

LANGFORD FIRE RESCUE MENTAL RESILIENCE

Developed by:

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IF YOU OR SOMEONE YOU KNOW IS IN CRISIS

If you or someone you know is in immediate crisis:

- Call the Vancouver Island Crisis Line at 1-888-494-3888
- Call emergency services at 911
- · Visit a local emergency department
- If you are with someone in crisis, do not leave them until they have connected with professional help

At any time, day or night, you may reach out to an officer on shift. They can refer you to local resources and connect you with the next level of support.

You are in the right place to get help for yourself and/or others. In this booklet you will find:

- Information on trauma
- Simple strategies for reducing stress
- At home self-evaluations
- Resources you and your family have access to
- Local and online resources to support your journey

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Purpose

First responders are 2.5 times more likely to develop Post Traumatic Stress Disorder (PTSD) than the general population ¹. Approximately 10% of firefighters will be diagnosed with PTSD and firefighters are 3-4 times more likely to commit suicide than die in the line of duty ². In 2015, Canada saw 40 deaths from suicides in first responders³. Statistics like these are the reasons for this booklet. There is a clear gap in training and preparation for first responders in regards to mental health and resilience.

The purpose of this booklet is to: reduce occupational stress related to traumatic events, to normalize mental health and wellness, and to prevent any member from feeling as though they are alone or unsupported in their mental health. Inside this booklet, you will find a variety of information, compiled resources, and support options dedicated to you and your family.



^{1- (}Farina, Johnston & Nanninga, 2019).

^{2- (2018,} Centered Lifestyle Services).

^{3- (}Lundy, Ackerman, Hubenig & Taylor, 2019).

What is Trauma?

Traumatic experiences often involve a threat to life or safety. Any situation that leaves you feeling overwhelmed and isolated can result in traumatic stress, even if it doesn't involve physical harm.

Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Traumatic events affect a wide variety of people including survivors, rescue workers, and the friends and relatives of victims who have been involved ⁴. Traumatic experiences often involve a threat to life or safety. Any situation that leaves you feeling overwhelmed and isolated can result in traumatic stress, even if it doesn't involve physical harm. It is not the physical circumstances that determine

whether an event is traumatic, but your own personal emotional experience and reaction to the event. The more frightened and helpless you feel, the more likely you are to be traumatized ⁵. Traumatization is not limited to those who were directly involved. Any person who witnesses or even hears about the event in the form of stories can be traumatized from the event ⁶.

When a person experiences extreme stress, often their body activates the limbic system of the brain, which is the survival and instinctual part of the brain. When this part of your brain takes over, your body responds with the 4F's: Fight, Flight, Freeze, or Flop ⁵. These limbic responses are physiological and can be unnerving to experience. It is important to remember that everyone experiences situations differently; one person may be traumatized by an incident when others are not, and vice versa. What may traumatize a person depends on the circumstances of the incident, their role during the incident, their past experiences, genetics, and current state of mind ⁶.



Responses to trauma can last for weeks before people start to feel themselves again. We recommend that you seek professional support if you experience multiple symptoms negatively affecting your daily life. The sooner you get professional support, the better you will process and move on from the traumatic event. It may take up to 30 days for the body to fully process a traumatic event. If your body has not recovered after 30 days, you may be experiencing occupational related stress or PTSD ⁷.

It is important, though, to remember that resilience is the most common outcome following adversity 8, and there are many options and resources to help in maintaining and improving personal and organizational resilience 9. See page 10 for supporting your own and others' personal resilience.

