

“Stay Connected”: Psychological Services for Retired Firefighters after 11 September 2001

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FDNY = Fire Department of New York
PTSD = post-traumatic stress disorder
SAMHSA = Substance Abuse and Mental Health Services Administration

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Abstract

Introduction: A large number of firefighters retired after 11 September 2001. These retirees were confronted with multiple challenges, including grief, trauma-related physical injuries and psychological distress, difficulties related to the transition of their roles, and deterioration of social support.

Objective: The Fire Department of New York (FDNY) Counseling Service Unit's "Stay Connected" Program designed and implemented after 11 September 2001 is described in this report. This unique program was designed to use a combination of peer outreach and professional counseling to address the mental health needs of retiring firefighters and their families.

Methods: Descriptive information about the intervention program was gathered through semi-structured interviews with Counseling Service Unit staff. Client satisfaction surveys were collected during three six-week periods.

Results: Quantitative data indicate that clients rated their overall satisfaction with the clerical and counseling staff a perfect 4 out of 4. The report of their overall satisfaction with the services also was nearly at ceiling (3.99 out of 4). The perceived helpfulness of the services in resolving the problems experienced by the clients increased significantly over time. Qualitative data indicate that peer involvement and intensive community outreach, i.e., social events, wellness activities, and classes, were integral to the success of the intervention.

Conclusions: This project provided valuable lessons about how to develop and implement a "culturally competent" intervention program for public safety workers retiring after a disaster. Creative, proactive, non-traditional outreach efforts and leveraging peers for credibility and support were particularly important.

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Introduction

In the four years since the 11 September 2001 terrorist attacks in New York City, >3,000 firefighters have retired from the Fire Department of New York (FDNY). This is almost twice the number of firefighters who retired in the previous four-year period.

Due to a unique confluence of circumstances, these retiring FDNY firefighters were dealing with multiple challenges simultaneously. Many still were grieving the extraordinary loss of family, friends, and co-workers. Some were suffering from enduring, trauma-related physical injuries and psychological distress that contributed to their taking early retirement. Many also were experiencing difficulties related to the transition of their roles associated with retirement.^{1,2}

General population studies have suggested that retirement may increase the risk for anxiety and depression, particularly for those who retire unexpectedly.³ Adjusting to retirement can be particularly challenging for firefighters, who typically view their work as a calling rather than a job. Another challenge faced by retirees was the deterioration of social support, a well-known risk factor for mental health problems after disasters.⁴ Many retirees experienced a loss of social support when retirement removed them from the daily camaraderie of the firehouse. Although many remained in contact with

co-workers, interaction now was less frequent. When they did stop by the firehouse, some retirees felt less socially connected because so many of their fellow firefighters had retired and new recruits had taken their places. Due to deaths, early retirements, promotions, and an influx of probationary firefighters, the demographic of their firehouses changed dramatically, causing a loss of their safe haven.

Although retirees often had other sources of support, including their families and friends, fellow firefighters provided a unique source of support that has been shown to mediate firefighter stress.⁵ There is a significant stigma associated with seeking professional mental health services among firefighters, or even sharing job-related distress with family members or others outside of the fire department.⁶ Whereas a firefighter who had a sick child or financial problems might seek social support from family and friends, a firefighter experiencing problems related to the job usually would turn to fellow firefighters for help. Therefore, the circumstances following 11 September coupled with the cultural norms of the fire department created a destabilizing situation. More firefighters were retiring, and many of them were experiencing distress and difficulties. However, they felt that they had virtually nowhere to turn for help.

A unique intervention program called "Stay Connected", which was designed and implemented by the FDNY Counseling Service Unit to address the mental health needs of retiring firefighters and their families after 11 September, is described in this study. Also addressed in this study is the reported satisfaction of clients with these services.

Program Development

Prior to the terrorist attacks in Lower Manhattan on 11 September, the Employee Assistance Counseling Unit of the FDNY provided short-term, peer and professional counseling to firefighters and their families. The majority of the clients of the Counseling Unit had a reputation of suffering from alcohol or drug-related problems; therefore, there was some stigma associated with the program. That stigma was partially reduced after 11 September because the experiences surrounding the World Trade Center attacks were viewed as so severe that one would not necessarily need to be "crazy" to require help. Both the severity of 11 September events and this reduction in stigma served to increase demand for counseling services. In response to this increased demand, the Counseling Service Unit expanded and opened several satellite clinics, which led to more service utilization.

