



NATIONAL REGISTER  
OF HEALTH SERVICE PSYCHOLOGISTS

# CLINICAL WEBINARS

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TRANSLATING RESEARCH TO PRACTICE

# First Responder Mental Health: Clinical Considerations

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**Attendees Earn One Continuing Education Credit**

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Dr. Vujanovic is an Associate Professor, Director of Graduate Education, and Director of the Trauma and Stress Studies Center in the Department of Psychology at the University of Houston. She is a licensed clinical psychologist in the state of Texas and a National Registrant since 2012. Dr. Vujanovic's research program is focused on: (1) investigation of etiological and maintenance processes related to PTSD and co-occurring conditions (e.g., substance use); and (2) exploration of clinically significant correlates of trauma exposure and PTSD (e.g., suicide risk). The overarching aim of this program of work is to inform novel treatment development and refine evidence-based clinical practice. Dr. Vujanovic has authored over 150 publications on trauma and stress.

# Disclosures/Conflicts of Interest

The presenter does not have any conflicts of interest to disclose.

# References/Citations

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# Special Thanks

- Jana K. Tran, Ph.D., Staff Psychologist,  
Firefighter Support Network, Houston Fire Department
- Sam Buser, Ph.D., Staff Psychologist,  
Firefighter Support Network, Houston Fire Department



# Learning Objectives

- 1) Discuss prevalent psychological symptoms and mental health issues among first responders.
- 2) Identify unique clinical considerations impacting the mental health of first responders.
- 3) Describe clinically relevant future directions to improve first responder mental health.



# First Responders





# Trauma and Stress

- Inherent job stress and crisis response
- Unpredictability
- Sleep disturbance
- Majority are exposed to PTSD Criterion A traumatic events
- Estimated rates of PTSD comparable to military veterans

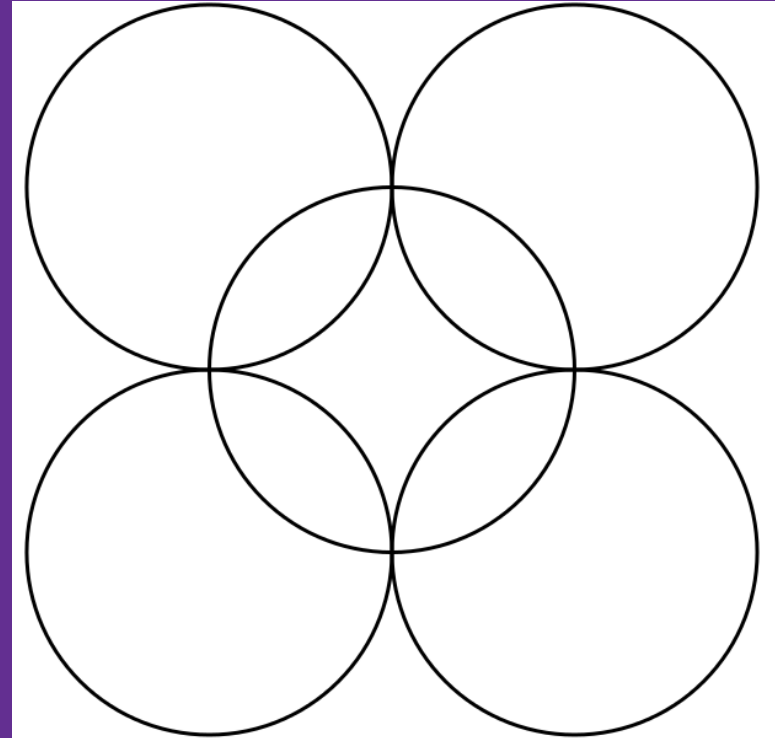
# Alcohol Use

- High rates of alcohol use disorder (AUD)
  - e.g., estimated at 50% among firefighters
- Alcohol use increases following trauma
- Alcohol use to:
  - cope with negative emotions
  - socially connect with others



