

NCTSN

The National Child
Traumatic Stress Network

Strategies to Manage Challenges for EMS Families

North Shore-Long Island Jewish Health System
Adolescent Trauma Treatment Development Center
in conjunction with the
Center for Emergency Medical Services

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National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

INTRODUCTION

Why an EMS Parent Survival Guide?

Emergency Medical Services (EMS) work has always presented challenges for families. But we live in particularly challenging times. In a post-9/11 and post-Katrina world, children ask new questions and have new worries. For children of first responders, these questions are often about their parents' work.

In this guide, we discuss challenges for EMS parents identified by staff of the North Shore-Long Island Jewish Center for Emergency Medical Services. They have provided this information in focus groups and workshops and in responses to an interview questionnaire developed by Barbara Johnson, R.N., E.M.T.

We also describe strategies for dealing with these challenges.

The Challenges of EMS Work:

Emergency Medical Services involves both medical skills and readiness to function as first responders to crises. Efforts range from routine and uneventful to dramatic and exciting. EMS careers can be highly rewarding—but also can be frustrating.

On a day-to-day basis, the one thing that is predictable about work in the Emergency Medical Services field is that nothing is predictable. Not the calls, the people you encounter, or whether you'll have time to eat, and often, not the hours you work. With all of this unpredictability, it can be difficult to establish a structured, routine family life.

Coping with stress can be a challenge for anyone. There are many stressors for EMS workers, their spouses/partners, and their children. Stresses include:

- everyday hassles
 - schedule changes
 - issues with work partners or other staff
 - physical stresses
 - impact of work schedule or changes on family
- jobs that can be upsetting (e.g., serious injury to or death of a child)
- responses to major disasters or acts of terrorism



How Do You Know If This Guide Is For You?



Check (✓) if any of the following are relevant for you and your family:

Does your work schedule . . .

- interfere with scheduling childcare?
- interfere with participation in family activities?
- interfere with participation in your children's activities?
- limit interaction with your children to only a few days per week?
- create negative reactions from your children or cause them to complain?
- cause tension between you and your spouse/partner?

Does EMS work stress affect . . .

- you?
- your relationship with your spouse/partner?
- parenting?
- children?

Does your child . . .

- ask questions about EMS work that are hard to answer?
- have persistent concerns about parents' safety?
- have persistent concerns about parents' absences?

**If your answer is "YES" to any of these questions,
then this manual was written for you.**



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Section I: Everyday Challenges for EMS Families

Challenge #1: L O N G hours

EMS workers emphasize long hours and unpredictable schedules as the biggest source of stress for their children. Both work and sleep schedules can interfere with participation in family activities.

Strategies:

- ✓ Keep in touch with your children on a daily basis.
 - Check in by phone.
 - Leave a note (or a picture for younger child) before leaving for work.
 - Let them know you are interested in their activities.
- ✓ Be involved when you are available.
- ✓ Commit to your child a scheduled time (when possible) to have fun together.
- ✓ Keep track of events important to your child and family. You may not be able to make it to all of them, so choose *key* activities that you *can* attend and do your best to participate.
- ✓ Put up a family calendar, so that you all can see your scheduled work days and family activities.
- ✓ Don't make promises to participate in family activities that you may not be able to keep (cuts down on disappointment and guilt).
- ✓ Do your best to keep rules and routines consistent across time and among caregivers.

Challenge #2: Unpredictable schedules



a. Impact on children

When asked if their children expect them home at a certain time, some parents indicated that their children routinely expect them to be late, while others expect their parents to be home at a particular time. Some parents said their children either were too young or too busy playing to realize that they were late, or that they were simply used to it. However, for many children, EMS parent lateness is a source of disappointment, anxiety, or anger.