In addition to the increased demand for counseling services, there was another important change after 11 September that directly led to the development of Stay Connected. It became apparent to volunteers and staff at the Counseling Service Unit that firefighters were retiring from the FDNY in record numbers. There were several reasons for early retirement after 11 September. Some retired due to physical and psychological problems resulting from trauma exposure, whereas others retired in order to obtain a pension that reflected the increased overtime hours they had worked that year. It also became apparent to

peer counselors who spoke with firefighters at the many funerals, wakes, and memorials, in the firehouses, and at retirement seminars, that many of the recently retired or retiring firefighters were in need of psychological services to help them cope with their transition to retirement and the lasting effects of 11 September. However, even in the post-11 September climate, the stigma was far from gone, and many firefighters still were reluctant to seek mental health services. Stay Connected was developed as a bridge to help skeptical or resistant firefighters avail themselves of needed clinical services. It was the first time the FDNY Counseling Service Unit provided proactive outreach to retired employees who may be in need of psychological services. Stay Connected also was unique because it was funded directly by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Staffing and Training

In order to outreach to potential Stay Connected clients, a new arm of the FDNY Counseling Service Unit was developed. Stay Connected followed the Counseling Service Unit's tradition of peer involvement. The rationale was that a well-reputed, veteran firefighter could gain the trust of his fellow firefighters in the services offered by vouching for a professional clinician. The professional clinician thereby could identify individuals in need of psychological services. Outreach and some intervention efforts were conducted by a pair of providers: a retired FDNY firefighter peer counselor and an experienced, licensed, clinical social worker. If needed, additional longer-term psychotherapy was provided by social workers and psychologists on the Counseling Service Unit staff.

In order to help the Counseling Unit staff deal effectively with these new problems, specialized training in relevant interventions for trauma and post-traumatic stress disorder (PTSD), such as prolonged exposure and traumatic grief work was provided by experts in the field. Training also was available for peer counselors. In order to reduce staff stress and potential burn-out, support including weekly supervision meetings and wellness activities such as yoga and meditation was offered. Sharing a meal is an essential aspect of fire service culture, especially in a kitchen or informal setting where it is safe to address a variety of concerns on a peer level. Therefore, regular lunches and dinners were offered to Counseling Unit staff and peer counselors. Peer counselors also had additional opportunities to chat informally with clinicians about their cases and receive support from the counselors for their own stress. Occasionally, a firefighter volunteering as a peer counselor clearly was experiencing personal difficulties or distress. These individuals would be encouraged to receive counseling themselves before they were accepted as a volunteer.

Outreach

Stay Connected employed various methods to reach recently retired or retiring firefighters in need of services. Since the Stay Connected staff was a part of the FDNY Counseling Service Unit, they had access to the contact information for recently retired firefighters to whom they could send mass mailings and e-mails with information

about available services. Staff members also conducted presentations about Counseling Service Unit services and needs assessments at monthly retirement seminars, retiree organizations, and social events. At times, the Stay Connected staff also received leads from specific firehouses that retiring employees were experiencing difficulties, and responded by presenting information about services at that firehouse.

More informal or non-traditional outreach approaches included hosting social events such as luncheons and rides on the John J. Harvey fireboat for retirees and their families. Staff members also offered classes and activities such as wellness programs, computer training, and vocational assessment. Each of these was an opportunity to talk informally with firefighters, provide them with information and psychoeducation, assess their need for more psychological services, and encourage them to seek treatment, if indicated.

Clinical Issues and Intervention

The most common problems presented by retired firefighters were related to loss. Many still were grieving the deaths of co-workers, friends, and family members. The prospect of a future attack also created anxiety for loved ones at home and demands on firefighters that they had not foreseen ("9/11 was not part of the package I signed on for when I became a firefighter"). Some also were coping with losses in their physical functioning, financial status, or marriage, related to the attacks or to retirement.

Adjusting to retirement was difficult because, in many ways, retiring from the Fire Department represented a loss of identity. The firehouse essentially had been the firefighter's community, and many initially underestimated the impact of separation. In addition, many had no plans for their retirement because they had never anticipated retiring so young (some were in their thirties and forties), and many were unskilled or not up-to-date with current technologies necessary to find alternate employment (e.g., computer/Internet skills).

Marital and family problems also were common. Firefighters are accustomed to protecting their families from the stressful or traumatic aspects of their work by not sharing their stories, but because 11 September was such a public event, it was impossible to shelter them from this trauma. Spouses wanted to share their partners' experiences and asserted that they did not need protection. Some spouses also were resentful that their retirements were not well-timed. In general, families had difficulty adjusting to the new schedules and routines that were different from when the firefighter was working. The phrase, "I married my husband for better or worse, but not for lunch" commonly was heard among spouses.