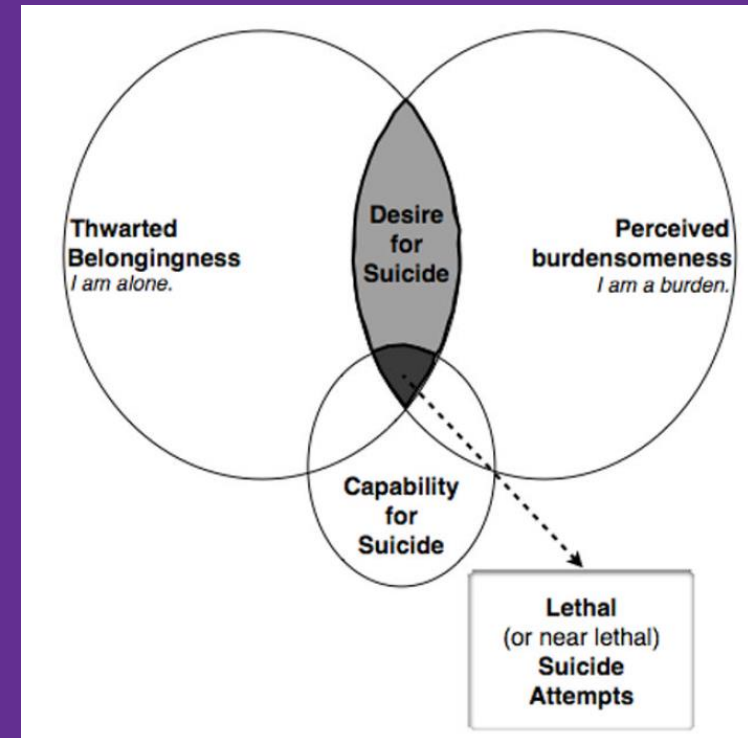
# Other Prevalent Clinical Issues

- Depression
- Chronic Pain
- Diagnostic Comorbidity
- Subclinical Symptoms



# Suicidal Ideation and Behavior

- Higher rates of suicidal ideation, plans and attempts compared to the general population
- Interpersonal Psychological Theory of Suicide (Joiner, 2005)



# Clinical Realities

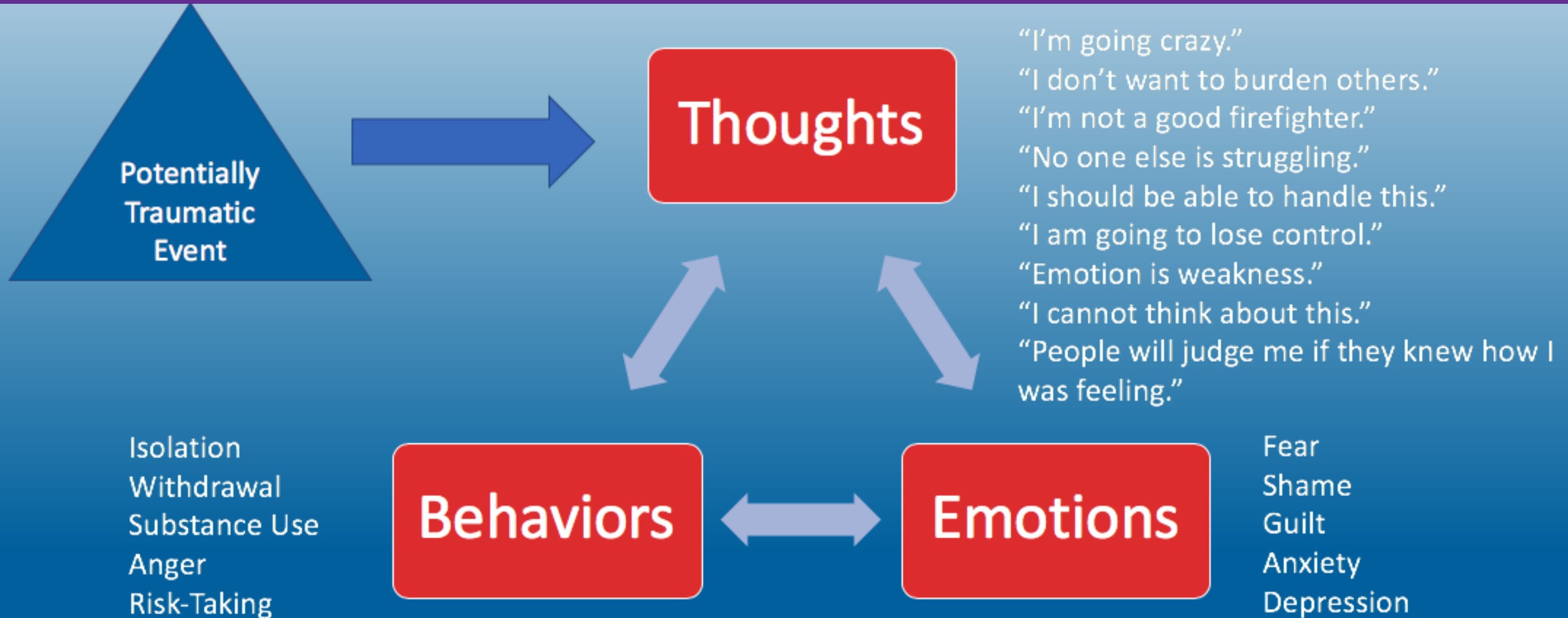
- Limited mental health resources in departments
- Impact of volunteer vs. career status
- Limited specialized training opportunities for clinicians
- Daily work-home transitions
- First responders may
  - be “on the go” during shifts
  - commute long distances to work
  - work in dual roles (e.g., police and fire) or multiple departments



