# Restoring Resilience

9th Annual Fire Service Psychology Conference
October 15, 2026, 1:30 to 2:50 PM

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APA CONTINUING EDUCATION

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Restoring Resilience

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# Learning Objectives

1. Understand the transdisciplinary biopsychosocial model as the evidence-based standard of care for first responder injuries.
2. Recognize how diet and nutrition influence PTSD recovery, chronic pain, brain injury rehabilitation, and cancer prevention.
3. Apply the gut-brain axis and psychoneuroimmunology framework to clinical treatment planning.
4. Navigate the California workers' comp system: Medical Treatment Utilization Schedule (MTUS), Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) standards, RFA documentation, and UR barriers.
5. Identify occupational vulnerabilities unique to first responders and frame your clinical approach accordingly.
6. Articulate why the transdisciplinary model reduces long-term disability costs and accelerates return to function.



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# Occupational Vulnerabilities

*in public safety*

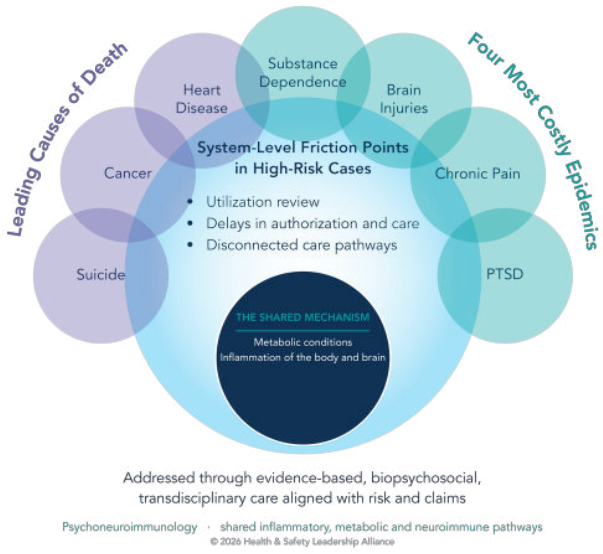
- Post-Traumatic Stress
- Traumatic Brain Injury
- Chronic Pain
- Substance Use Disorder
- Moral Injury
- Cancer
- Cardiac Conditions
- Sleep Disorders
- Co-occurring Conditions

**Comorbidity is the rule, not the exception.**




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# One Intervention, Seven Conditions




- Seven conditions, one shared mechanism: inflammation of the body and brain, and metabolic dysfunction
- Early, evidence-based, transdisciplinary care moves all seven at once
- Four to six weeks of delay is what turns acute into chronic
- The friction points decide whether that care arrives inside the window

**↑ Cortisol** HPA axis dysregulation

**↑ Cytokines** Neuroinflammation

**↓ Serotonin** Gut-brain disruption


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# Integrated Workforce Health Ecosystem

Addressing high-risk cases across the workforce and workers' compensation system




**Outcomes, Analytics & System Performance**

• Reduced delayed recovery • Fewer long-tail claims • Faster return-to-work • Lower total cost

**Prevention, early intervention, and recovery optimization.**

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# PTSD: Who Qualifies, DSM-5 Criterion A

**A.** *Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:*

**A1** Directly experiencing the traumatic event(s).

**A2** Witnessing, in person, the event(s) as it occurred to others.

**A3** Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

**A4** Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) **(e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).** *Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.*

**Clinical note**

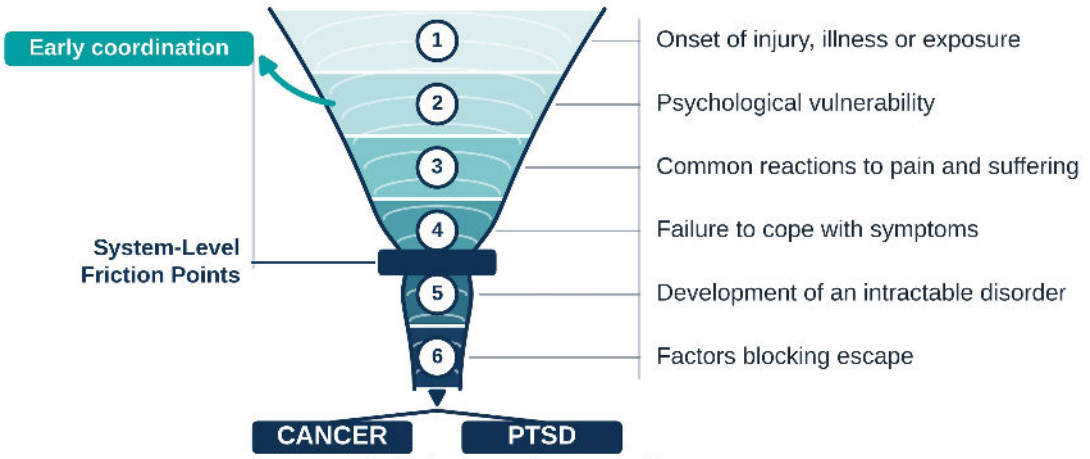
Public safety personnel frequently qualify under repeated indirect exposure. It is missed at standard intake.

