

First Responder Family Handbook

A Guide to Thriving on a Daily Basis



Dr. Stephanie M. Conn

Those behind the creation of this handbook are firm believers that help should be available for all. Hence, this resource was created with the idea that it should be freely accessible to everyone. To that end a digital copy has been made available at <https://www.firstresponderfamily.org/>. Departments are welcome to use the supplement page templates also provided on the website to include their own welcoming message, protocols, and/or locale specific resources following the 'For More Information' section of the main document.

The whole of this document was written by and in collaboration with Dr. Stephanie M. Conn of First Responder Psychology to ensure the clinical integrity of the information and recommendations. By accessing the digital copy for reproduction, you agree to present the document and its information in its entirety in order to preserve the integrity with which it was created.

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Disclaimer: *This help handbook is not meant as a substitute for appropriate professional care. Chronic or extreme stress can exhibit as a wide array of physical, psychological, and social problems. Some require evaluation and treatment by medical or mental health professionals.*

When in doubt, please seek professional help.

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Dr. Stephanie M. Conn

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DEDICATION

This handbook is dedicated to all our local First Responder Families.
Our community would not be the same without your daily sacrifices and faithful
support of your First Responder.

Be encouraged - YOU ARE NOT ALONE!

IN MEMORY OF

Chief of Police Randall Scott Gibson ~ January 2017

Deputy Sheriff Justin Richard DeRosier ~ April 2019

Battalion Chief, Firefighter / Paramedic Mickel William Zainfeld ~ September 2019

Retired Lieutenant, Volunteer Firefighter / EMT Alan Dean Basso ~ November 2020

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Cowlitz County's Health Care Foundation

Whose mission is to promote the physical and mental health and health care of our community,

Cowlitz-Wahkiakum Council of Governments

Whose mission is to help facilitate collaboration between agencies in addressing regional issues,

First Responder Family Resources of Cowlitz County

Whose mission is to provide a proactive, first responder family resource center that will equip our families to thrive,

Kalama Volunteer Fire Association

Whose mission is to improve the quality of life for our community by providing dedicated, trained, and effective emergency response services, and

Dr. Stephanie Conn / First Responder Psychology

Who lent her expertise, time, and passion to this handbook in order for it to be of credible help to our first responders.

Without these partnerships and their funding, this handbook would not have become a reality.

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Forward

There was so much running through my head that evening as I read a text from a fellow first responder wife - another crisis had hit our responder community. It was not the first nor would it be the last, but in our small community it impacted every person, every branch of service, every spouse, every family. We all felt it. As I read and re-read her message, the 25 years of being a first responder spouse and family flew through my head as I reached for something within my experience that would be of help.

We did not start as a first responder family. For us it started with a hobby. My soon-to-be responder wanted to learn to scuba-dive which led to being a part of Search and Rescue doing water retrieval. Then came an invitation to volunteer with the local fire department and EMT/IV Tech training opening doors for the big leap to a career change. Not only did my spouse join the first responder family, but soon thereafter one brother would become a police officer and the other a dispatcher. In a blink of an eye, I was married to a career firefighter and my immediate and extended family were neck deep in the world of first responders. I had no idea what was coming.

Anyone who has been married for a while will tell you marriage takes work, but a first responder marriage can test the boundaries of even the best of relationships.

I had no idea back then that those ‘ignoring me’ moments were not about our marriage but the brain’s way of countering the effects of sleep deprivation. That after a particularly difficult shift, the act of pushing my buttons with an unhealthy preoccupation with the minutia of our home life was actually hypervigilance and a sign that my responder needed a way to unwind in order to be present with us. No - instead we learned the hard way; testing the foundation of our marriage as we went.