Strategies:

- ✓ Communicate. If you are going to be late, call your family. Don't leave children wondering. Some children feel reassured simply by speaking with you or by knowing in advance that you will not be home on time. (See Section IV for more information on talking to children of different ages.)
- ✓ Acknowledge their frustration. Some children will express their frustration and disappointment verbally. Others may be quiet but still have the same strong feelings.
 - Validate their feelings. (*"You sound upset. I would be too if I were you."*)
 - Communicate how important they are. (*"I wish I could eat dinner with you."*)
 - Express your own frustration. (*"I'm sorry I won't be there to see you play in the game."*)
- ✓ Try to avoid making promises about when you'll be home that you can't keep.

Challenge #2: Unpredictable schedules (continued)

b. Impact on childcare

When asked how work schedules affect their family, many EMS parents focused on childcare issues. While some have spouses who work at home, are stay-at-home parents, or have other well-established supports, other EMS parents often struggle to arrange childcare.

Strategies:

- ✓ Plan for crises before they occur. You are likely to need both usual childcare arrangements and at least one backup plan.

- ✓ Utilize support systems such as:
 - Extended family
 - Neighbors who can take over in an emergency
 - Extra babysitter(s) on standby

- ✓ Know your child. Take into account both your child's age and maturity level when making childcare arrangements.
 - Some adolescents can be home unsupervised, others cannot.
 - Mature adolescents may be able to watch younger siblings for short periods of time (make sure your teen knows what to do in an emergency).

Challenge #2: Unpredictable schedules (continued)

c. Disruption of family routines

Unpredictable schedules may make it difficult to maintain family routines. The extent to which you can maintain routines depends in part on childcare supports and in part on the nature of your family.

Strategies:

- ✓ Set predictable and consistent routines (morning, homework, and bedtime routines).
- ✓ Make routines flexible to accommodate your needs as well as your children's.
- ✓ Accommodate to your child's uniqueness when setting up and carrying out routines.
No two children respond to routines in exactly the same way.
 - Your child's temperament (response style) can make change particularly problematic.
Many children are easy-going, BUT:
 - Some children respond intensely and are likely to be upset by changes in their routine.
 - Some children have initial difficulty with new situations and may need time to warm up to a new babysitter or routine.
 - Be aware of your children's stage of development as well as their rate of development and possible unevenness in their skills. Some children are slow to show independence and maturity in everyday skills. For example, some younger children may have difficulty dressing themselves, and some older children may have a harder time completing their homework than you would expect.

Challenge #2: Unpredictable schedules (continued)

d. Impact on relationship with spouse/partner

◆—————◆
EMS workers describe their spouse/partner as having a range of reactions to their job—from understanding and seeking comfort, to tension and animosity.

Strategies:

- ✓ Keep in touch. Use your phone to give your spouse/partner (and family) as much warning as you can about schedules and schedule changes.
- ✓ Find time for talking about important family matters. (For strategies about this, see Section III.)
- ✓ Find time with your spouse/partner to have fun.

Challenge #3: Job experiences that can be difficult to bring home:

Impact on home life

EMS workers are often reluctant to talk about their work with a spouse/partner who is not in the same field. At the same time, they wish their spouse/partner understood the stresses EMS workers face. It can also be difficult to know how much information to share with children as well as your spouse/partner.

Strategies:

- ✓ Learn to manage your stress:
 - Use colleagues for support.
 - Create a balance between work and play and between home and job(s).

- ✓ Work out together how much detail about the job is comfortable for both of you to discuss.
 - Let your spouse/partner know when you are under stress.
 - Ask your spouse/partner how he/she is doing.
 - Tell your spouse/partner what you need.
 - Ask your spouse/partner what he/she needs.

- ✓ When you do talk about the job at home, be aware of what children might hear, and what sense they might make of it.
 - Children can be sensitive to the emotional tone of adult conversation and often misinterpret information.
 - Ask your children if they have any questions.
 - For more strategies on communicating with children, see Section IV.

Challenge #4: Mental strain and burnout:

Impact on body

Lack of sleep and high levels of work stress can make you irritable. Ongoing work stress can lead to strain and burnout, which is also likely to affect relationships within your family.

