Workforce Health and Safety

EMS Psychological Health & Well Being: A Paradigm Shift

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• EMS personnel face intense pressures on the job that affect their health, well being, and job performance.

• We assume EMS personnel are generally healthy, fit, and engaged upon academy graduation.

• Today, we’ll examine impact of occupational stress and the critical imperative for moving upstream to promote primary prevention, resilience and performance enhancement interventions.
• **2015 JEMS**: published survey found 37% of EMS practitioners endorsed contemplating suicide (*samples of convenience* v. *random samples*)

• **2016 NAEMT**: survey on EMS Mental Health Services (2200 respondents) revealed 37% of EMS agencies had no mental health support services & 42% had no health and wellness services and 9% “Don’t Know”

• **2018 EMS Deaths by Suicide**: Arizona
  – After demographic adjustment, EMTs had more than double the suicide rate of non-EMTs
As a comparison, police officers encounter 10 to 900+ “traumatic” or “severely stressful” events.

Trauma/Critical Incidents lead to Burnout:

- Behavioral syndrome characterized by emotional exhaustion, cynicism, and lower professional efficacy

2018 SAMHSA Technical Report:

- 30% of First Responders develop behavioral conditions such as PTSD, and Depression
- 50% of deaths are due to stress and exhaustion
- Substance abuse: 50% male firefighters report binge or hazardous drinking
Cumulative Impact on EMS Personnel

- Increased risk of cardiovascular disease
- Higher risk of coronary event
- PTSD: 15-20% prevalence; 7-19% LE
- Low fitness, weight gain, obesity
- Early retirement
- Premature death
Volunteer v. Career (Firefighters)

- Significantly elevated levels of depression, PTSD, and suicidal symptoms

- Significant structural barriers to mental health care (e.g. cost, availability, or resources)

- Potentially more stringent selection process
Risk Factors

• **Pre-incident**: family psychiatric history, cumulative exposure to critical incidents within past year, occupational stressors, *past personal traumas*

• **Peri-incident**: nature of the trauma (line of duty killing, death of fellow responder, child, physical assaults most impactful), perceived threat to self, partner, and others

• **Post incident**: *dissatisfaction with agency support*, poor social support outside of EMS work, legal/media, physical injuries, avoidant coping, stigma/fitness concerns
Protective Factors

• Strong social connectedness & emotional support--most significant protective factor

• Positive attitude, compassion, and tolerance from supervisor and colleagues for discussing events and expressing emotions

• Positive coping, wellness/resilience skills and hobbies

• Mental health wellness-checks, early intervention and evidence-based treatment
The Issue of Stigma & Help Seeking Behavior

Stigma:
• Mark of disgrace associated with a particular circumstance, quality, or person
• Negative view associated with a person or group when their characteristics or behaviors are viewed as different or inferior to societal norms
• Reduces someone from a whole person to a tainted, discounted one

Types:
• Self
• Career (security clearance and fitness)
Over 99% of individuals in DHS with psychological conditions obtain or retain their security clearance.

A DHS review of approximately 11,000 background investigations in FY15 resulted in only 0.2 percent of security clearances being denied or revoked due to psychological conditions.

Those revoked had additional concerns: financial, legal, etc.
EMS Cultural Impediments

• Command climate that discourages getting help: “suck it up or get over it” mentality

• Responder mentality of self reliance, toughness, control, strength, heroic protector

• Fear that they will be the brunt of jokes

• Concern that leaders or peers won’t select or trust them for future assignments/promotion.
Experts have emphasized the importance of stigma-reduction programs that include:

- Selection of leaders and change agents who are credible and similar to the communities of interest

- Leaders who are willing to share personal stories of trauma impact, mental health issues, and treatment recovery (Vulnerable Strength)

- All-hands communication messages that are varied, delivered over time, and include a quality outcome component
The Mental Health and Wellness Paradigm Shift

• Addressing psychological health and well-being from recruitment/training to retirement

• From secondary and tertiary interventions to proactive primary prevention and resilience and performance optimization

• Common language that resonates

• Develop policies, dedicate funding to enhance EMS personnel health and well-being
Health & Performance Continuum

PEAK PERFORMANCE
- Characteristics:
  - Quality Sleep
  - Focused Attention
  - Sustained Energy
  - Engaged
  - Optimistic
- How to Maintain:
  - Sleep Optimization
  - Well-balanced Diet
  - Social Connectedness
  - Regular Exercise
  - Enjoyable Hobbies