I was clueless to the effects it would have on our kids. That living as a first responder family would mean they would see the world differently. That they would be wired for ‘just in case’ in almost every aspect of their lives. That after years of living with ambulances, fire trucks, dispatch, radios, and police cars, our (then) college student would use her life experience to help those around her during a lock-down in a shooter crisis. Nor would I have been able to predict that our youngest would someday choose to become a wildland firefighter after watching his dad all those years. Parental mind blown.

I was oblivious to how much it would test my promise of ‘for better or worse’ or what exactly it would mean to be a single parent on shift days. I could never have predicted that someday it would be necessary to lay a family emergency plan in case of a regional disaster so that my responder could be present for our community knowing we were safe.

I did not know what I was made of until I became a first responder wife, but I would not change any of it. It has been the hardest and most rewarding journey, both personally and together with my amazing first responder. There is so much truth in the saying ‘what is worth having is worth fighting for’. So, as I responded to my friend, I encouraged her to fight for her loved one when they were too tired to fight for themselves, to dig deep, and be present for them and her family - for to be a first responder family means you are in this together.

I recently heard a long-time first responder say it this way: “If you have someone to go home to that loves you on an intimate level, who waits for you to come home so they can put their arms around you and share life with you - you are blessed. Nothing should be more important than maintaining that.” I wish we had had a resource like this handbook back when we first started - to have in hand the experiences and lessons learned from those who have gone before wrapped up with tried-and-true tools that can help you daily maintain what is most important – your family.

May you continue to find your blessings every day in those you love and who love you, and to remember – you are not alone.

God Bless,

Anisa Kisamore

25+ years First Responder Wife, Mother, Sister

Welcome

“A candle loses nothing by lighting another candle.”

~ Father James Keller

Whether career or volunteer, new to the first responder family or a member with years of experience - for whatever reason you have come to have this in your hands, we are glad you have found your way here.

Though your first responder is the one on the front line, unlike other occupations, this job requires the commitment of the whole family. “How?” you may ask. Well, this is why this book was written. So much is coming your way! Somethings you may think you know, somethings you will not see coming. Somethings will be learned through the experience of others while somethings you will learn by doing, being, and fighting for what is precious to you. It is a tough journey, but it is AH-mazing! It will test what you are made of, but at the same time, you will become part of the good in this world supported by a family bigger than you knew existed.

Still interested? Then let us start with why this First Responder Family Handbook was created.

In the span of 3 years, our small community experienced the line-of-duty deaths of a chief of police, a deputy sheriff, a battalion chief firefighter, and a career retiree/volunteer firefighter. Then came COVID and the unprecedented political and social demonstrations surrounding law enforcement. The effects of all this on the first responder community was tremendous, but the steadfastness of our local responders was both uplifting and inspiring.

As our first responders and families came together to support each other, it became clear that more was needed; more support, more resources, more information, more communication, more access to culturally qualified help, more transparency. It also became clear that these resources needed to be delivered more quickly and effectively than through the lumps, bumps, and bruises of life that we had experienced. We entered the first responder life with very little understanding of the long-term effects of the job on family life, our marriages, or even the overall impact to the health and wellness of our loved one.

Providing proactive support in a reactive field (not only to the personnel themselves, but just as importantly, to the families they came home to) seemed to be a subject on par with national issues. We recognized that as the first line of support for First Responders, our families’ health and wellness was ESSENTIAL! So, while departments came together to address the first responder needs directly, we brainstormed on how we could help their families and give the current generation better support and the next generation a better start than we had.

Thus, the First Responder Family Resources of Cowlitz County came to be and our purpose set – to bring ‘proactive, first responder family resources that will equip our families to thrive’ directly to our local families. This Handbook being one of our first steps in doing just that. By providing tools that can be used directly in your home daily, your family can move beyond surviving this career choice to finding a renewed vitality - to THRIVE!

Whether you are a spouse, parent, child, partner, or a First Responder yourself – this was written for you by those experienced in all the good and bad that comes with living a First Responder Family life. Those who helped build the foundation of its content, pulled from their own extensive experiences to determine the pivotal areas that should be addressed. Its intent is to show you are not alone; that there are so many others that have gone before you and made it. It was purposefully formulated to give you proven methods and/or tools to maneuver this life on a daily basis while inspiring curiosity to reach out, to dig, and ask questions.

