in outpatient follow up at McLean Hospital clinic







***Thank You!***

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