



Fire Service Psychology Association

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Position Paper: Current State of Fire Service Psychology

Background:

In the ideal world, firefighters would have access to psychological education and services tailored to the profession like what has been established for police and military service occupations. Initially, firefighters would be selected for the psychological traits necessary to be successful. Thereafter, alongside their technical training, they would learn about the psychological dynamics of firefighting and emergency medical services (EMS), occupational exposures, and ways to mitigate negative impacts. They would become knowledgeable about specific strategies to prevent psychological deterioration and identify when intervention is needed. (For example, concerning post-traumatic stress, firefighters should utilize an evidence-based system of trauma risk management to help decipher what is normal recovery and what requires psychological intervention.) Intervention services should be researched to determine which approaches are most effective for the population. Furthermore, fire officers should be trained to identify and effectively respond to the mental health needs of their subordinates and create psychologically safe work environments.

Firefighters should have access to culturally competent clinicians who have gained the knowledge, skills, and abilities to provide effective service. The fire service psychology profession should create a vehicle for psychologists to develop and maintain these competencies, thus growing a clinician base well suited to meet the needs of the national fire service.

Funding should be set aside for the ongoing psychological research of firefighter populations. At present, many of the peer-reviewed articles about the psychology of firefighters come from international sources such as the United Kingdom, Greece, Singapore, and South Korea. For context purposes, there is no Journal for Fire Service Psychology, although there is The Journal of Police and Criminal Psychology.

PROJECT 1: Assessment

- Development of a Pre-employment Psychological Standard (like that which was created for P.O.S.T. (California-Peace Officer Standards and Training)
 - Created through the collaboration of the fire service and psychology stakeholders
- Development of an Annual Behavioral Health Screening Standard
 - Note: IAFF/IAFC has been working on an annual behavioral health screening. There are no police and public safety psychologists on the committee. Although well intended, without buy-in from the psychologists doing those assessments then there is a small likelihood it will become a standard in our field. These efforts must be a collaboration between the psychology and fire service professions.
- Department-wide anonymous organizational assessments to determine rates within the organization of mental health symptoms (PTSD, anxiety, substance abuse, etc).

- These assessments can be used to determine the baseline rates of mental health and to determine whether behavioral health programs are in fact doing what they are designed to do.

PROJECT 2: Workforce Development

- Culturally Competent Psychologists and Clinical Interventionists (Masters Level Clinicians)
 - Training for Psychologists: Knowledge, Skills, and Abilities to Serve the Fire Service
 - Created through the collaboration of the fire service and psychology stakeholders
 - Training should be divided into classroom and field applications. Departments could be identified as "clinician friendly" to create sites for psychologists to get field-based training.

Note: FSPA is sponsored by the American Psychological Association to offer continuing education for psychologists in fire service psychology. FSPA is responsible for the programs and its contents. However, there is little ongoing research being done about the psychology of firefighters, so training is often based on law enforcement and military population research or fire services abroad.

Police and Public Safety Psychology is broken into four domains: assessment, clinical intervention, operational support, and management consultation. The profession implies fire service psychology falls under the umbrella of public safety psychology to be inclusive. However, the foundational research and training is based on law enforcement and military populations and spoken to as if it inherently applies to the fire service without evidence of generalization. Effectiveness is speculative because the peer-reviewed articles are based on an entirely different industry. Fire service psychology is not a difference in degree but kind.

PROJECT 3: Specialized Training and Access for Departments (Paid and Volunteer)

- Psychological Training for Firefighters
 - Entry-Level Psychological Preparation for the Field (Stress Inoculation)
 - Ethical Decision Making (Working with Diverse Groups/Conflict Resolution)
 - Psychological Transitions (Academy/Retirement/Injury)
 - Responding to Behavioral Health Emergencies in the Field (Suicide Intervention; Patients with Special Needs; Crisis De-escalation for Calls Historically Responded to by Law Enforcement)
- Psychological Training for Officers
 - Recognizing and Responding to the Mental Health Needs of Subordinates
 - Crisis De-escalation
 - Ethical Decision Making (Working with Diverse Groups/Conflict Resolution)

PROJECT 4: Suicide Intervention

- The fire service should support a national ongoing project of **psychological autopsies** to identify variables common among firefighters who have died by suicide. This would develop not only a national database for research but could assist in identifying critical periods in which clinical

intervention may be required. Psychological autopsies are the foundation of creating specific risk assessment tools. This is different from suicide data tracking.

○Note: These projects have been done in US military and correctional populations.

PROJECT 5: Trauma Risk Management

- The fire service industry is still heavily reliant on a model called Critical Incident Stress Management (CISM) and utilizes Critical Incident Stress Debriefings after traumatic calls. Although this method has been deemed not recommended and potentially harmful, the fire service has not collectively transitioned to a Psychological First Aid model (such as Trauma Risk Management) to assist after trauma exposures. Research suggests Trauma Risk Management is a tool that can assist in the identification of acute stress symptoms and assist departments in making appropriate clinical referrals at vulnerable periods when an individual would likely benefit from mental health intervention.
- Peer support teams should be trained to assist in the identification of mental health risks and learn when to refer for clinical intervention. Training models should be focused on practical skills rather than solely focusing on an awareness of a problem.
- Peer support teams should be funded to include clinical supervision by a licensed mental health clinician. Research implies the most effective peer support programs have clinical oversight.

Note: The Congressional Fire Services Institute does not have a body of professional psychologists informing the Congressional Fire Service Caucus of the psychological needs of the fire service population. The Fire Service Psychology Association is willing to serve in that capacity.