If you are new to being a first responder family or have had the privilege of being one for many years – we are glad this has found its way into your hands – WELCOME!

In This Together

"We are more alike, my friends, than we are unlike."

~ Maya Angelou

If you are new to the first responder world, you may not understand quite yet what a vast and amazing family of individuals you are now a part of. Whether you are joining as a firefighter, police officer, emergency medical responder, or one of the other branches encompassed by the words 'first responder', you have joined an incredible group of people in some of the most exciting and rewarding careers on this planet. (No, we are not biased at all!) If you are a spouse, child, or family member of such an individual, you are just as much a part of this extended family as the responder themselves.

For as much as we would like this resource to be able to set before you everything you will need for this journey and thrive while doing so, there is just no way to put into words all that lays before you. Every person, couple, family, job, and department is different and yet, there is so much that is the same. It is to this end we have gathered those similar subjects here to help you navigate your own personal journey. For as you will hear often – 'you are not alone!'

A first responder is defined as those who are moving forward in a crisis while others are moving back. These services include law enforcement (state patrol, sheriffs, local police, correctional, volunteers), firefighters (career, wildland, volunteers), emergency medical technicians (EMTs), paramedics, public safety telecommunicators (911), chaplains, coroners, medical personnel, search and rescue, counselors, social workers, and even pilots. As you can see the list is extensive, with each branch having not only its own type of service but also its own unique sub-culture.

Law Enforcement usually serves as individuals in smaller cities/towns and partners in larger ones. They respond from their assigned vehicle, meeting up with another if the call requires it. They clear a scene and leave as they came, filing their reports from their vehicle, and then moving on to the next call. Officers may meet up with other officers on a larger scene or stay in contact via radio, but rarely are they seen together unless on a larger call or working as partners. They sit with their backs to the wall in public and are always watching people and doors for potential risks. They decompress after their shift has ended and usually on their own vs. with fellow officers. They deal with the downside of humanity: the criminal, angry, abusive, psychologically traumatic side. The tools of the job include weapons and ballistic vests, tasers and handcuffs. Society is suspicious of law enforcement requiring officers to approach all situations as high risk until proven otherwise. As an example, red/blue lights in your rearview mirror can cause instant anxiety.

Firefighter and Emergency Medical Services (EMS) personnel on the other hand respond as teams. They have support on the scene upwards of 2-3 personnel per vehicle with 2-3 vehicles responding at a time. They watch their backs for fire, road-side or structural dangers, but rarely for people who may do them harm. They usually can return to the station after a call and decompress as a team; talking about the call and filing reports as they happen. They deal with the downside of mortality: sickness, injury, old age, neglect, loss of life, loss of property. The tools of the job include jaws of life, heart monitors, fire hoses, and gurneys. Volunteers come forward to serve their community in such a capacity. Red/white lights in your rearview mirror may prompt a prayer for the people inside, and most everyone is glad to see emergency medical personnel show up at their door.

Public Safety Telecommunicators (911 dispatchers) are usually the first contact the public has with first responders. Though they work with law enforcement, fire, medical services, and have the support of other dispatchers and supervisors, in those first few minutes of a call a dispatcher is the singular connection to the person on the other end of the phone or radio. The job requires the mental acuity and flexibility to handle each call with the working knowledge of all the other branches to mediate any given situation until help can arrive. They deal with the downside of both humanity and mortality. Once the firefighters or law enforcement officers reach the scene, they move on to the next call often not knowing how the stories end so at the end of their shift they are left to decompress without answers. The tools of the job include computer monitors, headsets, keyboards, and software. People are either grateful to hear their voice on the other end

of the line or are abusive when they don't get the response they want or in the time frame they expect. Though other first responders consider this branch an integral part of the first responder team, most states consider them clerical workers. As 'office/administrative services' or 'protective services', they are left without the same protective binding arbitration rights or mental health services as other first responders, yet they are right there alongside them every step of the way.