DECREASED PERFORMANCE
- Characteristics:
  - Sleep Loss
  - Decreased Focus
  - Reduced Energy
  - Displaced Sarcasm
  - Pessimistic
- How to Improve:
  - Peer Support Program
  - EAP Consultant
  - Spiritual Practice
  - Marital Enrichment
  - Psychological First Aid

POOR PERFORMANCE
- Characteristics:
  - Disturbed Sleep
  - Poor Focus
  - Binge Drinking
  - Sadness
  - Displaced Anger
- How to Improve:
  - Peer Support Program
  - EAP Consultant
  - Chaplain Services
  - Marital Enrichment
  - Psychological First Aid

IMPAIRED PERFORMANCE
- Characteristics:
  - Sleep Deprivation
  - Inability to Focus
  - Increased Absenteeism
  - Substance Use Disorder
  - PTSD
- Professional Services:
  - Brief Psychotherapy
  - Family Therapy
  - Marital Counseling
  - Medication Therapy
  - Federal Employee Health Benefit

Information and resources to improve your performance can be found at: dhs.gov/employees
Psychological Resilience Defined

• Resilience Video: https://www.youtube.com/watch?v=UNQhuFL6CWg

• **Military/RAND**: ability and process to withstand, recover and grow in face of stressors and changing demands

• **APA**: process of adapting well in the face adversity, trauma, or ongoing stress — family and relationship problems, serious health conditions, workplace and financial stressors

• Defined in the context of individuals, families, organizations, societies, and cultures
Resilience Skills – Can they learned?

- **Key Tenant: Yes!**
  Resilience skills can be learned

- *Resilience training in the workplace from 2003 to 2014: A systematic review*
Rand Study: Promoting Resilience in the Military (2011)

- Examined 21 Resilience Promoting Factors

4 Levels:

- **Individual** - Optimistic thinking, realism, behavioral control
- **Family** - Family support
- **Organization** - Leadership support / positive command climate
- **Community** - Belongingness or social connectedness

**Skills:** Cognitive, Emotional, Physical, Social
U.S. Customs and Border Protection

Resiliency Programs

In Office of Human Resource Management

Introduction of Resilience Skills

**CBP Component Academy; New Employee Orientation; Resilience Training Assistant Course**

- Overview of Resilience
- Gratitude
- Values-Based Goals
- ABC
- Balance Your Thinking
- Check Your Playbook

- Capitalizing on Strengths
- Mindfulness
- Spiritual
- Physical
- Good Listening & Active Constructive Responding
- Interpersonal Problem Solving

**Resilience Domains & Tenets**

- **MENTAL**
  - Awareness
  - Decision-Making
  - Adaptability
  - Positive Thinking

- **PHYSICAL**
  - Nutrition
  - Endurance
  - Strength
  - Recovery

- **SOCIAL**
  - Communication
  - Connectedness
  - Social Support
  - Teamwork

- **SPIRITUAL**
  - Core Values
  - Perseverance
  - Perspective
  - Purpose

**WORKFORCE RESILIENCE & ENGAGEMENT DIVISION (WRED)**
About the SOCAT Program

- **Developed** by clinical, social, sports, operational, and organizational psychologists and SOF consultants
- **Goal**: enhance cognitive ability to facilitate dynamic decision making and adaptation to life changes
- **Audience**: service members, partners, and providers
- Pilot testing this year (2019)

Building Mastery of Rational-Thinking and Emotional Regulation through Problem-Solving (REPS)
U.S. Navy Recruit Training Command

Warrior Toughness Program

Content:
- Comprehensive and holistic (mind, body, soul)
- 10 hour character development training
- Daily mindfulness exercises
- Targeted sports psychology training

Development:
- Character curriculum:
  - 6 chaplains
- Development and Implementation (First year):
  - one chaplain,
  - one psychologist
  - one SEAL
- Scaled to team of 14 to set up Warrior Toughness School House
DHS Mindfulness Pilot – Case Study

• PURPOSE:
  ➢ Support and enhance DHS workforce resilience, health and performance through evidence informed training that maximizes personnel readiness