Source: American Psychiatric Association, DSM-5 (2013), pp. 271-272, as reproduced in SAMHSA, Trauma-Informed Care in Behavioral Health Services, TIP 57 (2014), Exhibit 1.3-4.



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# The Biopsychosocial Vortex




*Two outcomes. One spiral. The same six stages either way.*

*Adapted from Bruns and Disorbio, 2009*

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# Nutrition as an Intervention in the Vortex

Three points where diet changes the biology the spiral runs on.

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VORTEX STAGE

**2-3** — **Stabilize glucose**

The earliest of the three points of entry.

**3-4** — **Anti-inflammatory diet**

Lowers IL-6 and TNF-alpha, reducing pain sensitivity and improving sleep.

**4-5** — **Microbiome support**

Restores serotonin precursor production and lowers inflammatory burden.

**All three act above the friction points.**



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# Physical Health, Performance & Readiness

- Injury prevention and early intervention
- Physical wellness exams and fitness standards
- Rehabilitative care coordinated with workers' comp
- Injury Prevention and Rehabilitation Programs
- Performance monitoring and data-driven prevention

**A body managed as a system under sustained load.**





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# Nutritional Foundations of Physical Wellness

01

## Inflammation Reduction

Markers linked to delayed recovery.

02

## Cognitive Function

Stable blood sugar, fewer fatigue injuries.

03

## Recovery & Performance

Macronutrients and hydration for repair.

04

## Cardiac & Cancer Prevention

Primary prevention, authorizable under MTUS, ODG and ACOEM.



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# Behavioral Health, Trauma & Resilience

*Is this enough?*

### The Standard Stack

- Peer support programs
- Chaplaincy services
- Culturally competent counseling
- Member, family, and retiree access
- Post-incident CISD and follow-up

### What This Misses

**These programs are necessary. They are not sufficient.**

Behavioral wellness at the department level typically operates in isolation from clinical treatment, workers' comp management, and nutrition.



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NUTRITIONAL PSYCHIATRY

# The Gut-Brain Axis

**90%**

**of serotonin is produced in the gut.**

Microbiome balance affects mood, anxiety, and trauma response.

### ↓ Glucose

Stabilizing blood glucose reduces anxiety and irritability common post-trauma.

### Omega-3s

And B-vitamins support neural repair and stabilize mood.

### Anti-Inflammatory

Dietary patterns lower symptom severity across PTSD, depression, and chronic pain.

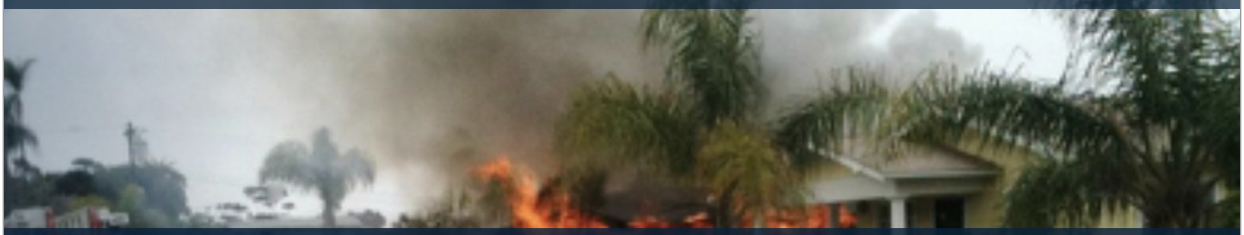
**All First Responder Institute IOP clients receive nutrition consultation as standard clinical protocol.**



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CANCER AWARENESS AND PREVENTION

# Exposure Reduction Protocol



*Firefighters face significantly elevated occupational cancer risk. External decontamination is only part of the solution.*

**Post-Fire Gross Decon** ▶ **Clean Cab Program** ▶ **Personal Decon** ▶ **Station Control Zones**

**Screen cumulative carcinogen exposure history and document it in the WC record.**



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# Nutrition and Cancer Prevention

### Antioxidant-Rich Foods

Berries, cruciferous, leafy greens.

