Therapy for Men Who Consider Sirens Driving Music: Man Therapy™ for First Responders

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Why is Man Therapy Focusing on First Responders?

What is Man Therapy?

Man Therapy is a mental health program for men that uses humor and engaging digital tools to help men proactively address life challenges and mental health conditions like depression, anger, anxiety and substance abuse. The campaign is targeted to “double jeopardy men” – men with a number of risk factors who are also least likely to seek help on their own. Launched in 2012, Man Therapy is a partnership among Cactus, the Carson J Spencer Foundation, and Colorado’s Office of Suicide Prevention. In February 2016, the Man Therapy website re-launched in a new format that allows resource generation to be customized to the user. The overarching goals of Man Therapy are:

1) To create social change among men and the general population about mental health and wellness.
2) To empower men to take ownership over their mental health and wellness by increasing help-seeking behavior.
3) To reduce suicidal thoughts and deaths among men (long term).

Man Therapy is now strategically focused on first responder populations because these populations have both high risk and high readiness for suicide prevention and mental health promotion and because the tone of the Man Therapy program resonates well with many men in these target groups. First responder groups include:

- Fire service
- Law enforcement including police, sheriffs, corrections, and border patrol
- Emergency rescue including EMS and alpine rescue

Suicide Data on First Responders

Due the demanding nature of their work and high level of public trust in their positions, first responders are usually pre-screened before hire for psychological hardiness and absence of significant, current mental health challenges. Additionally, first responders often experience a strong sense of camaraderie and a deep commitment to purpose connected to their vocations, factors that often help people get through the toughest of times. Finally, many first responders have access to mental health treatment and support through EAP, department psychologists, chaplains and peer support. Because of these reasons, we would expect first responders to have levels of mental health problems and suicidal thoughts and behaviors at or below the general population. Instead, a recent CDC report on occupation and suicide ranked “Protective Service” as the 6th highest for suicide death.

rates. However, upon review, many work-related risks also appear to contribute and that the leadership among first responder groups are no longer ignoring the issues:

- **Police:** In 2012, there were 126 documented suicide deaths of police officers in the U.S. (versus 49 killed by gunfire in the line of duty); 91% of police officer suicides were male. In 2013 the International Association of Chiefs of Police held a forum called “Breaking the Silence: A National Symposium on Law Enforcement Office Suicide and Mental Health,” and has since participated in a number of national collaborative projects to further the recommendations of this summit. According the U.S. Department of Justice, 87% of police officers are male.

- **Fire Fighters:** Each year, an average of 92 firefighters die in the line-of-duty (the most common cause of death is heart attack) and 80 firefighters die by suicide. One study revealed that firefighters report exceptionally high rates of suicidal thinking (46.8%), plans (19.2%), and attempts (15.5%) during their firefighting careers. These rates are higher than the general population and military samples. According to the Bureau of Labor Statistics, 96% of firefighters are male. As many as 37% of firefighters exhibit symptoms of post-traumatic stress. Recently, the National Fallen Firefighters Foundation launched a number of behavioral health initiatives including a national empirical study of firefighter suicide to help better understand and solve these problems.

- **EMS:** EMS professionals often experience the same risk factors as fire and police but are frequently experienced as the under-resourced and under-researched “invisible branch” of the first responder community. A 2015 Journal of Emergency Medical Services article that surveyed 4,022 EMS professionals from all 50 states revealed that 86% experienced what the authors call “critical stress” (acute or cumulative stress from the job), 37% had contemplated suicide and 6.6% had attempted.

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8 Fire Fighter Behavioral Health Alliance, Suicide Deaths by Year in U.S. Retrieved from www.ffbha.org on July 2, 2015.
According to www.EMS.gov, 58% of all EMS providers (volunteer and paid) are male.

A literature review reveals first responders have multiple risk factors that make them prime target groups for Man Therapy:

- Self-medication through substance abuse is common.\(^\text{14}\)
- Relationship stress and family conflict due the challenges of shift work and work-life balance.\(^\text{15}\)
- Strong stigmatizing views of mental illness due to a salience bias (they are often over-exposed to people with chronic, severe and unpredictable symptoms that have disrupted a community and often repeatedly appear in the criminal justice or emergency medical systems)\(^\text{16}\)
- Repeated exposure to pain, injury and death leading to increased habituation to these distressing circumstances.\(^\text{17}\) Their risk-taking temperament or learned capacity for fearlessness to life and death situations. In fact, there is some evidence that responding to a suicide death increases the likelihood of a suicide attempt.\(^\text{18}\)
- Many have had past military service and most have access to and familiarity with lethal means (i.e., firearms and medication).\(^\text{19}\)
- A value of stoicism, strength and service to others make them less likely to disclose vulnerability.\(^\text{20}\)

As one researcher stated, “firefighters place themselves in harm’s way to save others—a trait marked by immense self-sacrificial qualities. Although this trait is essential and highly valued within this line of work, it is possible that, over time, this pattern of thoughts and behaviors may increase risk for adopting the belief that one's death is worth more than one's life.” (p. 27)\(^\text{21}\) This observation can be expanded to other first responders.