# Stigma

- Male dominant professions
- Mental health stigma
  - Emotion or struggle as “weakness”
  - Self-condemnation
- Low emotional awareness
- “Toughen up” and not react to trauma or stress on the job





# Risk Factors

- Self-blame
- Occupational dissatisfaction, burnout
- Long or overnight shifts (sleep disturbance)
- Lower rank and fewer years in service
- Low social support
- Volunteer vs. Career status
  - 71% of fire departments are volunteer-staffed
  - 56% of all U.S. firefighters are volunteers



# Protective Factors

- Strong camaraderie
- Organizational support
- Family support
- Sense of purpose
- Approach (vs. avoidant) coping
- Emotional awareness
- Hope



# Cultural Adaptation

- First responders have a unique culture
  - “fire culture”, “police culture”
- Awareness of mental health issues and needs is the first step
- Adaptation of interventions
  - Terminology
  - Job duties
  - Rank



# Diversity and Inclusion

- 9-1-1 Telecommunicators
- Women
- Racial/Ethnic Minorities
- Military Veterans



# Case Vignette

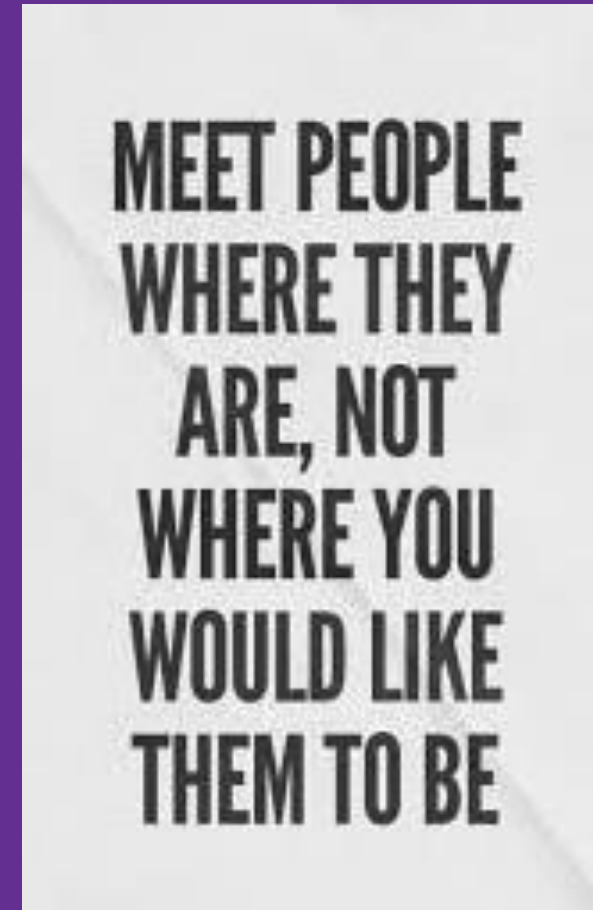
*Mr. Jones was a 45-year-old man who served in the fire service for 20 years. He was involved in a fire suppression call that resulted in the death of a colleague. He sustained extensive physical injuries that required multiple medical interventions. Mr. Jones described symptoms of depression and PTSD since the incident and rated his pain intensity as 8/10 on a pain scale. When asked how the trauma affected him, he said, "I don't know, I'm just different." When asked how he was different, he responded, "It ruined my life." Mr. Jones reported significant marital problems since the incident and reported, "I was feeling sorry for myself and couldn't get up." His spouse described him as "numb," "isolated," "disinterested," and "an angry shell of himself." He explained, "I should have died in the fire. Everyone would be offer off. I wouldn't have any of these issues if I had died like I was supposed to do." He reported severe, chronic insomnia.*

# Education and Awareness

- Increase psychoeducation and awareness → decreasing stigma
- Be aware of impact of career vs. volunteer vs. mixed/combination status
- Offer handouts, apps, reading materials
- Start the discourse from the command staff on down through rank
- Provide peer support programming
- Offer training units about mental health

# Flexibility

- The approach: **“meet them where they’re at”**
