

( 22 )

## HOW TO VET A MENTAL HEALTH THERAPIST



IT WAS A CHILLY Friday evening, and I'm bundled up on the sidelines of my son's high school soccer game, heart pounding like I'm the one sprinting the field. Around me, parents are shouting—voices raised with passion, not always precision.

"Offsides!" someone yells with conviction. A second later, another parent echoes it. It's almost a reflex now, like shouting "Fire!" in a crowded room—urgent, emphatic, and often wrong. If you asked most of them to explain the offside rule, you'd get a mix of confident guesses and vague shrugs. But that doesn't stop them from voicing their judgments at full volume.

Watching this unfold, I'm struck by the parallel to mental health care. Particularly when it comes to first responders. Too many professionals on the sidelines of trauma are quick to call out what they *think* is happening—diagnosing from a distance, offering advice without context, or reacting from assumptions rather than understanding.

Just like in soccer, it's easy to shout when you don't fully grasp the rules of the game. But to really support someone—to offer guidance that is accurate and grounded—you have to understand the field they're playing on. You need to know the rhythm, the pressure, the unspoken rules that shape every move. That's what cultural competence in mental health looks like.

The term *culturally competent* has become cliché. Much like in off-sides, first responder cultural competency is something *you know it when you see it*. Unfortunately, that leaves a lot of margin for error! Let's break it down and specifically define the components of a culturally competent mental health professional for first responders. These can then become anchoring points for vetting a mental health therapist who has the acumen to help you!

## Verifying Cultural Competency

Availability—what is the therapist’s availability? Are they available during evenings or weekends when you might need them most? Typically, firefighters do not want to feel that they are burdensome to anyone, resulting in reaching out for help only when feeling lost, alone, and uncertain of how to resolve distressing feelings all on their own. So, a firefighter overusing this privilege of 24/7 open communication is essentially non-existent. A mental health professional (MHP) who truly understands the challenges of shiftwork in addition to the temperament of firefighters will have flexible availability and a plan for emergent communication outside of the traditional business hours.

Adjacent to available hours is the form of communication available to clients. The current reality is that the job requires all first responders to utilize a smart phone. Most agencies link frontline members to an active 9-1-1 dispatch app, showing real time notes about which rigs are en route, on-scene, and what reported persons disclose what is happening on-scene. Smart phones are an essential tool for the job and as such, first responders are constantly tethered, even when off-shift. While there are Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules that guide when, how, and with whom electronic patient health information (ePHI) may be shared, the HIPAA Journal notes that texting is not mentioned per se.<sup>281</sup>

The American Psychiatric Association’s Ethics Committee released guidance on this issue, clarifying that the HIPAA Privacy Rule allows physicians to text or email patients as long as reasonable steps are taken to ensure the confidentiality of communications.<sup>282</sup> There are ways to ensure appropriate confidentiality of privacy is upheld for the first responder client.

Therapists who are culturally competent in working with first responders understand the navigation rules set by HIPAA and know how to work within those rules while effectively offering support when the client needs it most.

Another helpful litmus test is whether the therapist orients presenting problems brought in by the client, in terms of a system. Firefighters work in a crew composed of varying degrees of rank and responsibility. Additionally, firefighter clients may have an intimate partner or be a part of a larger family system. Clients who serve in the fire service must be understood in terms of their relationships within their crews. Support given to one member will have an impact on their crewmates, shift, family, or agency.

I learned about this dynamic from working and volunteering in the fire service. Lessons learned in individual therapy had direct and immediate implications back at the station. Even if a therapist has never stepped foot inside a firehouse, they must understand that counsel to an individual will impact a system of other fire service members and their family at home. *This is an important piece of cultural competence*, as therapeutic advice can impact promotion opportunities for the client and trust-building with crewmates, which can follow them throughout their career.

One way that therapists can earn their grit is through on-scene experience. Does the therapist understand what gruesome and dangerous scenes look, sound, and smell like? Have they attended ride-alongs or spent time in a firehouse to get a ‘feel’ for what goes on behind closed doors? Critical incident scenes provide education through experience, and that experience can be invaluable for the counselor who will be guiding the therapeutic process.

Even the least superstitious firefighter knows that critical incident tone-outs just do not happen when someone is visiting the station. Still, for the clinician, simply being present and spending time in the firehouse can be incredibly valuable. Watching, listening, and seeing the natural and unedited conversations of firefighters will help the counselor use language and context that is more easily understood by frontline members and officers

alike. Additionally, these experiences help professional clinicians have a context for understanding narratives that will be brought into the therapy room.

A fire station is benevolently referred to as a firehouse, suggesting that crews operate much like a family. Spending time with firefighters in their *house* can be eye-opening for counselors. They will either learn an appreciation for dark or gallows humor as a protective response, or they will be repelled by it.

Spending time with firefighters at the station and on calls can be helpful for a counselor to identify whether they are cut out for this very unique calling of service. Oftentimes well-intentioned counselors want to serve those serving their communities but are shocked by the thick skin required to engage in firefighter humor. Therapy then too often becomes focused on softening the protective walls that the frontline member has developed as a strategy of coping for their job. Firefighters need to learn strategies for when it is helpful to use emotional protection, and when it harms. Time with firefighters helps the therapist to develop cultural competence while discovering if they are a good therapeutic ‘fit’ for this unique demographic.