Strategies:

- ✓ Create a balance between work and play, and between home and job(s).
- ✓ Learn to recognize your signs of stress.
- ✓ Communicate your level of stress to your spouse/partner.
- ✓ Calmly communicate your level of stress to your children. They need to know that parents sometimes act differently when they are tired or stressed. Always reinforce that your stress is not their fault. (See Section IV for strategies on how to talk to your children.)

Section II: Recipes for Supportive Parenting

Challenge:

How do we best prepare children for everyday life?

Part of childhood is learning how to get along with family, peers, and at school. Children must also be ready to deal with stressful events. There is no one “right” parenting style, and no two children are alike (so parents act differently with different children). Parents are more effective when they provide clear limits, while being supportive and nurturing.

Strategies:

Our recipe for success has five basic ingredients:

1. Use encouragement and praise:

- ✓ Giving positive attention strengthens your relationship with your child and builds your child’s self-esteem.
- ✓ Effective praise focuses on a specific behavior. (*“I like the way you shared with your sister.”*)
- ✓ Effective praise is realistic. Your child may not believe exaggerated praise, such as, *“You must be the smartest kid in the whole world!”* when your child has just received a good grade in school.

2. Set reasonable expectations:

- ✓ Expect children’s skills (dressing, homework) and behaviors (paying attention, doing chores) to fit their age and maturity level.
- ✓ Children benefit from having responsibilities that don’t disrupt normal childhood activities, such as schoolwork and making friends.
- ✓ Children benefit from having responsibilities that they are capable of doing.
- ✓ Avoid giving too little or too much independence. Children’s chances to learn may be reduced with too little independence. Children’s chances for failure may be increased with too much independence.

3. Use effective communication:

- ✓ Tell your child clearly what you want. Don’t assume they always know.
- ✓ Listen to your child’s point of view. (See Section IV on talking with children.)

4. Set consistent limits, backed up with appropriate consequences, both positive and negative.
 - ✓ Examples of positive consequences include encouragement, praise, and rewards.
 - ✓ Examples of negative consequences include losing privileges, and time-outs.
 - ✓ Effective limit-setting can teach children appropriate behaviors and coping strategies.

5. Create teamwork among caregivers:
 - ✓ Discuss what you expect of your children with your spouse/partner and other caregivers and come to a compromise.
 - ✓ Keep adult conflicts away from kids.
 - ✓ Don't undermine one another. For example, don't say "yes" if your spouse already said "no."
 - ✓ Try to keep each parent's role balanced and consistent. Try to minimize one parent being the good/fun parent and the other being the bad/rule-enforcing parent.

Section III: Communication Between Parents and Among Caregivers: Getting Others to Listen and Cooperate

Successful co-parenting requires teamwork and effective communication. Everyone uses both effective and ineffective ways of communicating. The key is to shift more towards effective communication skills and less use of communication “roadblocks.”

Challenge #1: Identifying “roadblocks” that lead to communication “breakdowns”

Communication is vulnerable to “breakdowns” due to “roadblocks” that turn off your listener. We are more likely to use roadblocks and have breakdowns when we are tired or stressed. Some of the roadblocks to effective communication are listed below:

Avoid these roadblocks:

- Focusing on mistakes that the other person might have made—even when you’re sure you’re right!
 - Blaming (“*Because you’re never home on time . . .*”)
 - Accusing (“*You volunteer for extra shifts, when you know that it . . .*”)
 - Put-downs (“*That was a stupid way of handling the situation.*”)
- Bringing up past events that are sore topics (“*I haven’t forgotten that you . . .*”)
- Extreme statements, such as:
 - Overgeneralizing (“*You always . . .*”)
 - Catastrophizing (“*This will ruin his chance of ever . . .*”)
- Lack of give and take in conversations (interrupting, monopolizing, not responding)
- Pulling a third person into the conflict (your child, an in-law, a co-worker)
- Putting people off with your body language or tone:
 - Lack of eye contact
 - Sarcastic or negative tone (raised voice, yelling, profanity)