  - Start with their presenting problem
    - Marital or relationship issues
    - Departmental orders/recommendations
      - Anger management
      - Alcohol use (e.g., DWI)
- Offer support and normalize the experience
- Provide context
- Teletherapy
- Flexible scheduling
- Peer support



# Nomenclature

- Terminology makes a difference!
- Use terms consciously and deliberately with understanding of first responder culture

Mental Health Term	First Responder Adaptation
Mindfulness	Attention Training
Group Therapy	Workshop
Treatment Plan	Program, Toolkit
Cognitive-Behavioral Therapy	Strategies, Skills, Tools



# Behavioral Anchors

- Use behavioral anchors to assess and monitor progress

Question	Response	Actual Response (after using behavioral anchors)
How is your sleep?	"Fine."	"I sleep 3 hours a night. It's fine. I'm not going to complain about it."
How much alcohol do you drink on a given occasion?	"Two drinks."	"Two Yeti tumblers of whiskey/water. I fill 2/3 with whiskey. That's when I'm home alone. When I'm with my buddies, I'll go out, drink 6-7 beers and go home."
Have you experienced a natural disaster?	"No."	"I was on duty during Harvey, but I didn't see any deaths or do any child rescues."
Have you experienced a traumatic event?	"No."	"So many people have been through worse than me. It's my job."
How are you feeling about the [incident]?	"Alright."	"I don't think about it. I stay busy."

# Cognitive-Behavioral Strategies

- Starting with **behavior**
  - Breathing retraining
  - Attention training (mindfulness)
  - Grounding techniques
  - Harm reduction
  - Behavioral activation
  - Anger management skills
- Cognitive-awareness and re-balancing
  - “working toward more accurate assessments”
  - Example cognitions:
    - “I don’t want to complain.”
    - “I’m not a whiner.”
    - “Others have it way worse than me.”
    - “I’m not going to be weak and cry about it.”
    - “People deserve what they get.”
    - “I don’t believe in depression or PTSD. I believe in ‘it is what it is.’”

# Treatment Directions

- Prevention
- Adapting available evidence-based interventions
- Developing novel, culturally sensitive interventions
- Enhancing service delivery platforms
  - Apps
  - Teletherapy services
  - Web-based interventions
  - Peer support

# Q&A



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.



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