### Omega-3s and Healthy Fats

Lower oxidative stress.

### Hydration

Renal and lymphatic clearance.

CLEAN AIR. CLEAN BODY.
CLEAN GEAR.

## Clean Diet

*the fourth C*

**Clean from the inside out.**



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# Reversible Epidemics

*What the evidence says is treatable*

## PTSD

GAP

Access to culturally competent care, insufficient prevention, stigma delay.

EVIDENCE

EMDR, CPT and PE have the strongest evidence base. Manualized public safety specific treatment doubles completion rates.

## Chronic Pain

GAP

100M+ Americans affected. Only 5 of 133 medical schools teach pain management.

EVIDENCE

Biopsychosocial framework outperforms biomedical-only management on duration, function, and return to work.

## Brain Injury

GAP

Silent epidemic. Most concussions go undiagnosed and cumulative exposure is rarely tracked.

EVIDENCE

Early identification and multimodal treatment, including nutritional support, significantly improves outcomes.

## Substance Use Disorder

GAP

Complex biopsychosocial-spiritual presentation and stakeholder knowledge gaps.

EVIDENCE

Integrated detox and trauma recovery, treating SUD and PTSD simultaneously, outperforms sequential treatment.



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# When PTSD Became Presumptive

**500%**

increase in PTSD claims, FY2020 to FY2023

PTSD became presumptive in FY2020.

**41**

PTSD claims reported in total, starting FY2016

**5**

PTSD claims per fiscal year, average

**345**

claims filed per fiscal year across the whole department, average

**PTSD claims rose. Total department claim counts did not.**

Source: San Diego Fire-Rescue Health and Safety Office, Fire-Rescue Workers' Compensation Data, FY2014 to FY2023. Claim data: San Diego Risk Management, Workers' Compensation.

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# The Department Grew. The Claim Count Held.

**32% ▸ 24%**

FY2014 FY2023

Injury rate per full time employee, all ranks

**Down 8 percentage points.**

**+183.48**

budgeted full time employee positions added

**Doubled**

incident call volume over the same period

**345**

claims filed per fiscal year, average

**More people. More calls. A stable claim count.**

The source summary sheet records the injury rate change as "Down 8%". It is a fall of 8 percentage points, from 32% to 24%.

Source: San Diego Fire-Rescue Health and Safety Office, Fire-Rescue Workers' Compensation Data, FY2014 to FY2023. Claim data: San Diego Risk Management, Workers' Compensation.

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# Core Psychological Support

*Each is recognized under MTUS, ODG and ACOEM, or VA and DoD guidelines.*

**EMDR**
Eye Movement Desensitization & Reprocessing

**CPT**
Cognitive Processing Therapy

**PE**
Prolonged Exposure

**CBT**
Cognitive Behavioral Therapy, including CBT-I for sleep

**Integrated SUD**
Concurrent PTSD and SUD care

**Stress Management**
Coping skills training





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# Where Clinical Care Meets the Claims System

WHAT THE STANDARDS REQUIRE

- MTUS in California, and ODG and ACOEM federally, all require early, evidence-based treatment as the standard of care.
- NFPA 1550 and 1580 mandate comprehensive public safety health and wellness programs.
- Employers must provide safe, rehabilitative environments.
- Patients have the right to timely, clinician-selected treatment.

## Where Systems Friction Can Occur

Utilization review adds a documentation-based checkpoint before treatment proceeds.

Coordination gaps between behavioral, physical, and claims management can slow recovery.

55%+ of RFA denials for MPN physicians are linked to increased chronic conditions and delayed recovery. Source: CPCA.

### Your Role

Clear documentation that ties diagnosis to function and cites MTUS, ODG or ACOEM keeps care moving. For the full mechanics of RFA, UR and peer-to-peer review, see Workers' Comp They Didn't Teach You, the October 14 pre-conference course.



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# Transdisciplinary Biopsychosocial Therapeutic Community

### Biological

- Physical rehabilitation
- Cancer prevention
- Pain management
- Nutritional therapy

### Psychological

- PTSD treatment: EMDR, CPT, PE
- Trauma-informed therapy
- CBT-I for sleep
- Resilience building

**Transdisciplinary**

### Social

- Peer support integration
- Family systems therapy
- Spiritual care
- Reintegration planning