Thus, with this evidence of high risk and high readiness among multiple first responder communities, we secured funding from The Anschutz Foundation and Community First and the Man Therapy


partners developed a process for augmenting the existing Man Therapy program to include media assets, mental health resources, and “Gentlemental Health™” content specifically for male first responders.

**Part I: Male First Responder Engagement Discovery Phase**

In 2015 and 2016 the Man Therapy team engaged in several strategies to better understand the cultures of these diverse first responder communities in order to customize the Man Therapy media and on-line tools to be more relevant. We attended the Fire Leadership Challenge: Colorado State Fire Chief’s Conference: "Leaders in Action" (October 19-23, 2015; Keystone Resort) and the C.O.P.S. (Concerns of Police Survivors) National Conference on Officer Wellness and Trauma (November 13-15, 2015; Grapevine, TX). At these conferences several first responders were interviewed and gave feedback on the Man Therapy program. A national expert on EMS and mental health was interviewed. Additionally, the team facilitated a total of five focus groups. In 2015, two in-person focus groups were conducted – one with the Denver Fire Department and one with the Denver Police Department. In 2016, three national focus groups were facilitated by phone; one consisting of EMS professionals, one for Firefighters and one for Law Enforcement.

**Questions Asked:**

1) What are your first impressions/experiences of the Man Therapy program? Good and bad. If you have experienced mental health challenges and/or suicidal thoughts – would this program have been of benefit to you? Why or why not.
2) Are there specific psychological needs of EMS/Firefighters/Police not covered in the current version of MT that would be useful?
3) What are the best ways to reach male EMS/Firefighters/Police? How do we adapt external media (posters, public service announcements, etc.)?
4) What are some resources we can provide that best serve our male EMS/Firefighters/Police? Content that’s missing? On-line tools?
5) Who else do we need to talk to?

**What They Liked:**

**#1 Response: Humor** – Just as with our general population evaluation, most of our focus group participants indicated they appreciated the humor as their favorite thing about the program.

“I totally dig it. I’m a big fan of comedy so that worked for me. The more coarse and inappropriate the better.”

“I think, the other stuff [mental health content] can’t connect well without the dark humor.”

“The nice thing is the way it weaves humor with serious messages. In EMS we’re familiar with that weave. We’re used to that dynamic.”

**#2 Response: Tone** – Several of them spoke about how the tone would fit with people they worked with.

“A perfect fit for culture of fire department. It fits in with the machismo and bravado that sometimes happens at a Fire Department.”
“Very accessible. I refer people to Man Therapy often.”
“I’ve seen a lot of cheesy stuff out there after being in EMS for 23 years, but this really worked.”

What They Didn’t Like:

Most enjoyed Dr. Mahogany and found his humor to be spot on. While a couple of the participants said they “didn’t appreciate the sarcasm and the tone of Rich Mahogany,” they later clarified that their comments were specifically in regard to someone visiting the site while in crisis. Others mentioned that he would be more trustworthy if he were a first responder. They said that a picture of him with his first responder buddies would achieve that desired effect.
The Law Enforcement group requested resources they could point women to if they were to tell cadets during their initial training about Man Therapy. “We have to have something to give them too.”
The EMS group felt they were under represented in the video testimonials. They said EMS is often the “invisible branch” of first responders and that the lack of EMS specific content could further that reality.

What They Want:

#1 Request: More first responder specific content and humor – Many participants requested statistics, testimonials, and resources related to their type of first responder service. The top request for content was talking about mental health as “Mental Fitness” or “Psychological Performance” and normalizing how mental health challenges are understandable given the work of first responders.
“Anyone who says they are completely unaffected, that’s totally bogus.”

#2 Request: Connections to first responder specific resources – Participants requested a more vetted list of resources. Not just the Suicide Prevention Lifeline because they fear if they call it, their peers will be sent to their house to rescue them. They suggested handpicked resources made by and for first responders would be more effective.
“First responders know the suicide Lifeline system. They know that the person on the other side of the phone can track them down so they may be reluctant to call. I wonder about having some firefighter specific resources because they may be reluctant to call Lifeline.”
“I’d really like to have someone look through all the resources so that we are vetting only the best ones sometimes they get sent to resources that aren’t good. They’re unlikely to go back if they get referred somewhere crummy.”