The Mental Health Continuum

We all move across the Mental Health Continuum (as shown on the next page). This is our body reacting to stimulation from our environment and processing the stressors. It is normal for everyone to slide between "Healthy" and "Reacting" under daily life. After traumatic events, temporarily sliding towards "Injured" is also normal. However, when people slide into the "Ill" category it should be a warning bell that something is not being processed properly regarding a traumatic incident or event. If you find that you are in the "Ill" column for a length of time, you should be seeking professional resources and support. "It's important to remember that you can move in either direction along the spectrum, which means there is always the possibility to return to full health and functioning." 16



Mental Health Continuum Model

HEALTHY

REACTING

INJURED

ILL

Signs and Indicators

- Normal mood fluctuations
- Calm/confident
- Good sense of humour
- Takes things in stride
- Can concentrate/focus
- Consistent performance
- Normal sleep patterns
- Energetic, physically well, stable weight
- Physically and socially active
- Performing well
- Limited alcohol consumption, no binge drinking
- Limited/no addictive behaviours
- No trouble/impact due to substance use

- Nervousness, irritability
- Sadness, overwhelmed
- Displaced sarcasm
- Distracted, loss of focus
- Intrusive thoughts
- Trouble sleeping, low energy
- Changes in eating patterns, some weight gain/loss
- Decreased social activity
- Procrastination
- Regular to frequent alcohol consumption, limited binge drinking
- Some to regular addictive behaviours
- Limited to some trouble/impact due to substance use

- Anxiety, anger, pervasive sadness, hopelessness,
- Negative attitude
- Recurrent intrusive thoughts/images
- Difficulty concentrating
- Restless, disturbed sleep
- Increased fatigue, aches and pain
- ► Fluctuations in weight
- Avoidance, tardiness, decreased performance
- Frequent alcohol consumption, binge drinking
- Struggle to control addictive behaviours
- Increase trouble/impact due to substance use

- Excessive anxiety, panic attacks, easily enraged, aggressive
- Depressed mood, numb
- Non compliant
- Cannot concentrate, loss of cognitive ability
- Suicidal thoughts/intent
- Cannot fall asleep/stay asleep
- Constant fatigue, illness
- Extreme weight fluctuations
- Withdrawal, absenteeism
- Can't perform duties
- Regular to frequent binge drinking
- Addiction
- Significant trouble/impact due to substance use

Actions to Take at Each Phase of the Continuum

- Focus on task at hand
- Break problems into manageable tasks
- Controlled, deep breathing
- Nurture a support system
- Recognize limits, take breaks
- Get enough rest, food, exercise
- Reduce barriers to help-seeking
- Identify and resolve problems early
- Example of personal accountability

- Talk to someone, ask for help
- Tune into own signs of distress
- Make self-care a priority
- Get help sooner, not later
- Maintain social contact, don't withdraw
- Follow care recommendations
- Seek consultation as needed
- Respect confidentiality
- Know resources and how to access them

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Reactions to Traumatic Incidents

It is important for you to know that the following signs and symptoms are common and expected responses to traumatic events. This information and the following list of symptoms (on pages 6-7) are adapted from Dr. Tim Black's "Resiliency on the Frontlines" (workshop hosted at the University of Victoria in March of 2018). It is not unhealthy to experience some, all, or none, of these symptoms following a traumatic event. You should never try to resist these reactions. Allowing these responses to happen is your body's way of processing the traumatic event ¹⁰.

All these reactions are NORMAL responses to abnormal/ traumatic events and may persist for several days. If these reactions are continuing for more than a few days, it is critical to see your family doctor or a mental health professional to begin recovering from the traumatic event ¹⁰.



BODY AND BEHAVIOURAL REACTIONS TO EVENTS OF TRAUMA

- Very noticeable body reactions (e.g., pounding heart, shortness of breath) after being reminded about the trauma
- Hard time falling or staying asleep
- @ Getting startled very easily
- Taking risks or being destructive
- Acting "on guard" (e.g. sitting with your back to the wall so you can see the door) all the time when there is no need to be
- Avoiding places, activities, objects, or situations that remind you of, or are associated with, the trauma