Though each service is very different in their roles and duties, they very often work together to keep their communities safe. In smaller cities/towns it is not uncommon for officers, firefighters, EMS, coroner, chaplains, and medical personnel to know each other by first name. As fellow first responders, they see each other as the person behind the badge or uniform. They understand the extra layer of psychological armor they each put on when they step into their first responder roles; armor that becomes a part of them even when off the clock. This is what makes all first responders a family unto themselves. It's part of the culture forged in the trenches of handling the tough side of humanity so that the community at large can be safe; so that they can feel safe. So even as the job can be inherently different from one branch to the next, many of the impacts on the individual and their families are the same.

In the following pages, you will discover that family is the single, most important factor in successfully coping with the daily impacts of the job. As such, it is of utmost importance that as first responder families that we have the tools to thrive. 'Thrive' by dictionary definition means to do well, be successful, be healthy or strong; to grow vigorously, flourish, and to prosper. So, what does this look like when applied to a first responder family? We asked some of our first responder families for their thoughts.

"A thriving first responder family is indistinguishable from any other 'normal' family. A parent unit that works well together for the sake of their family as a whole, not just for the benefit of the children or themselves. Children who understand their parent(s) job(s) can be stressful, but at the end of the day, they know their parents love them unconditionally. A thriving family makes the best of the time they spend together."

"A thriving family is proactive and intentional in finding ways to spend time together such as dinners, vacations, hobbies, exercising, etc. It is strong and healthy mentally, spiritually, and emotionally in order to fight off burn-out and negativity. The family is purposeful in seeking the positive in order to maintain a healthy point of view outside the job. This is key in building resiliency within the family."

Wow! So much of what came from our inquiry was spot on and extremely encouraging to see that in the midst of the daily schedules, the external pressures, the kids, the job(s), and the never-ending list of responsibilities – our families are working towards thriving.

Characteristics of a Thriving First Responder Family

A thriving first responder family has....

...a "can do" approach to life and are not afraid to embrace challenges. They know what can happen and are grateful for today.

...a perspective that gives them a healthy framework for handling life. These frameworks tend to include components such as an active spiritual faith, a strong sense of morals, and a deep sense of purpose.

...a high degree of flexibility. They have learned to adjust to the disappointment of failed plans and activities and are able to respond with determination by creating back up plans.

...developed a strong network of support including both department and non-department friends and family. They choose to maintain these relationships regardless of schedules.

...learned to creatively parent; adjusting to the limitations that responder life imposes on the family structure and working together to care for and raise the children.

...developed a growth mindset and practice the skill of reframing, so that they often find the positive in the midst of the negative.

A thriving first responder family is....

...intentional about staying connected with each other. They have learned to be creative in discovering ways to have lots of short, meaningful conversations combined with highly developed listening skills. They actively look for opportunities to be connected to family and their community. They are purposeful in spending quality time together and are dedicated to building and maintaining primary and supportive relationships.

...proactive in practicing a healthy mental and physical lifestyle and accept responsibility for their own self-care. They actively seek out wellness activities including counseling, exercise, family recreation, massage, rest, etc., and are intentional in scheduling such activities on a consistent basis.

...empowered to contribute to their family's life and self-confident in operating independently. They have learned to adapt to changing roles and situations and are proactive at utilizing the resources available to them to meet their needs.

...excellent at managing challenges and difficult circumstances. They have discovered the truth that while they cannot always avoid difficult situations, they do have a choice in how to react to life.

Thriving on a Daily Basis



Chapter 1

Family: The First Line of Support / The Backbone

“No matter what accomplishments you make, somebody helps you.”