#3 Request: More Obvious First Responder Specific Content – Many said they had difficulty finding first responder specific content and videos. They described difficulty managing the site. Many said they couldn’t find any videos of people like them.
“You guys are missing an EMS video. There are police and fire videos, but not EMS.”

Suggested Partnerships and Outreach Approaches

Participants suggested the following outreach strategies to reach first responders:
1) Training academy as recruits
2) New officer training
3) Social media
4) Peer supporters
5) First responder websites and magazines
6) National organizations and associations

**Part 2: Piloting Creative Concepts**

**New First Responder Collateral**

On March 28th, 2016, members from the Cactus creative team and the Carson J Spencer Foundation facilitated a conference call with 15 first responder partners (10 fire fighter, 4 police, 1 EMS) from Massachusetts, Pennsylvania, Georgia, Texas, and Colorado. The participants gave input on ten creative concepts and narrowed the list down to the following four:

- For all first responder professions:
  - Therapy for men who consider sirens driving music
  - Saving lives can be a real pain in the ass.
- For police: Don’t holster your feelings.
- For fire fighters: Give your brain the same attention you give your hose.
New Content for First Responders

From the discovery phase, the Man Therapy team built new content to add to our “Gentlemental Health” descriptions and resources. The new content outlined here was “Mahoganized” (put into the tone of the Man Therapy fake therapist Dr. Rich Mahogany) and added to the website.

- **Post-Traumatic Stress and First Responders**
  “You can shove garbage in a closet, but eventually, it rots and starts to leak out,” said Dan Phillips, a C.O.P.S. conference presenter.

After having direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity (or witnessing such an event or learning about such an event impacting someone close) the survivor experiences intense fear, helplessness, or horror. Common reactions include avoidance or emotional numbing and what is known as “hyper-arousal” (startle, nightmares, etc.), all of which must persist for at least one month. Post-Traumatic Stress (PTS) for first responders is unique because of their ability to compartmentalize trauma. Once the trauma level has exceeded a certain threshold – cumulative or acute – PTS symptoms of hyper-arousal, sleep disruption, avoidance and numbing can result. Trauma symptoms like this are particularly distressing to first responders as they feel like they are not in control of themselves. This is not how first responders see themselves.

- **Three Sources of Stress for First Responders**
  “Your options (in response to job stress) are usually to laugh, cry or throw up. Laughing is more appealing. Also helps you breathe,” Karen Thomas, C.O.P.S. conference presenter.
#1 Street: Cumulative Career Traumatic Stress (CCTS) is often identified as the biggest source of stress. The volume of calls over the lifetime of first responders can sometimes spill over their ability to compartmentalize.

#2 Department: Politics, shift work, performance reviews, scrutiny, work load, morale – all of these additional stressors contribute to the CCTS burden first responders are already carrying.

#3 Family: First responders often need to help transitioning from work to home. In addition the impact of shift work often results in missed events and milestones, which can lead to distancing from family instead of finding support during times of stress.

• First Responder Work-Life Unbalance

“What is the price you are willing to pay (to be a first responder)? Heart attack? Divorce? Chronic anger? No job is worth this,” Jack Harris.

Many first responders develop what is called “single-source identity” to their work. Because of this strong commitment to serve and protect, many first responders start to neglect other important parts of who they are – parents, partners, faith community members, neighbors, and so on. This over-emphasis on one dimension of their identity puts them at risk should something threaten their vocation and leaves them with fewer resources to help them through stressful times. Many first responders got into the job to help their community. The honeymoon stage of the career usually lasts only a short while before expectations are challenged. As one first responder mental health expert said, “When the realities and frustrations clash, the bubble of expectations is popped by a pin of disillusionment.” Many find themselves completely submerged in work and at the same time the work gives less satisfaction than before.

• First Responder Substance Abuse

“First instinct (after a difficult day at work) is to get drunk. We need a reminder – instead of drinking, do this.”

For many reasons, first responders are vulnerable to developing addiction to alcohol or drugs. In the short-run, self-medication works to mask mental trauma and physical pain associated with the job. This form of coping then becomes ritualized as an over-relied upon coping mechanism. Furthermore, due to the nature of the work, first responders often have access to drugs that others do not. Because they are trained to always be in control and be the ones who solve problems, the stigma of being addicted can be great. The fear is compounded by concern of being found unfit for duty and subsequently losing identity and ability to serve.

• First Responder Burnout/Compassion Fatigue

“Your give-a-shit levels change.”