*A culturally competent therapist is respectful of but not overly impressed with the badge or uniform.*

I am emphasizing this important point because it is all too common and a huge hurdle to care! When clinicians are beginning to work with first responders, they frequently feel a sense of pride in serving those who serve our communities. Respect is warranted. Too often however, this sense of pride and respect can morph into an unhealthy awe for serving the *hero*.

The problem is that when a mental health professional views their client as a *hero*, they lose the necessary clarity of viewing them as a whole person which creates a blind spot in the therapeutic relationship. Having a hero-perspective results in alignment by the therapist, thereby preventing them from accepting that the first responder makes contributions to their own negative patterns. This is not to say that the first responder client is to blame for their own predicament! But a therapist who can respect without *adoration*, can remain neutral when offering wise counsel. When a therapist adores or is enamored with the uniform, they lose the perspective needed to help their client grow and develop into a healthy, securely attached person.

Additionally, this functional perspective frees the first responder up to focus on themselves in a way where they do not have to care for anyone else. They get to remove, at least for a time, the responsibility of serving others and instead, honor and care for themselves. It is rare for first responders to nourish their own mental health. Therapists must make every effort to remove this barrier to care, by seeing the human that is behind the badge.

While all therapists should ethically uphold privacy and confidentiality rules, this is especially important when working with a demographic of first responders. We’ve all heard the adage, “Telephone, telegraph, tell a firefighter”. Rumor and gossip are unavoidable in a chain of command and need-to-know structure, especially when spending long hours together on shift. First responder clients will bring partial stories into the therapy room, oftentimes wanting to address their emotional responses to them. A culturally competent therapist understands this and can navigate their client’s emotional experience while maintaining balance with narratives and their potential impact.

In addition to cultural competence, the American Counseling Association’s Best Practices for Counseling First Responder Populations, recommends that the professional counselor:<sup>283</sup>

1. Understands that first responder clients are often concerned that they will experience stigmatization, which creates barriers to seeking mental health services.<sup>81,100</sup>

2. Is aware that exposure to violence increases the risk of co-occurring concerns such as substance use disorders and suicidality.<sup>284,285,286</sup>
3. Understands the importance of assessing trauma in all first responders given service-related injuries are not always related to violence exposure and that secondary trauma, vicarious trauma, and preexisting trauma may exist.<sup>287</sup>
4. Recognizes that moral injury is a prevalent concern among the broad range of symptoms that may manifest following critical incident exposure.<sup>288,289,290</sup>
5. Recognizes that alcohol is the most prevalent substance misuse and frequently co-occurs with other mental health concerns and suicidality.<sup>291,292</sup>
6. Recognizes the increase in suicidal ideation and behaviors among all first responders and so prioritizes risk and utilizes risk assessment tools as many first responders may not volunteer this information.<sup>293,294</sup>
7. Understands the potential role and policy consequences of pharmacotherapy and supports appropriate client medication management services as needed.<sup>295,296</sup>

Additional recommendations for mental health professionals (MHPs) working with firefighter clients:

1. Understands and as appropriate explores the disrupted sleep patterns characteristic of the firefighter experience and the impact sleep patterns have on their mental health.<sup>297</sup>
2. Recognizes that long shiftwork (which can include multiple days) may have an impact on family relations.<sup>298,299</sup>
3. Understands and as appropriate explores medical issues that may be more prevalent with firefighters (e.g., heart attacks) and utilizes medical professionals as a referral base for prevention health care.<sup>300,301</sup>
4. Understands and as appropriate explores stressors that may differ between career and volunteer firefighters.<sup>302,303,304,305</sup>

## Vetting Professional Help

When interviewing counselors, first responders can ask some questions to help determine the framework for the care they will receive:

- How do you understand my presenting problem? Tell me about how you understand my issue.
- What evidence-based *treatments* and practices relevant to first responders do you offer? (Know ahead of time whether you are seeking treatment for the underlying problem, or if you prefer coping skills as maintenance support).

- Do you offer different types of therapy, such as EFT, EMDR, or ART? Or do you only offer cognitive behavioral therapy?
- What symptoms will you approach first?
- Do you assign homework as a part of counseling? (Cognitive and behavioral health use homework, while mental health typically does not.)
- Ask questions about their professional collaboration with prescribing professionals, should you need or want that form of care. Be upfront about your own preferences regarding prescription medication, collaborating with the therapist from the beginning. Therapists should be open and transparent about their approach to medication, respecting your autonomy and supporting your decisions. They should actively collaborate with prescribing professionals, ensuring seamless communication and integrated care.
- Look for a therapist who understands your concerns, values informed consent and is committed to coordinating with other providers to deliver comprehensive, holistic support tailored to your specific needs.

Here are some additional questions to help determine the cultural competence of a mental health professional:

- How many (first responder subgroups--firefighters, veterans, etc.) have you treated?
- Do you keep some session times open in your schedule, allowing flexibility for appointments needed following a critical incident?
- Were you a first responder or are you married to one? (Sometimes prior experience can be helpful, but if the therapist has **not** done their own work to heal injuries, they can have blind spots, and their counsel can have a negative impact to the client. The same holds true for a therapist who is the spouse of a first responder).

Most therapists offer an initial phone consultation fo free or reduced fee. Take advantage of these opportunities. Firefighters and medics have an especially attuned radar for bullshit. Trust your instincts regarding therapists. You will very likely discern an authentically competent therapist in how they talk and communicate about your profession. Then, make an appointment!