• TRAINING GOALS:
  ➢ Increase resilience, mindfulness, stress management skills, quality of life, and occupational and operational performance
What is Mindfulness?

https://www.youtube.com/watch?v=dSsAEWkmBFU

**Mindfulness Skills**

- *Paying attention, on purpose, in the present moment, without judgment*
- Cultivates the ability to ‘let go’
- Responding and self-regulation versus reacting
- Increases attention and focus and awareness of self & others

**Mindfulness Highlights**

- **Benefits** (enhances resilience, performance & proven to reduce stress)
- **Efficacious** (science-backed, over 700 studies to date, DOD/VA Practice Guideline)
- **Skill-based** (a learned and portable skill v. education/awareness only training)
- **Scalable** (‘train the trainer’ model & can be incorporated in DHS Basic & Advanced Academies)
Mindfulness Empirical Evidence

Mindfulness Journal Publications by Year, 1980-2017

American Mindfulness Research Association, 2018
Source: goAMRA.org
Mindfulness ROI

Where Being Taught

- U.S. Military:
  - Marine Corps
  - Navy
  - Army
  - Special Operations

- Corporations:
  - Google
  - Nike
  - Apple
  - Intel, and more

- University:
  - Duke
  - Stanford

- Sports Teams/High Performing Athletes

- Law Enforcement/First Responders

Mindfulness ROI

- Reduction in worker stress and health costs
- Increase in productivity
- Law Enforcement exhibited decrease in operational stress and anger
- Enhanced stress response skills

Research-based Outcomes:

- 35% reduction in worker stress
- 7% reduction in health costs
- $3000 productivity gain per employee
Two-year contract provides a “menu” of offerings to enhance resilience, stress reduction skills, leadership, and peak performance:

- **Mindfulness Performance Enhancement Awareness & Knowledge (mPEAK)** - 2 ½ Day Intensive + 4 Virtual Sessions

- Mindfulness Based Resiliency Training (MBRT) – 2 ½ Day Intensive plus optional f/u

- Mindfulness Based Stress Reduction (MBSR) – 2 Day Intensive plus optional f/u

- Mindful & Emotional Intelligence Leadership – 1-2 Day Intensive

- Mindfulness Self-Compassion Training – 2 Day Intensive

- Coach Training – 3 Day Intensive plus f/u
Mindfulness Pilot Phases

• Phase 1: Law Enforcement
  ➢ CBP, ICE, USSS, USCG

• Phase 2: Non Law Enforcement & Focused Populations
  ➢ DHS Veterans and Families
  ➢ DHS Training Academies (FLETC)

• Phase 3: Pilot Scaling (Coach Training) and Program Evaluation
Barriers to Implementation

• Securing and protecting funding
• Organizational level leadership support
• Provider and station level support
• Demonstration of efficacy – measurement challenges

• Operational tempo, finding time for training
• UCSD Trainer availability
• Competing training priorities, only so much time in a day
Testimonials

“\textquote“I thought that the class brought me to a better realization of humility and gratefulness. Identifying our own weaknesses and being given tools to address them only helps us be more available to those who depend on us. I found that the training was a fantastic opportunity to self-reflect and fix or at least develop a plan to fix what is broken.”\textquotecite{Agent, United States Border Patrol (USBP)}

“I wish I had this course 30 years ago, at the beginning of my career. Training like this will go a long way in helping law enforcement personnel perform, develop resilience and positive coping tools.”
\textquotecite{Officer, Customs & Border Protection (CBP)}

Rave reviews about both courses…we’d really like to pursue getting all of our 255 members through the training.
\textquotecite{CDR, Executive Officer, U.S. Coast Guard San Diego}
Preliminary Pilot Data

**U.S. Customs and Border Protection:**

Q10 How useful was your mPEAK training program as a whole?

Q9 How satisfied are you with your mPEAK training program as a whole?

**CBP, USSS, and USCG Connor-Davidson Resilience Scale**

- 10-item measure of resilience using a 5-point response scale.
- Higher scores are associated with positive psychological health outcomes.

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**Five-Facets Mindfulness Questionnaire (Observing)**

- 39 item, 5-point self-report scale that assesses mindfulness in daily life activities.

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I wish I could tell you, with data points, the impact of Work life and specifically Mindfulness. I use it, I have three guys that use it, and I know two have gone from grounded to Fit for full duty because of it.