EMOTIONAL REACTIONS TO THE EVENTS OF TRAUMA

- Negative feelings / negative trauma related emotions (e.g., fear, horror, anger, guilt, or shame)
- Decreased interest in (pre-traumatic) activities you used to enjoy
- Feeling isolated
- Can't feel positive emotions anymore or have difficulty feeling positive emotions
- Being intensely upset or upset for a long time after being reminded about the trauma
- Feeling irritable or aggressive
- Feeling unsafe (on guard) all the time when there is no reasonable need to be
- Avoiding feelings about the trauma

RELATIONSHIP REACTIONS TO THE EVENTS OF TRAUMA

- Avoiding people that remind you of, or are associated with, the trauma
- Isolating yourself from others
- Avoiding conversations that remind you of, or are associated with, the trauma
- Acting irritably and/or aggressively towards others

THOUGHT REACTIONS TO THE EVENTS OF TRAUMA

- Hard time concentrating
- Unwanted thoughts about the trauma
- Nightmares about the trauma
- Can't remember key details of the trauma
- Very negative (often inaccurate) thoughts and assumptions about oneself or the world (e.g., "I am bad," "The world is completely dangerous")
- Exaggerated blame of self or others for causing the trauma event or for resulting consequences
- Avoiding thinking about the trauma



When and How to Check in with Others

A check-in is recommended anytime a co-worker, department member, or a family member's behaviour sharply changes, especially after a recent traumatic incident. The following 5 step process, adapted from the Canadian Mental Health Association (CMHA), will help you check in respectfully with those you feel need extra support. This process will help you connect them to the appropriate resources that best suits their needs.

1) Preparing your approach

- a. Are you in the right frame of mind to start this conversation?
- b. Do you have access to the next level of support (crisis line and resources)?
- c. Do you have the time to take it on right now?

2) Talk about what you are noticing and have seen

Traumatic stress is not always invisible, identify any changes to:

1- Physical health

5- Errors or accidents

2- Eating habits

6- Punctuality

3- Personal appearance

7- Response to new tasks and familiar tasks

4- Sociability

8- Working more, unable to take a break

3) Ask if they are okay - in your own words

- a. Step back from assumptions and judgements
- b. Be curious and interested
- c. Listen for understanding
 - 1- Ask one question at a time: use open-ended questions
 - 2- Listen for the answers
 - 3- Allow pauses and avoid interrupting
 - 4- Don't problem solve
 - 5- Take more time to gather information than you normally would
 - 6- Be aware if you begin to argue or defend



When and How to Chec in with Others

4) Ask what you can do to help

- a. Reassure them you are here if they need you
- b. Ask how they are going to cope moving forward
- c. Important: if you get a sense that they are thinking about suicide, ask them directly. Be prepared to connect them to the next level of support (crisis line and resources)
- d. If appropriate write down next steps with them and set a follow-up date

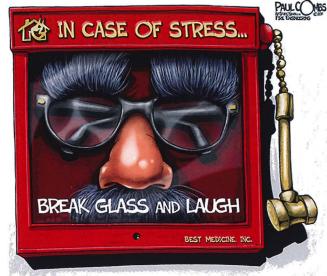
5) Self care suggestions

- a. Ensure you reflect on the interaction
- b. Sit in silence for a moment
- c. Go for a walk or grab a coffee

(Canadian Mental Health Association, 2017)

WHAT TO DO AFTER A TRAUMATIC CALL

This section outlines what to do after a traumatic call if you are feeling uncomfortable about the incident or if you're experiencing any of the signs and symptoms on page 6 and 7. This list is not comprehensive. This is a starting point for staying physically and mentally healthy while developing your own and others personal resilience. Remember you have every right to feel the way you do.