Many firefighters also presented with difficulties related to trauma and PTSD. In fact, many had retired because of their experience on 11 September, or to protect their family from worrying about their role in similar future events. Individuals also presented with depression and drinking problems.

Stay Connected implemented two levels of intervention: (1) support, which was similar to a crisis counseling model,^{7,8} and (2) more intensive psychotherapy. The supportive interventions usually were peer-led and occurred in various informal settings. During social events, vocational

assessments, or training, firefighters often would share their experiences, thoughts, and feelings related to 11 September or to their retirement. For some, this sharing would be enough to reduce their distress symptoms. For others, it became apparent to the clinician that they needed more intensive counseling. One prominent fire chief presented at Stay Connected to talk about post-retirement vocational opportunities. During his vocational assessment, he began to talk about his experiences organizing funerals for firefighters who died on 11 September. He was referred to a counselor and worked individually on grief issues. He was so pleased with his experience in the program that he became an active peer counselor who recruited many other firefighters in need of services.

Other experiential interventions offered by Stay Connected included: (1) cooking classes for retired firefighters and their spouses; (2) writing workshops where they were encouraged to write about 11 September, their retirement, their children, or a topic of their choice; (3) wellness days for firefighters, spouses, and couples; and (4) couples counseling weekends. Retiring firefighters also were encouraged to become peer counselors or "big brothers" for children of firefighters lost on 11 September. An example of one such event was a picnic that was held in Queens, New York for firefighters and their families. Attendees were pleasantly surprised to see their co-workers and neighbors arrive and this helped to normalize their distress and need for support. During the picnic, firefighters and their families were able to speak privately with a clinician about the difficulties they were experiencing and sign up for a counseling session. This setting helped ease anxiety about soliciting professional mental health services because they could avoid calling a clinic for a referral and identifying themselves to a clerk over the phone.

The clients who needed more services (typically 10–20%) were referred from the supportive interventions to more intensive psychotherapy with a clinician from the Counseling Unit. Clients interested in longer-term treatment were afforded the opportunity to receive services close to their homes at the five satellite sites operated by the Counseling Unit. Interventions included individual, couples, and group counseling. Group counseling was especially beneficial in normalizing stress reactions. Offering individual and group counseling to spouses to validate their experiences and include them in the treatment process was important. If indicated, psychiatry services also were available.

Clinical Challenges of the Firefighter Population

Several challenges to outreach and providing intervention to this population were identified. Significant challenges to outreach included the skepticism and stigma associated with mental health care that are prevalent in the firefighter community. Additionally, especially in the early stages of retirement, many firefighters did not yet anticipate the difficulties they might encounter during the transition. For this reason, the younger, most recently retired firefighters were the hardest to reach.

Perhaps the most significant challenge faced by mental health professionals working in the Stay Connected pro-

gram was the belief among firefighters that those who have not done the job or are different from them (i.e., age, sex) cannot possibly understand their experience or be qualified to help them. Especially in the aftermath of 11 September, firefighters were skeptical about the motives of researchers and others who offered services or solicited their participation.

The success of Stay Connected depended on recruiting the correct peer counselors, i.e., veteran firefighters with excellent reputations to establish trust and credibility. Peer counselors' reputations were based not simply on their being retired firefighters, but on specific details of their careers, such as whether they had worked in a busy firehouse, if and how they were injured, and why they retired. The credibility of the peer counselors provided entrée for the clinicians working with them. In the Fire Department, "you are judged by the company you keep", so having respected retired firefighters vouch for them helped the mental health professionals gain credibility.

Despite extensive efforts to establish trust that all client information would be kept confidential, client concern about confidentiality remained a challenge. Many clients repeatedly would ask staff and peer counselors to verify confidentiality. When retirement still was pending, a captain occasionally would call the Counseling Unit and inquire about a firefighter; providers would neither confirm nor deny whether the individual was receiving services and would refer the captain back to the individual. Occasionally, concerns about confidentiality were an insurmountable obstacle to treatment. In these cases, the individual would be referred to a provider in the community.

There also were ways in which the insular nature of the firefighting community worked in the program's favor. It seemed to increase the likelihood that firefighters would seek help from their own organization or listen to a fellow firefighter's advice about where to obtain quality mental health care.

