EXECUTIVE SUMMARY

BACKGROUND

Posttraumatic Stress Disorder (PTSD) is a disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape, or other violent personal assault. On March 27, 2018, Florida Governor Rick Scott signed Florida Senate Bill 376 that extends Workers' Compensation indemnity benefits to first responders with work-related PTSD. SB 376 outlines the specific qualifying events, exposures, and diagnosis needed for a compensable workers' compensation claim.

An additional provision of the bill is a requirement for employing agencies of first responders to provide educational training related to mental health awareness, prevention, mitigation, and treatment. This document outlines a framework for employing agencies to build upon to comply with the educational requirement in the new law. The framework consists of four documents designed to assist employing agencies in their mission to comply with the requirements of section 112.1815(6), F.S. Links to the documents are provided throughout this Summary within the context of their proposed use.

SCOPE OF THE PROBLEM

First responders and other professionals who are exposed to potentially traumatic incidents in their work environments are four to five times more likely to develop PTSD compared to the general population. Importantly, PTSD is associated with reduced occupational, social, and family functioning.

A study of over 4,000 first responders found that 86% had experienced critical stress. Critical stress was defined as the stress an individual undergoes, either as the result of a critical single incident that had a significant impact on the individual, or the accumulation of stress over a period of time. Suicide attempts among those responding to the survey were roughly 10 times greater than the national average for adults in America.

A 2015 Florida State University study showed that nearly half of firefighters surveyed (46.8%) had thought about suicide, 19.2% had suicide plans, 15.5% had made suicide attempts, and 16.4% made non-suicidal self-injuries. Key factors associated with an increased risk for reporting suicidal thoughts and behaviors included lower firefighter rank, fewer years in the firefighter service, membership in an all-volunteer department, a history of professionally responding to a suicide attempt or death, and active duty military status.

Protective Factors

Emotional wellness is a growing concern for the first responder community. Responders that have undergone resilience training have displayed improvements in negative affect, depression, and stress levels.

Protective factors for first responders include high perceived preparedness, greater sense of purpose in life, family support, a positive approach, and emotion focused coping (e.g.: problem solving, positive reframing, acceptance). Studies of disaster responders have identified social support and integration, and a benevolent perception of the world as potential buffering factors to the development of PTSD. Training and preparedness for specific tasks performed have also been associated with resilience or recovery.

Ongoing peer support interventions can be critical in the first responder culture. This approach is useful as first responders have limited opportunities to access

formal treatment, as well as concerns about the stigma or negative changes in job duties or pay should they engage in mental health treatment. Research has shown that those that receive early and regular peer support report significant gains in cognitive functioning, improved social, and overall functioning and a decrease in psychiatric symptoms.

INTERVENTIONS

PRE-TRAUMATIC INCIDENT
- Reduce or remove the stigmas associated with mental health within the service.
- Provide educational training related to mental health awareness, prevention, mitigation, and treatment as per 112.1815(6), F.S., including pathways available to the employee to pursue mental health intervention.
- Encourage ongoing peer support.
- See "Critical Stress Mitigation Elements", Preparedness column.

SELECTIVE INTERVENTION FOR THOSE EXPOSED TO A TRAUMATIC INCIDENT
- Encourage ongoing peer support interventions.
- Several studies related to single session debriefs after traumatic events showed that they did not prevent the onset of PTSD nor reduce psychological distress. Those receiving the debriefing reported no reduction in PTSD severity. One trial reported a significant increased risk of PTSD in those receiving a single session debrief.
- Rapidly implement a mental health triage process for first responders and apply Psychological First Aid (PFA) concepts as needed. See "Responder Psychological First Aid (PFA) Quick Reference Guide".
- See "Critical Stress Mitigation Elements", Response and Recovery columns.

INTERVENTIONS FOR INDIVIDUALS THAT ARE DISPLAYING SYMPTOMS OF PTSD OR HAVE BEEN DIAGNOSED WITH PTSD
- The goal is to prevent worsening of symptoms and improve functioning.
- Assure individuals can access the needed or requested resources.
- Monitor, identify, modify, or avoid (if possible) or reduce stressors before they cause dysfunction. Build stress coping skills within the individual.

CONCLUSION

As leaders in services that employ or utilize first responders, our goal is to ensure that the responder can operate at their level of training and minimize the risk of illness or injury. While the risks involved cannot be eliminated, they can be mitigated. In many situations, the physical risks are identified and mitigated, less attention is usually paid to the psychological risks of the profession. The extension of Workers' Compensation benefits to cover PTSD for responders is one element of a multi-element approach to ensure first responders have the tools and techniques available to them to mitigate the mental health challenges inherent in their profession or to address these challenges if they do appear. Development of a workplace specific, comprehensive critical stress management program, along with promotion of its use within the service is value added to the profession, the service, and its staff. Responders and response organizations can foster work environments, from senior leadership to front line crews, where individuals and crews can build mental health resilience to be better before being exposed to traumatic incidents, so they do not have to get better after their exposure to traumatic incidents. While we protect, serve, and care for others as part of our profession, we must also do the same for those within our profession.

END NOTES

i   Wise, E., Beck, G., (2015). Work Related Trauma, PTSD, and Workers Compensation Legislation: Implications for Practice and Policy. Psychological Trauma: *Theory, Research, Practice and Policy*, 2015 Sep; Vol 7(5): 500-6. http://dx.doi.org/10.1037/tra0000039

ii   Newland, C. Barber, E, Rose, M., Young, A., (October 2015) Journal of Emergency Medical Services. *Survey Reveals Alarming Rates of EMS Provider Stress and Thoughts of Suicide*. September 18, 2015. https://www.jems.com/articles/print/volume-40/issue-10/features/survey-reveals-alarming-rates-of-ems-provider-stress-and-thoughts-of-suicide.html

iii   Stanley, I., Hom, M., Hagan, C., Joiner, T. (2015). Journal of Affective Disorders. *Career prevalence and correlates of suicidal thoughts and behaviors among firefighters.* November 15, 2015; Vol 187: 163-171. https://www.jad-journal.com/article/S0165-0327(15)30183-X/pdf

iv   U.S. Department of Veterans Affairs. *Disaster Rescue and Response Workers.* PTSD: National Center for PTSD. Accessed August 1, 2018. https://www.ptsd.va.gov/professional/treatment/early/disaster-rescue-response.asp

v   Rose SC, Bisson J, Churchill R, Wessely S. (2002). Cochrane Database of Systematic Reviews. *Psychological debriefing for preventing post-traumatic stress disorder (PTSD).* April 22, 2002; Issue 2. Art. No.: CD000560. DOI: 10.1002/14651858.CD000560. http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD000560/full