Facebook Search: Drawn By Fire

Paul Combs ArtStudioSeven.com

How to Support Your Own Resilience:

- Allow yourself time to react. Don't try to rush your own recovery, or ignore your feelings
- Talk to friends and family members about how you feel. Ask for support from people you trust
- If the trauma you are coping with is prominent in the news media, limit your exposure to it
- Look at the support and resources you are entitled to on page 15 and 16
- Keep to your daily routine. Do your best to eat balanced meals and get plenty of rest
- Stay physically active. Even light exercise can help minimize physical effects of stress
- Avoid making major life decisions during a time when you are under a lot of stress
- Be aware of using drugs or alcohol to cope with the stress
- Get help for yourself if you need it

How to Support Others' Resilience:

- Be on the lookout for others' signs of stress. Listen to others and allow them to express their feelings and reactions
- Give support and companionship. This involves understanding, patience and encouragement
- Avoid telling someone to "get on with life" or that "things could have been worse"
- If a friend or family member needs a doctor or counselor's help, assist them in getting that help
- Take any remarks about suicide seriously. Make sure the person discusses these feelings with their doctor immediately. Go with them to see a doctor or counselor if necessary. If you believe immediate self-harm is possible, call 911

4 SIMPLE STRATEGIES FOR REDUCING STRESS

1. Box Breathing 11

- a. Breath in through your nose 4 seconds
- b. Hold that breath 4 seconds
- c. Exhale out your mouth 4 seconds
- d. Hold your breath 4 seconds
- e. Repeat for 2 minutes, or until you feel better

2. Sensory Grounding 12

- a. Focus on your surroundings and list off
 - 5 things you can see
 - 5 things you can hear
- b. Move on to the next 4 different things that you can See, Hear and Feel
- c. Follow this pattern counting down until you reach zero or run out of different sounds or things you can feel.

3. Tactical Breathing 12

a. Take long, slow deep breaths through your nose down into your belly, letting it out just as slowly through your mouth. Repeat 5-10 times

4. The 20 Second Self-Hug

- a. Wrap your arms around yourself. Bringing your right hand across to your left shoulder, then your left hand under your right armpit.
- b. Hugging for this long is proven to lower blood pressure and heart rate calming the body ¹³ and can increase the hormone oxytocin which can reduce stress and promote growth and healing ¹⁴.

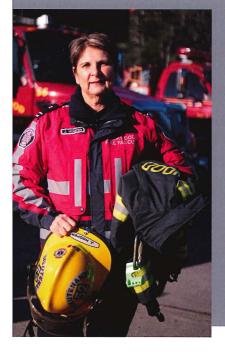
11- (Divine, 2016).

13- (Grewen, Anderson, Girdler & Light, 2003).

14- (Uvnäs-Moberg & Petersson, 2005)

Below are 4 proven strategies for calming your mind and body. We recommend you try a few of these whenever possible in your daily life. They are quick resources to practice, and can be done anytime during the day to relieve work, home, and fire department stress.

^{12- (}Black, 2018).



SELF EVALUATION TOOLS

The folloing two pages contain two quick self-evaluation tools you can do by yourself, or at home with your significant other. The first is a perceived stress scale, the second is the Post Traumatic Stress Disorder (PTSD) symptoms and severity questionnaire. Both may be torn out of this booklet and taken to a mental health professional, or your family doctor, for further discussion.

If you are on the moderate to high end of either self-evaluation, this does not mean you are suffering from PTSD, or any other kind of mental health disorder. Like the Mental Health Continuum, we all may go up and down on the scoring scale; this is only a reference for how you are feeling the day you complete the self-evaluation. We do recommend, however, you share your results with a mental health professional, or your family doctor, if it is considered moderate or high on either scale. Your own mental resilience is not reflected in these self-evaluations; you can be mentally resilient and score high on one or both questionnaires.