Another challenge to working with firefighters was that their role as professional helpers made it difficult for them to ask for or receive help for themselves. Stay Connected met this challenge by offering many programs for spouses and family members. Firefighters had less difficulty acknowledging that a family member was suffering or might benefit from a program and would more readily refer loved ones than they would themselves. Fortunately, this often would result in the firefighter engaging in treatment also. Saying, "my wife wants me to do this" was a common, face-saving, non-stigmatizing way to enter treatment. In contrast, because they are so unaccustomed to receiving help, when they feel they have truly benefited, firefighters are extremely gracious; this attitude was rewarding for peer volunteers and clinicians. They became recruiters for Stay Connected events, sharing their experiences with other retirees and creating a "word of mouth" network.

Methods

Client Satisfaction

Client satisfaction surveys were collected as part of a program evaluation mandated by the funding institution, the SAMHSA Center for Mental Health Services. Clients

were invited to complete the surveys during three six-week periods: March–April 2004 (Wave 1), September–October 2004 (Wave 2), and March–April 2005 (Wave 3). Surveys were completed anonymously and no effort was made to determine whether individuals had completed a survey during a prior wave of data collection. Therefore, all data analyses were cross-sectional. The SAMHSA survey asked clients to rate the different aspects of services on four-point scales. Domains assessed included: (1) the efficiency, responsiveness, respect, and cultural sensitivity of the clerical staff (four items, $\alpha = 0.99$); (2) the caring, respect, responsiveness, and cultural sensitivity of the counseling staff (four items, $\alpha = 0.99$); (3) the perceived helpfulness of services for improving symptoms, family relationships, work-related issues, self-esteem, and hope (six items, $\alpha = 0.97$); and (4) overall satisfaction with services (two items, $\alpha = 0.96$). The internal consistency of all subscales used was calculated using Cronbach's alpha test.

Results

Clients who completed the satisfaction surveys were predominantly non-Latino Caucasians, the majority were >50 years of age, and most had been receiving services for >6 months. Respondents in Waves 1 and 2 were predominantly males and firefighters. As the Program evolved to offer more services for retirees' family members, respondents to Wave 3 included more females and non-firefighters (Table 1).

The mean client satisfaction ratings for various aspects of services over time are in Figure 1. Results indicate that the overall satisfaction ratings of clerical and counseling staff were at ceiling—a perfect 4 out of 4. The report of overall satisfaction with services also was nearly at ceiling (3.99 out of 4). There was a statistically significant increase in the perceived helpfulness of services in resolving clients' problems over time, $F(2, 120) = 10.51, p < 0.001$ (Wave 1: $M = 3.48, SD = 0.51$; Wave 2: $M = 3.59, SD = 0.50$, Wave 3: $M = 3.89, SD = 0.32$). Pair-wise comparisons indicated that the perceived helpfulness of services in resolving problems was significantly higher in Wave 3 compared to Wave 1, $p < 0.001$ and Wave 2, $p < 0.01$.

Since Wave 3 included more non-firefighters and women than did prior waves, it was unclear whether changes in the perceived helpfulness of services reflected changes over time or differences in the client population. Analyses of perceived helpfulness were repeated, limiting the sample to only firefighters or only males. Among firefighters (only), perceived helpfulness of services increased significantly over time, $F(2, 78) = 11.34, p < 0.001$. Among men, perceived helpfulness of services also increased significantly from Wave 1 to Wave 3, $t(43) = 2.33, p < 0.05$.