Strategies:

- ✓ **Review**—review the roadblocks listed above.
- ✓ **Recognize**—know a roadblock when you see it. Be aware.
- ✓ **Refrain**—although *everyone* uses roadblocks, make an effort to avoid them when you can.
- ✓ **Replace**—use more effective strategies for communication. (See Section III, Challenge #2 for suggestions on how to do this.)
- ✓

Challenge #2: Achieving a better balance: Increasing effective communication

Reducing communication breakdowns requires time, energy, and a whole lot of practice.

Strategies:

Reinforce/strengthen your relationship with your spouse/partner:

- ✓ Make time with your spouse/partner to do things you both enjoy.
 - Find out what is important to him or her
 - Share what is important to you

Work on effective communication. Use the techniques listed below to help control and reduce the communication roadblocks discussed earlier:

- ✓ Choose the time wisely:
 - When you and your spouse/partner can focus on the issues, problem-solve and tolerate the stress
- ✓ Choose the place wisely:
 - With privacy
 - Without the children present
- ✓ Open the door to discussion:
 - Introduce problems with “I” statements about what you need, rather than blaming your spouse/partner for what you are not currently getting. For example, “I wish I had more time to run errands without the kids” instead of “You don’t help me with the kids.”
 - Avoid using absolute statements (saying “always” or “never”). For example, instead of “You *never* understand,” say “Sometimes it feels like you don’t understand.”
- ✓ Practice active listening: Repeat what you have heard, to show that you’ve been listening and to determine that it is correct. (“*So what you’re saying is . . .*”)
- ✓ State appreciation:
 - “Thanks for listening to my point of view.”
 - “I’m so glad you could change your shift and come to the barbecue.”
- ✓ Stick to one topic: Jumping from topic to topic makes it hard to agree on anything.
- ✓ Accept responsibility for part of a problem.

- ✓ Talk about what you are willing to do to help solve the problem.
- ✓ Take breaks from tense discussions as needed.
- ✓ Do things to help you calm down (take slow deep breaths, stretch out your arms).
- ✓ Do things to help your spouse/partner calm down (ask how you can help, give space, listen).
- ✓ Avoid consistently withdrawing from conflict.
- ✓ Be willing to compromise.

Challenge #3:

Dealing with “perpetual problems”

◆ Many problems in families and between couples are based on long-standing differences or situations that are hard to change, such as EMS work schedules. ◆

Strategies:

Couples survive many “perpetual problems” when they can confront them with:

- ✓ Good humor
- ✓ Effective communication
- ✓ Accepting what cannot be changed

Section IV: How to Talk to Children of Different Ages About Their Concerns

Challenge #1: Answering challenging questions about EMS work (and other difficult everyday questions)

a. Overview

Children of all ages ask difficult questions. They may ask questions about what their parent did today or express concern about their parent's well-being. Children of different ages may ask somewhat different questions; but even when they ask identical questions, the information they are seeking and the answers they can understand are likely to differ.

EMS parents have reported their children asking these challenging questions:

3-5 year olds:	"Who is Osama Bin Laden?" "Was there blood?" "Why?" (about everything)
6-12 year olds:	"Why did people fly into the World Trade Center?" "Do you have to go to work again?" "Why couldn't you save that person?" "Do you pick up sick children?"
13-16 year olds:	Ask about specific illnesses (e.g., diabetes, HIV) "How many people died?" "Did anyone lose a limb?" "Were people crying?"

Strategies:

Below are general strategies for dealing with children's questions. Examples for specific age groups are on the pages that follow.

- ✓ Listen and respond to children according to their level of development. Listen and answer at the level of their concerns.
- ✓ Children may be seeking reassurance. They may be seeking information. Respond accordingly.
- ✓ Ask your child for feedback to find out if your answer is helping.
- ✓ Watch their level of comfort during the discussion.
- ✓ Change directions if they seem confused or take a break if they seem distressed.