–ASTC, Air Station Astoria
Leadership’s Role in Health & Performance

- **Most Effective**: Leadership modeling and encouragement

- **Challenge**: For leaders to demonstrate “vulnerable strength,” strategically share stories of perseverance during stressful personal or work situations

  
  
  ![YouTube Video](https://www.youtube.com/watch?v=X6X3kQMBbb8)
Health Promoting Leadership

Introduction & Objective

Introduction:
Employees all over the world suffer from unfavorable working conditions such as high time pressure or excessive workload. As a consequence, physiological as well as psychological health problems among employees increase.

Leaders can have a great impact on employees' health and well-being. However, general leadership behavior such as transformational practices does not directly or specifically focus on health-promoting actions.

To address this problem, Franke, Feldto, and Puntus (2014) developed the concept of Health-Oriented Leadership (HOL). The concept links leaders' self-directed health-promoting leadership (i.e., SelfCare) to their follower-directed health-promoting leadership (i.e., StaffCare). This in turn has an impact on follower health (see Figure 1). Both SelfCare and StaffCare consist of three components: value of health, health awareness, and health behavior.

Objectives:
In this study, we focused on HOL by investigating the underlying mechanisms (i.e., core self-evaluations, CSEs) and situational condition (i.e., organizational health climate, OHC) in connecting leaders' SelfCare and StaffCare behavior (see Figure 2). We assume that leaders who actively care about their own health, evaluate themselves in a more favorable light, assess themselves as more capable of performing follower-directed health-promoting leadership behavior, feel more emotionally stable, and experience more control to behave accordingly (i.e., CSE component). These positive self-evaluations, however, should especially foster follower-directed health-promoting leadership behavior if the organization as such supports that behavior in sharing basic assumptions consuming employee health and well-being.

Hypotheses & Model

Hypotheses:
H1: SelfCare is positively related to CSEs.
H2: OHC moderates the relationship between CSEs and StaffCare behavior such that CSEs lead to StaffCare behavior if OHC is high.
H3: SelfCare influences StaffCare behavior through its relationship with CSEs and thus fosters behavior related to StaffCare—especially under high levels of OHC.
H4: StaffCare is directly positively related to StaffCare behavior

Proposed Model:

METHOD

Subjects:
- Online study with N = 164 leaders (101 male, 63 female)
- Age: 47 years (SD = 9.05), tenure within the current company: 16 years (SD = 10.35)

Applied Questionnaires:
- SelfCare and StaffCare behavior: 127 item of the 3P-Questionnaire (Cronbach's α = .89, .89)
- CSE: 32 item of the German Core Self-Evaluation Scale (Cronbach's α = .82)
- OHC: 2 items of the Health-Oriented Leadership Questionnaire (Cronbach's α = .78)

Analysis:
- Software: PROCESS macro for SPSS
- Procedure: For reaching Hayes (2013) for conditional indirect effects covering moderated mediation, variables of the interaction term were mean centered prior to analyses
- Moderator variable: Sex, age, and tenure

RESULTS

Table 1: Test of Overall Model

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<tr>
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<td>0.53</td>
<td>0.07</td>
<td>7.57**</td>
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<tr>
<td>Model 2</td>
<td>0.53</td>
<td>0.07</td>
<td>7.57**</td>
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Figure 2: Theoretical model of the relationship between SelfCare and StaffCare behavior.

Figure 3: Moderation effect on OHC and CSEs

IMPLICATIONS

- Trainings should focus on leaders' SelfCare in order to...
- Help leaders to effectively improve their own health and well-being.
- Indirectly foster StaffCare behavior.
- Organizations should concentrate on establishing a broad health culture to make health-promoting leadership behavior more likely to occur.

References:
EMS Advocacy at a National Level

• 2017 Law Enforcement Mental Health and Wellness Act
  – Comparison of DOD/VA Health and Wellness Programs
  – Report on LE Psychological Health & Wellness Programs
    (11 Case Studies of Best Practice Agencies)
  – Efficacy of annual mental health checks
  – Expansion of peer mentoring programs and crisis lines

• Presumptive PTSD Laws
  – Supports mental health conditions as occupationally related disease and coupled with related workers compensation/treatment
Selected Research

Select Military, Law Enforcement, Health, Work and Stress Studies


Thank You!

Questions

Comments

Discussion
End/Extra Slides