~ Althea Gibson

Home is where you and your first responder live life according to your values and priorities. Most people say that their highest priority is their family but may struggle daily to act in accordance with that. Life is busy and it is easy to be moved in the direction that has the strongest pull. This is why family is regarded as the backbone of the first responder in this handbook. The backbone stands tall and sturdy as it connects to so many other parts. It bends, as needed, to accommodate needed movement. But, at the end of the day, family, like the backbone, keeps it all together.

The First Line of Support. The first call first responders want to make after a critical incident is to their loved ones at home. Therefore, a healthy home life is vital to the first responder's wellbeing. First responder families frequently have to absorb the toxicity of stress, trauma, and physical exhaustion from work. So, it's important for families to be fortified against these toxins. It's hard to be well in a sick system.

Home is a place of restoration where first responders get to be humans; dad/mom, brother/sister, and/or spouse. They have less concern about judgement from others. Home is where they give and receive love, share their hopes, and work through their fears. It is where they can relax and enjoy themselves. Home is where adults perform important tasks to society, particularly raising children and assisting elderly parents.

How First Responder Work Can Affect Families. The influence between home and work life is undisputed. Concerns about home life occupy the mind of your first responder while they're at work just as much as concerns about work cross the threshold of your home. However, there is oftentimes more control in making the home front healthy than managing the unpredictable and sometimes uncontrollable work domain. This handbook is designed to increase your sense of control in making a healthy, happy home.

First responder families operate similarly to families of non-first responders. However, the work creates unique challenges for the first responder family. These challenges include being in the spotlight with public events, navigating shiftwork, and managing the spillover of trauma. Being in the spotlight is discussed in Chapter 12 - *Handling Public, Media, and the Well-Intended Family Member*. Shiftwork is discussed in Chapter 5 - *Shift in Home Roles* and Chapter 10 - *On-Call Status and Shift Rotations*. While trauma is discussed in multiple Chapters: Chapter 15 - *Families and Secondary Traumatic Stress*, Chapter 16 - *Recognizing PTSD / PTSI*, and Chapter 20 - *Recognizing Chronic Stress*.

The Family at Home Before the Family at Work. For first responders, finding and maintaining the balance between home-family and work-family can be demanding. First responders' commitment to their work sometimes interferes with their commitment to their family. This includes covering shifts, taking calls and text messages outside of work, and working on assignments from home. Frequently, they will feel that working from home is necessary to demonstrate their commitment to their coworkers or be competitive for specialized assignments or promotions. In volunteers, this may be seen as having the scanner or radio on all the time so as to get a jump on a call before the tones go off. Often, first responders can easily become confused out of misaligned loyalty between healthy job boundaries and family boundaries. Family can help first responders define their roles by setting rules and expectations together, including their parental responsibility allowing children a voice in the process as appropriate for their age.

Characteristics of a Thriving Family

Effective Communication Styles – they have learned each other's love language and are open to hearing and understanding the other's point of view.

Forgiveness – of self and others.

Grace – both giving and receiving.

Empowering – they nurture a place to serve and be served within the family system. Relationships are not always equitable. Relationships are dynamic, sometimes 50/50, other times 90/10, and everything in between.

Dynamic – healthy relationships are active. A willingness to spend time together and following through are foundational components to more beneficial relationships. Plan activities together.

Nurturing - healthy families strive for recognizing and developing gifts in children, spouses, etc.

Commitment – actively choosing your family and your spouse/partner every day.

Appreciation – is a choice and a verb.

Volunteering – whether faith-based or community, a commitment to reaching and serving others outside the family unit can positively impact the family's worldview allowing them to focus on the good in people and counter the impacts of the job

Values – they prioritize and practice the role of values within the family unit not rigidity. Learning how to be crisis-capable can increase family health.

If you find that your family is strong in some respects but not others, that's normal. You can incrementally make changes that will strengthen your family. Awareness precedes change. Identify what needs to be fortified and determine small steps everyone can make so that your family can grow, evolve, and support each other. Your first responder will be better for knowing that you have his/her back.