Challenge #1: Answering challenging questions (continued)

b. Talking to preschool children

◆—————◆
For preschool children (ages 3-5), even everyday questions may be hard to answer in a way the child will understand. Their questions tend to be concrete and simple. They may ask about abstract concepts but may have a different understanding of them than an older child.

Strategies:

Preschool children may ask: *“When are you coming home?”*

They may continuously ask: *“Are you coming home now?”*

Preschoolers do not understand time concepts like “late,” “7 o’clock,” “20 minutes,” or “soon.”

- ✓ The best answer is in terms of their routine. (*“I’ll be home at your bedtime.”* *“I’ll be home after dinner.”*)
- ✓ Give a simple, honest explanation if you are going to be late. (*“I can’t come home now. Someone got sick and I have to help.”*)

They may also ask: *“Did you see dead people today?”*

- ✓ Keep your answer simple. Unless they ask more questions, a simple “yes” or “no” may be enough.
- ✓ Be aware that a preschool child’s understanding of death is different from that of an older child. Preschool children may not understand that dead people will not come back.

Challenge #1: Answering challenging questions (continued)

c. Talking to school-age children

During the school years (ages 6-12) there are major developmental changes in children's understanding. Children progress at different rates. School-age children's questions and understanding tend to be more complex and detailed than those of preschool children, even though they may still ask about the same issues. At times, school-age children's directness may be unnerving (e.g., questions about blood and gore).

You know your child. Use feedback from your child to gauge his or her level of understanding.

Strategies:

School-age children may ask: "Do you have to go to work again?"

- ✓ Use examples children can understand. Children of this age can understand that there are rules and obligations. ("Yes, *that's my job. Just like your job is to go to school, my job is to go to work.*")
- ✓ Young school-age children may be particularly upset by exceptions (when parents might not be home when they said they would or go to work at a time that isn't routine).

They may also ask: "Why couldn't you save that person?"

- ✓ Give enough detail, more than what you would say to a preschooler.
 - To a 7-year-old you might say, "*He was too badly hurt.*"
 - To an 11-year-old you might say, "*She lost too much blood.*" or "*She had a severe head injury and couldn't be saved.*"
- ✓ Keep your responses tailored to a simple and age appropriate level of understanding.

Challenge #1: Answering challenging questions (continued)

d: Talking to teenagers

◆—————◆
Teenagers (ages 13-18) often turn to friends for information that parents don't provide, so being open for questions is particularly important. The issues that teens ask about may be complex (e.g., issues of morality or justice). Sometimes teens become interested in the "science" involved in their parents' work, while at other times they couldn't care less.

Strategies:

Teens may ask: "Why do you always miss stuff?" (holidays, recitals, ball games)

- ✓ Be direct. (*"Being home late is part of the job."*)

They may also ask: "What did you do today?"

- ✓ Be truthful.
- ✓ Be selective about what and how much you share. Don't overwhelm your teens with more information than they can handle.
- ✓ If you talk about potentially dangerous situations you deal with on the job, also be sure to talk about the things that keep you safe. For example, if your teen is concerned about your safety when you transport an emotionally disturbed person, point out that the police are always called to the scene.

Challenge #2:

Talking to children about stressful or traumatic events

Stressful and traumatic events can range from issues you have always faced, such as the death of a relative, to events such as 9/11 and Hurricane Katrina. Events involving danger to first responders pose a particular challenge for children of EMS workers. Children of first responders may now have heightened sensitivities to the dangers involved in their parents' work. Children need support from their parents in order to deal with these events.

Children of different ages have different ways—through words and actions—of letting you know they're concerned. Preschool and school-age children often express themselves through play and drawing. School-age children may share concerns with peers. Teenagers increasingly seek support from their peers and may share less with parents.