The Perceived Stress Scale (PSS) ", shown on the next page," is the most widely used psychological instrument for measuring personal perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to illustrate how unpredictable, uncontrollable, and overloaded respondents find their lives¹⁵.

certain way.							
Name	Date	Age	_ Gender (Circle):	M F Other			
Scores: 0 = Never 1 = Alm	ost Never 2 = Some	etimes 3 = Fa	airly Often 4 = Ver	y Often			
1. In the last month, how unexpectedly?							
2. In the last month, how things in your life?							
3. In the last month, how	often have you fel	lt nervous aı	nd "stressed"?	O	1 2	3	4
4. In the last month, how personal problems?							4
5. In the last month, how	often have you fe	lt that thing	s were going you	r way?0	1 2	3	4
6. In the last month, how that you had to do?							
7. In the last month, how	often have you be					3	4
8. In the last month, how	often have you fe	lt that you v	vere on top of thii	ngs?0	1 2	3	4
9. In the last month, how of your control?							
10. In the last month, how could not overcome ther							4
Scores are obtained by re equate to 4 and 1 would					voul	d	
- Scores ranging from 0-	13 would be consid	dered low st	ress.				

- Scores ranging from 14-26 would be considered moderate stress.

- Scores ranging from 27-40 would be considered high perceived stress

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a

13

PTSD Checklist (PCL-C)

Name:	Date:		
The event you experienced was		on	ě

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by the problem in the past month.

Bothered by	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	. 4	, 5 , ,
7. Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	. 2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

Add up all items from each of the 17 items for a total severity score (range = 17-85)

- 17-29 This cut off shows little to no severity.
- 28-29 Some PTSD symptoms.
- 30-44 Moderate to Moderately High severity of PTSD symptoms.
- 45-85 High Severity of PTSD symptoms.



SUPPORT LANGFORD FIRE OFFERS

Langford Fire Rescue (LFR) prides itself on looking after our community but we cannot do that without putting our membership first. Each one of you are part of this LFR family. The ability to support our members when they reach out for help is an integral part of keeping our team strong, healthy, and safe. LFR is committed to providing a safe and approachable environment for members to ask for help.

Consider when somebody in the past has asked you for support. Did you feel honored by that person coming to you for help and confiding in you? If you were that is because it feels good to help people. Remember this as you are reading this booklet, we must have each other's backs on the fireground and in-station. Yes, you should also be comfortable in reaching out, it is a sign of strength to know when to get help. Just as when you felt honored helping someone in the past so will those who help you when you need it.

If you are not getting the support you need from someone please look at the local, telephone, and online resources in this booklet. Use your firefighter grit and determination to get the help you require. We are here to support you in whatever way you need so we all can serve our city and its citizens.

On the next page you will find the resources that have been made available to you as a member of LFR. We highly recommend you find a clinician and develop a positive working rapport with them as soon as you can. If down the road you are dealing with additional work, home, or personal stress you will have an already established next level of support to maintain your mental wellness.

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Currently this is what you and your family have access to with LFR.

- You and your family have immediate access to our Employee and Families Assistance Plan (EFAP) through Walmsley. This plan is full of supports and resources for you and your family. To book a session or for more information call them at 1-800-481-5511 or through email at info@walmsley.ca.
 - Complete confidentiality, you can use this service without the chief, officers, or members knowing (although we recommend you share your experience with other members)
 - Unlimited counselling with certified clinicians dedicated to helping you through whatever you are going through.
 - Access to the Walmsley "Wellness Library" where you can find written material, podcasts, audio clips, video clips and apps on many different topics around wellness.
 - To access their online resources, use the login information below
 - Username: Langford
 - Password: efap
- You have access to the VFIS insurance for both on and off duty accidents. Claims must be submitted through the Fire Chief or designate.
- Tailboard defusing's and CISM debriefings are available to members and their families following traumatic calls or incidents. Contact your officer on duty to initiate this process.
- As a member of our organization, if you have witnessed or been involved in a traumatic incident within your duties at LFR you can file a WorkSafe BC claim for additional support and resources the claims number is 1-888-967-5377 or you can go to www.worksafebc.com for more information.

 You can also reach out to Padre Ben Yoblonski
 250-749-3362 to discuss ongoing challenges during standard office hours.

LOCAL WALK-IN RESOURCES

DASHWOOD FIRE HALL #Z
1800 Galvin Place
READOWOOD.

WALK-IN RESOURCES

medimap.ca is an online tool that allows you to look up wait times at walk in medical clinics in your community or consult with a doctor online from home for free.