### Risk Management

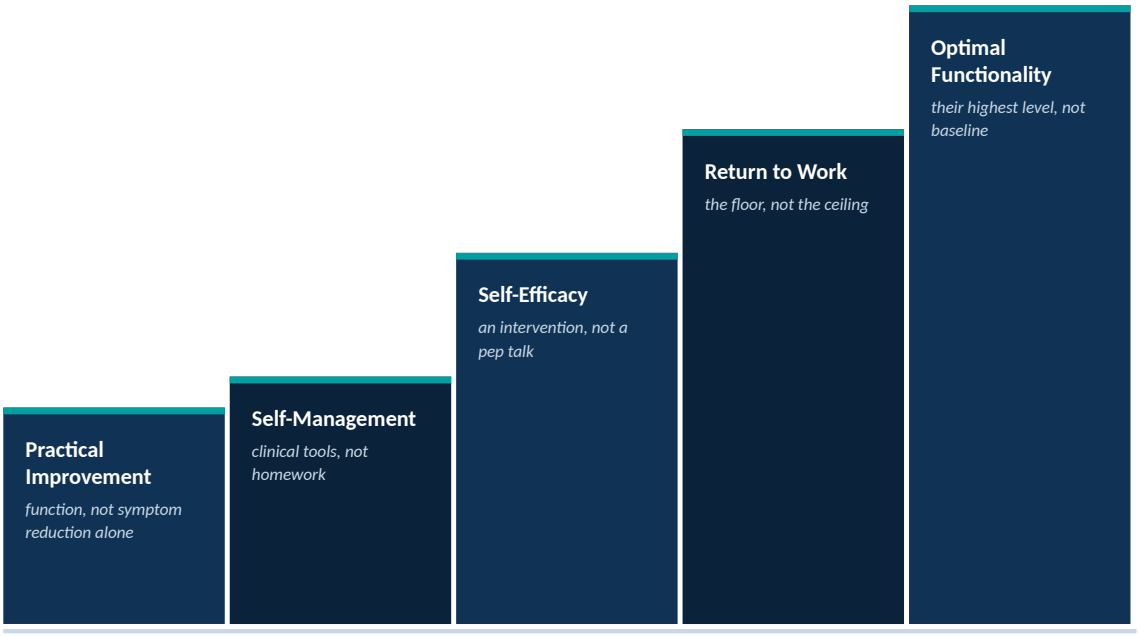
- Workers' comp coordination
- MTUS, ODG and ACOEM compliance tracking
- RFA documentation
- Data-driven prevention



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# Transdisciplinary Treatment Goals

*What success looks like.*






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# Why Nutrition Belongs in Workers' Comp

01

### Injury Recovery

Deficiency delays tissue repair.

02

### Metabolic Prevention

Stops secondary conditions extending claims.

03

### Cardiac Risk Reduction

Authorizable when linked to exposure.

04

### Claim Cost Reduction

Lower total cost, faster return to work.

**Document the link between nutrition and the compensable condition explicitly in every RFA.**



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CALL TO ACTION

# What you can change starting Monday

**1 Adopt the framework**
Screen, document, build it into the plan.

**2 Add nutritional assessment**
Screen, refer to an RD, document why.

**3 Know your rights**
Peer-to-peer, cite MTUS, ODG and ACOEM, document function.

**4 Partner across silos**
Behavioral health, RDs, risk managers.





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# Thank You

## Questions & Discussion

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# Advancing Alignment Across the Workforce Health Ecosystem

## Breaking Barriers. Bridging Systems.

- Workers and Workforce
- Employeers and Industry
- Insurance, Claims and Risk
- Healthcare, and Occupational Medicine
- Government and Regulatory systems
- Data and Research

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A national initiative advancing prevention-first, evidence-informed workforce health systems. Bringing together employers, healthcare partners, insurers, regulators, and research leaders to strengthen prevention, accelerate recovery, and improve system performance.

**Integrating prevention, healthcare, and recovery across the workforce health ecosystem.**

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*Thank you for your leadership in this space and commitment to public safety wellness.*

## Stakeholder Organizations Driving the Call to Action

- CALIFORNIA FIRE CHIEFS ASSOCIATION
- CALIFORNIA STATE FIREFIGHTERS' ASSOCIATION
- FIRE DEPARTMENT SAFETY OFFICERS ASSOCIATION
- FIRE SERVICE PSYCHOLOGICAL ASSOCIATION
- PUBLIC SAFETY PEER SUPPORT ASSOCIATION
- SAN DIEGO FIRE RESCUE HEALTH & SAFETY OFFICE
- SOUTHERN AREA FIRE EQUIPMENT RESEARCH – EST. 1976
- FIREFIGHTER BEHAVIORAL HEALTH ALLIANCE
- SAN DIEGO COUNTY FIRE CHIEFS ASSOCIATION
- CRACKYL MAGAZINE



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