Chapter 2

First Responder Culture

"You are the hero in your own story."
~ Mary McCarthy

First Things First. Joining any agency in the special world of the first responder community is a real accomplishment. Members and their families now become part of something unique to most jobs. It's the camaraderie, the duty, the dedication to a sworn oath to uphold the highest virtues society can ask an individual to maintain. It is a Brotherhood/Sisterhood.

First responders are viewed as heroes. However, at times, being a hero has its limitations. Even superheroes have kryptonite. Being a first responder comes with the added challenge of the perception of being the protector of others; not the one *needing* help. For this reason, first responders can be overly self-reliant and stoic. Although there are commonalities in the first responder profession, don't assume all are like this. Like any other category of people, there are multiple intersections of personality and culture— gender, age, sexual orientation, ethnicity, etc.

Peer Pressure. Every recruit, rookie, probie (probationary employee), or trainee works hard to become part of the tribe. They recognize that *everyone must earn their boots*. This means newbies don't say they have made it until the senior members say when they have made it. Starting at the bottom of the flagpole is where everyone begins. Being seen and not being heard is a consistent mantra that many recruits quickly become familiar with. Learning new skills and training on tactics, gear, and equipment is just the sum of the parts needed to become validated by the group.

This transformation happens organically in training, as conforming and fitting into a new group happens over time. There is a reason recruits start looking and sounding like each other. The individual is set aside to become a member of the group, the team. This process of becoming has some written and unwritten rules of etiquette and behavior. This part of the responder culture is what's hardest to describe to those who are not familiar with it.

Common Cultural Norms in First Responder Work

- Self-sufficient and able to 'suck it up'
- It's not a job, it's an identity
- Creation of a brotherhood/sisterhood by the shared experience of the "trauma bond" that leads them to believe only their peers can understand them
- Romanticized view of the profession
- Thrill-seekers or adrenaline junkies (loves driving code, going into potentially dangerous situations)
- Use of profanity and dark humor
- Depersonalization and/or desensitization to suffering of others (to protect themselves from traumatic injury when seeing injured victims)
- Suspicious /private (might hide what they do for a living from others)
- Misunderstood (believe they are seen by others based on professional stereotype)
- Not politically correct when it comes to marginalized members of society
- Cynical (because they see a thin slice of the population)
- Caught in conflicted place (assume the roles/responsibilities of counselor, physician, social worker, mediator, judge, parent, etc.)
- Damned if you do, damned if you don't (according to citizen/ community scrutiny)

Countering These Norms. You may notice that your first responder's work culture has bled over into the family's culture. The nature of the work puts your first responder in contact with a thin slice of the population; a small portion of reality within the grand scheme of things. It is usually a very dark reality dealing with the underbelly of society or facing the reality of human mortality.

As the work culture invades the home culture, you might start identifying with some of your first responder's perspectives of their work and community. It's important to maintain awareness of these influences and continually assess how your view of others may have changed. In order to counter this, you and your family need stay attentive and make efforts to look for the REST of reality - to look for the good in people, the community, and the world. The adage that you will always find what you are looking for is very true.

Also, make sure that you all remain connected to and value your first responder's identity outside of their job. You, yourself, also need to nurture your identity outside your job (even if that identity is a full-time parent). Continually measure your views against your values and determine if you are living according to them. If not, then determine what steps you need to take to make a course correction in order to sustain a healthy home environment.

Understanding the Stigma of Seeking Help. First responders are characteristically resistant to discussing mental health or seeking help for trauma, stress, anxiety, or depression. While first responders are trained to keep nerves of steel while on duty, it doesn't always serve them when they are off duty. First responders generally excel at compartmentalizing things like deaths, divorces, and illnesses instead of coping with these issues in healthier, more relational ways. This compartmentalization can keep a responder from recognizing how much of the job's mentality is coming home.