Westshore Urgent Primary Care Center - #250-519-6919

♀ 582 Goldstream Ave, Langford BC

8am - 8pm 7 days a week - for walk-in medical care.

8am - 8pm Tuesday to Friday - there is a mental health professional you can speak with after urgent care doctor refers you, this is same day service though dependant on urgent care wait times.

This is also a Central Access and Rapid Engagement Service (CARES) facility

Victoria General Hospital Emergency Department

♥ 1 Hospital Way Victoria BC

Central Access and Rapid Engagement Service (CARES)

Multiple facilities providing a single point of access to Mental Health and Substance Use (MHSU) services.

To access CARES programs, please call 250-519-3485 or have your family doctor or walk-in clinic doctor fax in a referral form.

CARES offers short term counselling, group counselling and many other resources

For additional information on available support contact the Vancouver Island Crisis Line 1-888-494-3888 or Victoria mental health center 250-370-8175

24/7 TELEPHONE RESOURCES

Mental Health Support Line - Expect under 2 minutes wait time - For immediate support and local resources.	310-6789
WorkSafeBC Crisis Support Line - Expect under 10-minute wait time - No claim necessary to call	1-800-624-2928
Vancouver Island Crisis Line - Expect under 2 minutes wait time - For immediate support and local resources	1-888-494-3888
Walmsley EFAP - Free, unlimited, confidential counseling and wellness resources	1-800-481-5511
Kids Help Phone - Expect a 5-15-minute wait - For individuals up to 29 years old - Offering single session telephone counselling and local resources	1-800-668-6868
Health Link BC - Expect under 5-minute wait - Talk to a registered nurse in BC	811
BC Local - Expect under 5-minute wait - Local resource database for BC	211
Alcohol anonymous Narcotics Anonymous	250-753-7513 1-800-494-2404

FINDING A LOCAL CLINICIAN AND INFORMATION ON MENTAL HEALTH AND WELLNESS

https://firstresponderhealth.org/

- Endorsed by the British Columbia Professional Fire Fighters Association (BCPFFA)
- Access to local, in-person and online clinical sessions

https://bc-counsellors.org/

- Comprehensive list throughout BC
- Includes clinicians' specialties and focus

https://www.psychologytoday.com/ca/therapists/

- Comprehensive list throughout BC
- Includes clinicians' specialties and focus

https://bcfirstrespondersmentalhealth.com/

- Collection of online resources directed at first responders
- Self help techniques and general information
- Includes places to get help

https://cmha.ca/document-category/mental-health

- Canada's largest mental health organization
- Substantial resources for anxiety, stress, and other challenges

https://www.healthlinkbc.ca/explore-health-topics

- Government of BC website covering most health topics

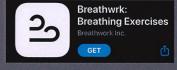
https://www.heretohelp.bc.ca/

- Information for yourself and for those you may be worried about
- Includes self screening tests and more



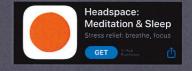
Breathwrk app

- Free and simple breathing exercises to help you to reduce anxiety, sleep better and have more energy.



Headspace

 Guided meditation and breathing exercises including sleep and anxiety specific meditations.



Insight

- Over 27,000 guided meditations for anxiety, sleep, stress, and more.



Calm

- Guided meditations, breathing exercises, and online classes taught by experts.



Oak

- A very simple app with guided and unguided meditations with focuses on anxiety and stress



(Search for on app store or google play store depending on your mobile device.)

References

Ashcraft, M., & Krause, J. (2007). Working memory, math performance, and math anxiety. Psychonomic Bulletin & Review, 14(2), 243-248. doi: 10.3758/bf03194059

Black, T. (2018). Building Resiliency on the Front Lines. Presentation, University of Victoria.

Blaney, L. (2017). Working where the devil dances: A constructivist grounded theory of resilience in volunteer firefighters. Doctoral dissertation. Nottingham Trent University, Nottingham, UK. Available from: http://irep.ntu.ac.uk/id/eprint/31214/

Bonanno, G. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? American Psychologist, 59(1), 20-28.