Burnout often arises in helping professions when the “you give” and “they take” equation starts to get out of balance. Burnout tends to emerge gradually and results in numbing and emotional exhaustion. Burned-out professionals start seeing others through “rust-colored
glasses” and find less personal accomplishment in their work. Those most at risk for developing burnout are those who see their job as a calling in their life. Some additional symptoms include increased personalization of work stressors, cynicism, distrust and loss of motivation. Excessive workload, role conflict, and role ambiguity exacerbate burnout. Over time, the stress of being a helper leads to depersonalization and a negative shift in one’s responses to care recipients. Because first responders rarely get to know the positive impact they’ve had, over time they start to question their sense of purpose and feel depleted and disillusioned.

**First Responder Moral Injury**

“They have seen the darkness within them and within the world, and it weighs heavily upon them,” Amy Amidon, Psychologist serving Marine base at Camp Pendleton.

The National Center for PTSD defines moral injury as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” In other words, first responders see a lot of the dark side of humanity. Sometimes they are unable to stop bad things from happening to good people. Sometimes their moral compass is challenged under quick decision-making, unethical leadership, or unintentional errors. Moral injury is really about “souls in anguish” and not a psychological disorder. Moral injury is caused when intense life experiences come into conflict with a deeply held moral code. This spiritual conflict feels like a transgression from how a person “ought to be” and causes lingering questioning of “what is right and what is wrong.”

**First Responder Isolation**

“Suicide is not about dying; it’s about stopping pain. Police are warriors; it’s an insurmountable war when you are all alone,” Dr. Robert Douglas, National Police Suicide Foundation.

The longer one stays in the first responder profession the harder it becomes to find common ground with others outside the profession. Over time first responders pull away from external sources of support because they feel misunderstood or because they are simply exhausted. Before long, they – as Dr. Douglas said – fall into the Use’ta Syndrome: I use’ta go to church; I use’ta volunteer, I use’ta have fun, etc.

**Trusted First Responder Sources of Support**

When it comes to finding qualified mental health support, first responders are often faced with unique challenges. They are unlikely to call the National Suicide Prevention Lifeline for fear their peers will respond should the call escalate to a crisis. Additionally, they often do not often feel like mental health providers outside of the first responder community know enough about the professions to be helpful. Thus, trusted sources of support often include:

1) Mental health providers with specific expertise in working with first responders
2) Anonymous crisis services designed for first responders, such as:
   - [www.serveandprotect.org](http://www.serveandprotect.org)
   - CopLine Hotline 1-800-267-5463 or [www.Copline.org](http://www.Copline.org)
• Safe Call Now Crisis Hotline for First Responders at 1-206-459-3020
  www.SafeCallNow.org

3) Peer support
4) Chaplain support
5) Additional websites

• National Fallen Firefighters Association:    http://www.firehero.org
• The Firefighter Behavioral Health Alliance:    http://www.ffbha.org
• Code Green:    http://codegreencampaign.org/
• National Police Suicide Foundation http://www.psf.org/
• Badge of Life: Badge Of Life www.BadgeOfLife.com
• First Responder Annual Mental Health Check
  http://www.badgeoflife.com/prescription.php
• CopsAlive.com www.CopsAlive.com 10 Minute Roll Call Discussion Guide “Law Enforcement Suicide Prevention – Take Charge” at:
• “Make it Safe Initiative” http://www.jackdigliani.com/
• Law Enforcement Survival Institute www.LawEnforcementSurvivalInstitute.org
• In Harm’s Way: Law Enforcement Suicide Prevention
  https://policesuicide.spcollege.edu
• Suicide Prevention for Police Officers www.mces.org/PDFs/suicidepolice.pdf
• The Pain behind The Badge http://thepainbehindthebadge.com/
• Code 9 Officer Needs Assistance Documentary by Dangerous Curves Productions at: https://vimeo.com/26689571
• Municipal Police Institute http://municipalpoliceinstitute.org/public-suicide-programs

Conclusion

The Man Therapy program uses compelling media and quality digital tools to help engage “double jeopardy” men – men with a number of risk factors who are also least likely to seek help for mental health challenges on their own – in proactive mental health self-care, help-seeking and help-giving. Many of the first responder groups have both high risk and high readiness to shift culture, and resonate with the Man Therapy approach. After an extensive research and development phase, the Man Therapy program released new content and collateral in an effort to meet first responders where they are at – with language, humor, mental health concerns and relevant resources specifically designed for first responders. The new content can be sorted by “first responder” to provide relevant content and resources quickly and easily. The goal of these new resources is to enroll male first responders in preventative mental health support because no one should die in isolation and despair.