Strategies:

- ✓ Watch for behavioral clues that tell you if your child is stressed:
 - Nightmares
 - Changes in appetite
 - Clingy behaviors
 - School avoidance
 - Somatic complaints (headaches, stomachaches)
 - Oppositional behaviors (anger, blaming, refusing)
 - Behaving in a less mature way than usual
- ✓ Talk to your child about feelings and concerns.
 - When you talk to your child, preparation is important.
 - Choose a quiet place.
 - Choose a time when your child is likely to be open and respond.
 - Follow your child's lead:
 - Listen. Don't dominate the conversation or "over-question."
 - Understand your child's question before answering. If you are not sure of the meaning of a question, ask your child to explain it.
 - Acknowledge their feelings and concerns: "Sounds like you're pretty angry."
 - Validate their feelings: "I can understand how that would make you sad."
 - Normalize their experience: "Lots of kids feel that way and sometimes grown-ups do too."
 - Be comfortable answering "I don't know."
 - Be reassuring. Remember that as a parent, you are your child's "secure base"—a source of comfort that helps him or her face stressful situations.
- ✓ If behavior changes and distress interfere with your child's functioning at school, home, or with friends, professional consultation may be helpful.



Challenge #3: Children and the media

In reporting on current events, the media often broadcast information that is difficult for children to understand. It often includes vivid images and repetition of these images that can be upsetting to children (and adults). Children up to age 7 may have difficulty telling whether things on television are real or not, and they may believe that televised replays are the event happening over and over again.

Strategies:

- ✓ Limit TV viewing of traumatic events, real or fictional.
- ✓ Know what your child is watching.
- ✓ When your child does watch the news or broadcasts about stressful events, watch **WITH** your child.
 - Ask your child about what he or she is seeing.
 - Ask if he or she has questions about it.
 - Clarify misunderstandings or misconceptions.

Section V: Summary

Families are critical sources of security, support, and information about difficult topics for children and teens.

We hope that this guide has been useful to you in dealing with the challenges that EMS work can create for families, and in providing support for your families in dealing with the stress of challenging times.

Some additional resources are listed in the final section.

We are interested in your feedback about our guide. Please make any comments on the last page and send them to Juliet Vogel, Ph.D. or Mandy Habib, Psy.D. at the address listed on the feedback form.

Section VI: References

Many of the techniques presented in this section are derived from the following sources:

Baumrind D. (1967). Socialization practices associated with dimensions of competence in preschool boys and girls. *Child Development*, 38, 291-327.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology*, 4, Part 2, 1-103.

Gottman, J. M., Driver, J., & Tabares, A. (2002). Building the sound marital house: An empirically derived couple therapy. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couple therapy* (3rd ed., pp. 373-399). New York: The Guilford Press.

Kirschman, E. (1997). *I love a cop: What police families need to know*. New York: Guilford Press.

Maccoby, E. E., & Martic, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. H. Mussen (Series Ed.) & E. M. Hetherington (Vol. Ed.), *Handbook of child psychology: Vol. 4. Socialization, personality, and social development* (4th ed., pp. 1-101). New York: Wiley.

PoliceFamilies.com. Referenced May 2004. Available at <http://www.PoliceFamilies.com>

Robin, A. L., & Foster, S. L. (1989). *Negotiating parent adolescent conflict: A behavioral-family systems approach*. New York: Guildford Press.

Section VII: Resource Guide

Websites

- ❑ American Academy of Pediatrics: www.aap.org
- ❑ American Academy of Child and Adolescent Psychiatry: www.aacap.org
- ❑ American Psychological Association: www.apa.org
- ❑ National Mental Health Association: www.nmha.org
- ❑ National Child Traumatic Stress Network: www.nctsn.org
- ❑ Substance Abuse and Mental Health Services Administration: www.samhsa.gov

Books & Brochures

Parenting:

American Academy of Child and Adolescent Psychiatry. (1998). *Your child: Emotional, behavioral, and cognitive development from birth through preadolescence* (D.B. Pruitt, Ed.). New York: HarperCollins Publishers, Inc.

