Chapter 11

Bridging the Gaps: Toward Effective Collaboration Between Peer Supporters and Behavioral Health Professionals

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**ABSTRACT**

Peer support, as part of a recovery-oriented approach to treatment, is a valuable resource across various clinical and nonclinical populations. Specifically, in fire service, peer support may bridge the gap between firefighters’ behavioral health needs and access to professional services. The current chapter summarizes the literature on peer support utility, presents data on barriers to treatment, and describes the roles clinicians can fill in partnering with fire service peer support to enhance the quality and reach of behavioral health services offered to fire service personnel. Finally, future research directions are outlined to continue the conversation about how to improve collaborations between peer supporters, clinicians, and others working to support the needs and strengths of firefighters.

INTRODUCTION

Firefighters are tasked with preventing fires and preserving life and property. As such, they are required to be on the frontline of emergencies including, but not limited to: fires, multiple casualty events, natural disasters, and community traumas such as shootings, terrorist acts, and explosions. Firefighters may also be exposed to line of duty deaths, critical injuries, and suicides of fellow fire service members. These events have the potential to be traumatic for firefighters, and research demonstrates that repeated exposure to potentially traumatic events (PTEs) may have serious repercussions on firefighters’ behavioral and physical health (Byrne & Espnes, 2008; Corneil, Beaton, Murphy, Johnson, & Pike, 1999; Murphy, Beaton, Pike, & Johnson, 1999; Wu, Yin, Xu, & Zhao, 2011). Although many firefighters complete their employment without developing a behavioral or physical health disorder, prevalence rates of depression, PTSD, cancer, suicide and substance misuse are higher among firefighters compared to the general population (Carey, Al-Zaiti, Dean, Sessanna, & Finnell, 2011; Haddock, et al., 2012; Javidi & Yadollahie, 2012; NIMH, 2017; CDC, 2017; Dill & Loew, 2012).

Because of the pervasiveness of behavioral health issues within fire service, having access to resources such as Employee Assistance Programs (EAPs), Member Assistance Programs (MAPs), and professional behavioral health clinicians can be useful to firefighters. While many fire departments provide resources such as EAPs and MAPs, and some provide direct access to clinicians, various barriers may prevent firefighters from seeking treatment through these means (Halpern, Gurevich, Schwartz, & Brazeau, 2009). The overarching objective of this chapter is to highlight how peer supporters, in collaboration with behavioral health professionals, may help bridge the gaps between firefighters’ behavioral health needs and access to professional services. Towards this end, this chapter summarizes the literature on peer support utility, presents information on barriers to treatment, describes ways clinicians can effectively partner with fire service peer support to enhance the quality and reach of firefighter-focused behavioral health services, and outlines future research directions to continue improving collaborations between peer supporters, clinicians, and others working to support the needs and strengths of firefighters.

BACKGROUND

Overview of Peer Support

Evidence for peer support dates back as early as the 18th century, when a physician in France employed recovered patients at his hospital (Davidson, Bellamy, Guy, & Miller, 2012). Today, peer support has evolved into a system of care with applications in nearly every field, including fire service. Peer supporters may be paid employees or unpaid volunteers. A peer supporter may be a professional in a related field (e.g., a retired firefighter with a counseling degree) or a paraprofessional (e.g., a firefighter with no formal counseling education, but 15 years of sobriety). Peer supporters may also be individuals who do not have lived experience with specific symptomology, yet are naturally drawn to that role (e.g., the “confidante” of the firehouse).

The concept of peer support entails those with similar backgrounds being able to relate to one another in a way that supports authentic empathy and validation, thereby fostering wellness (Mead & Macneil, 2006). By using their own lived experiences or successful recovery stories, peer supporters can provide guidance and support to individuals (Clossey, Solomon, Hu, Gillen, & Zimm, 2018). Peer supports...