Canadian Mental Health Association. (2017). Having the conversation, how to support coworkers or employees [Image]. Retrieved from https://cmha.bc.ca/wp-content/uploads/2019/03/Having-the-Conversation_2017.pdf

Center for Disease Control USA. (2017). Coping with a Traumatic Event (p. 1). Center for Disease Control. Retrieved from https://www.cdc.gov/masstrauma/factsheets/public/coping.pdf

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A Global Measure of Perceived Stress. Journal Of Health And Social Behavior, 24(4), 385. doi: 10.2307/2136404

Coping With Unexpected Events: Depression and Trauma. Retrieved 29 September 2019, from https://secure2.convio.net/dabsa/site/SPageServer/?pagename=education_brochures_coping_unexpected_events

Divine, M. (2016). The Breathing Technique a Navy SEAL Uses to Stay Calm and Focused. Retrieved 30 August 2019, from https://time.com/4316151/breathing-technique-navy-seal-calm-focused/

Farina, S., Johnston, M., & Nanninga, K. (2019). Occupational Awareness Training for Therapists: Understanding First Responder Trauma. Presentation, Nanaimo Fire Rescue Service, Nanaimo BC

Grewen, K., Anderson, B., Girdler, S., & Light, K. (2003). Warm Partner Contact Is Related to Lower Cardiovascular Reactivity. Behavioral Medicine, 29(3), 123–130. doi: 10.1080/08964280309596065

Lundy, D., Ackerman, K., Hubenig, S., & Taylor, E. (2019). Resilient Minds. Presentation, 232 Rainbow Rd, Salt Spring Island, BC.

National Alliance on Mental Illness. (2015). PTSD. Arlington, VA. Retrieved from https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/PTSD-FS.pdf

PTSD: Canada Has The Highest Rate, Plus Eight More Surprising Facts. (2017). Retrieved 30 August 2019, from https://www.cbc.ca/natureofthings/features/ptsd-canada-has-the-highest-rate-and-other-surprising-things

Robinson, L., Smith, M., & Segal, J. (2019). Help Guide. Retrieved 31 August 2019, from https://www.apa.org/topics/trauma/

The Department of National Defence. (2017). Mental Health Continuum [Image]. Retrieved from https://theworkingmind.ca/sites/default/files/resources/r2mr_poster_en.pd

Uvnäs-Moberg, K., & Petersson, M. (2005). Oxytocin, ein Vermittler von Antistress, Wohlbefinden, sozialer Interaktion, Wachstum und Heilung/ Oxytocin, a mediator of anti-stress, well-being, social interaction, growth and healing. Zeitschrift Für Psychosomatische Medizin Und Psychotherapie, 51(1), 57-80. doi: 10.13109/zptm.2005.51.1.57

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders(5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Mental Health Continuum Model. (2020). Retrieved 13 January 2020, from https://bcfirstrespondersmentalhealth.com/

In 2019, it became clear that no resource like this was available to firefighters. All those listed below have an innate respect and understanding for the void a booklet such as this fills. It was that understanding that allowed us to move forward so quickly.

We would like to acknowledge both the individuals and organizations that helped make this project a reality; without their time, expertise, and support this booklet would never have come to fruition. Also, it is important we thank our corporate sponsors for their most generous financial support and commitment to the mental health of firefighters in Dashwood and beyond.

DVFD Fire Chief Nick Acciavatti
DVFD Board of Directors

DVFD Occupational Health & Safety Committee
Dr. Leigh Blaney
Dr. Tim Black

Salt Spring Island Fire Rescue
Lantzville Fire Rescue
Moe Akbar Marketing + Design
Jay Everitt Guillevin International





There are many individuals who contributed to this project with input, editing, and support. There are too many to be listed above; to all of you who played a role in this project please know your feedback was greatly appreciated.