Kurcinka, M.S. (1991). *Raising your spirited child: A guide for parents whose child is more intense, sensitive, perceptive, persistent, energetic*. New York: Harper Collins Publishers, Inc.

Seligman, M.E., Reivich, K., Jaycox, L., & Gillham, J. (1995). *The optimistic child*. New York: HarperCollins Publishers, Inc.

Turecki, S. & Tonner, L. (1989). *The difficult child: Expanded and revised edition*. New York: Bantam Books.

Parenting (age specific):

American Academy of Child and Adolescent Psychiatry. (1999). *Your adolescent: Emotional, behavioral, and cognitive development from early adolescence through the teen years* (D.B. Pruitt, Ed.). New York: HarperCollins Publishers, Inc.

Caplan, F. & Caplan, T. (1982). *The second twelve months of life: Your baby's growth month by month*. New York: Bantam Books.

Caplan, T. & Caplan, F. (1984). *The early childhood years: The 2- to 6- year-old*. New York: Bantam Books.

Dinkmeyer, D., & McKay, G.D. (1990). *Parenting teenagers: Systematic training for effective parenting*. Circle Pines, MN: American Guidance Service, Inc.

Dinkmeyer, D., Sr., McKay, G.D., & Dinkmeyer, D., Jr. (1997). *The parent's handbook: Systematic training for effective parenting*. Circle Pines, MN: American Guidance Service, Inc.

Dinkmeyer, D., Sr., McKay, G.D., & Dinkmeyer, J. (1997). *Parenting young children: Systematic training for effective parenting*. Circle Pines, MN: American Guidance Service, Inc.

Families and Couples:

Covey, S. R. (1998). *The 7 habits of highly effective families*. New York: St. Martin's Press, LLC.

Gottman, J. M. (1979). *A couple's guide to communication*. Illinois: Research Press.

Scarf, M. (1991). *Intimate partners: Patterns in love and marriage*. Pennsylvania: Diane Publishing Company.

Stress Management:

U.S. Department of Health and Human Services. *A Guide to Managing Stress in Crisis Response Professions*. DHHS Pub. No. SMA 4113. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005. (Copies of this publication are available electronically at www.samhsa.gov or by calling 1-800-789-2647 or 1-866-889-2647 (TTD)).

For information on services within the North Shore-Long Island Jewish Health System, please refer to the North Shore-Long Island Jewish Behavioral Health Services: Directory of Services, or call: (888) 819-0010 or (718) 470-8100.

For information on this handbook please contact Juliet Vogel, Ph.D. (516) 562-3265 or Mandy Habib, Psy.D. (516) 562-3276.

Feedback Form

We are interested in your feedback about our guide. It would be helpful for us if you could take a few minutes to answer the following questions:

- | | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly Agree</i> |
|--|--------------------------|-----------------|----------------|--------------|-----------------------|
| 1. Overall, this handbook is useful. | 1 | 2 | 3 | 4 | 5 |
| 2. I would recommend this handbook to other EMS families. | 1 | 2 | 3 | 4 | 5 |
| 3. What did you like most about this handbook? | | | | | |
| 4. What was not useful? | | | | | |
| 5. How can we improve this handbook? | | | | | |
| 6. Is there anything you would like to see added? Explain. | | | | | |
| 7. Comments: | | | | | |
| • How many children do you have? _____ | | | | | |
| • What are the ages of your children? _____ | | | | | |
| • How many years have you worked as a first responder? (Include years as a firefighter or police officer.) _____ | | | | | |

Please return this feedback form to Juliet Vogel, Ph.D. (516-562-3265) or Mandy Habib, Psy.D. (516-562-3276). This form may be faxed to (516) 562-4786, or mailed to North Shore University Hospital, Department of Psychiatry, 400 Community Drive, Manhasset, NY 11030.