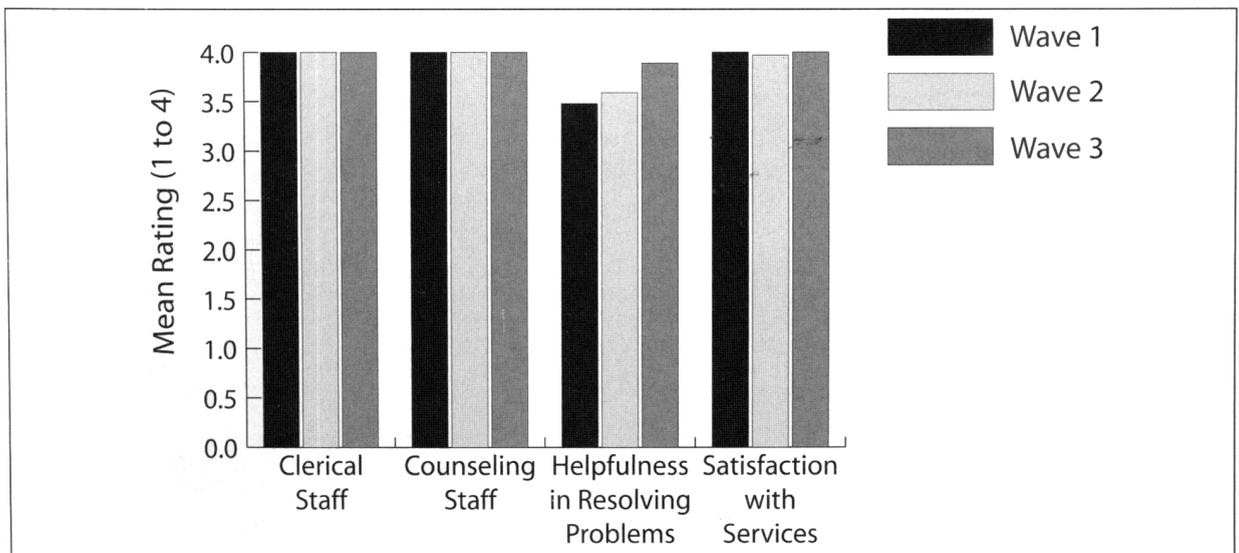
Discussion

In response to disasters, mental health programs are most successful when they tailor their approaches to the specific needs and cultural norms of the affected community.⁹ Valuable lessons were learned from this project about how to develop and implement a "culturally competent" intervention program for public safety workers retiring after a large-scale disaster. Client satisfaction data indicate that

	Wave 1 (n = 27) (%)	Wave 2 (n = 32) (%)	Wave 3 (n = 62) (%)
Age (years)			
31–40	4	6	5
41–50	34	9	25
51–60	33	41	44
60+	29	44	26
Sex			
Male	93	100	33
Female	7	0	67
Race			
Caucasian	100	90	95
African-American	0	10	3
Asian	0	0	2
Ethnicity			
Non-Hispanic	96	96	98
Hispanic	4	4	2
Service Area			
Retired Firefighter	82	88	63
Family member	7	9	24
Both	11	3	8
Months Served			
<1	0	3	12
1–3	7	13	5
3–6	15	3	5
6+	78	81	78

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Table 1—Demographic information by wave of data collection



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Figure 1—Changes in client satisfaction over time (Wave 1 vs. Wave 2 vs. Wave 3)

this intervention was perceived as helpful and effective by recently retired and retiring FDNY firefighters. Satisfaction ratings of clerical and counseling staff, as well as overall satisfaction with the Program, were at or near ceiling. There was a statistically significant improvement in the satisfaction with the impact of services, suggesting that more clients experienced resolution of their presenting problems over time.

Attending to specific cultural norms and demands, and tailoring the outreach and intervention was integral to the success of the Program so that the services offered would be acceptable to this population. For very practical reasons, the most important issue in the Fire Department is whether a firefighter can "make the hallway," that is, whether the firefighter can perform when it really matters. Therefore, it is crucial that a mental health program for firefighters be able to demonstrate that the Program is effective during stressful times. It is essential that firefighters with long, reputable careers are willing to share their own stories and vouch for the benefits of the Program in order to establish the credibility and trust necessary for other firefighters to step forward and ask for help. For Stay Connected, this process began with a respected, veteran firefighter who served as a spokesperson; the Program grew as more firefighters benefited from participation in the Program and shared their positive experiences with their peers.

An important asset to the Stay Connected Program was the existence of a cadre of experienced and respected peer counselors prior to 11 September 2001. This made it easier to establish credibility. Because services were provided by an internal unit that had previously established a trusting relationship with the firefighters, providers were not perceived as strangers who were trying to profit from firefight-

ers' difficulties. The training that peer counselors received was beneficial and it might have been helpful if they had been able to participate in even more training opportunities.

Another important lesson from the Stay Connected Program is that informal or non-traditional strategies for outreach, assessment, and intervention are particularly successful in this population. Activities like social events, wellness activities, and classes provided excellent opportunities for bonding and talking to firefighters informally about their experiences and difficulties. These strategies provide a non-stigmatizing entry point into mental health services, which can be important also for spouses. For example, the wife of one recently retired firefighter burst into tears while she was receiving a massage as part of a Stay Connected wellness event. She then began to talk about how her husband had been drinking too much since he retired and the difficulties they were experiencing. She was subsequently referred for counseling.

Conclusions

The importance of establishing a mental health intervention program into the cultural context of the target population and how to do so effectively are demonstrated in this study. Client satisfaction data suggest that the interventions implemented by Stay Connected not only brought retired firefighters into treatment, but also satisfied their needs for caring, competent, and effective care. Future research should build on the information provided here by endeavoring to evaluate the clinical outcomes of similar outreach/counseling programs in controlled trials. Information from this and future studies hopefully will inform future program development for firefighters and other public safety workers. It is important that we continue to develop effective interventions to help them remain healthy.

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