Breaking the Cultural Barrier with Empathy. Families play a unique role in helping to reduce the stigma around mental health in the first responder community. It's not enough to start or even continue the conversation about breaking these mental health barriers, but action needs to take place. The myth of a mentally invulnerable first responder is harmful and unrealistic.

- Start with yourself. Acceptance, kindness, and grace start with your own internal monologue. Admission of your own vulnerabilities by extension cultivates acceptance of and openness to others.
- Share your story with other like-minded responder family members. Remember you are not alone in this.
- Just because there might be a stigma about mental health in a responder's agency or department, doesn't mean that family members must adopt the same outlook. If you or another family member is struggling with the impact of the responder's career, seek help.
- Help your first responder in creating or even recreating healthier home and work balance. Maintain what is important in and to your family even if it means redefining what it looks like. For example, planning for the holidays when he/she must work doesn't necessarily mean you have to cancel all the traditions. Perhaps you can plan dinner or dessert at the station or celebrate with other responder families.

Although the career can change an individual, families have the capacity to change too. No one is permanently anchored to how things used to be. Everyone can practice learning new ways of interacting and caring for each other moving forward.

First responder families have a lot to be proud of. They will have spent a lot of time supporting, investing, and working alongside their spouses and partners every step of the way. Through the ups and downs of first responder life, the commitment demonstrated by families over time can only be strengthened by better understanding the cultural influences that naturally occur within the respective career choice and agencies.

Chapter 3

Communications

10% of conflict is due to differences of opinion and 90% is due to delivery and tone of voice.
~Unknown

Communication is one of the top issues in any relationship. How skillful you are at it depends on how well your ‘toolbox’ has been developed at the point you enter into the relationship. But, no matter what level of skill you bring to the table, you can always find tools to improve your communication.

Helping couples improve communications is one of the most common reasons couples seek counseling. *"He doesn't listen to what I say"* or *"I don't know why she doesn't get it?"* – sound familiar? Good communication takes practice and intentionality. It requires both parties to commit to continually learn and intentionally choose to practice good communication strategies every day.

Letting Each Other In. Being a first responder naturally creates close, professional relationships and friendships. These relationships are both encouraged and needed for team cohesion and development. This might lead to first responders talking to coworkers instead of their family members about things. In part, it's because coworkers can better understand due to the shared work experience, but it could also be that the first responder may struggle to communicate with their family out of a need to protect them or fear that they will traumatize them. These reactions are *not* baseless. As their first line of support, you have to be comfortable inviting them to talk about their day while letting them know when the level of detail is too much. A way to do this is to keep the focus on how the first responder is feeling or affected by the call or shift instead of delving into the details.

On the flip side, the daily dealings of the home and family can be overwhelming to the one holding down the fort and they may need their partner to help trouble shoot what is going on. After a hard shift, the responder might find it hard to engage on these issues as they may seem trivial or minor in comparison to the dealings of their workday. Creating space for the responder to recover from the shift once they get in the door can go a long way in the work to home transition. This can be done by simply giving them time for a nap or a few minutes alone to hang up the gear, take a few deep breaths, change their clothes, or even pet the cat. This allows them time to mentally shift from the job in order to be present at home (see *Shift in Home Roles* for more information).

In either case, extending grace towards the other and respect of each other's roles goes a long way to opening the doors of communication and letting the other in.

Communication Tips for Couples.

Start with Positive Intentions. Experts agree that how a conversation starts largely determines how it will end (Gottman, 2015). Starting a conversation with *"I really want us to improve our relationship"* is far better than *"I can't believe you see it that way."* It sets the tone for the rest of the conversation. If the conversation veers from the positive intent, say so and restate the original and positive intent. For instance, *"It seems that we've gotten off course. I still want us to improve our relationship. Let's take a break to cool down and come back to this in the morning."*

'I' Before 'You' Statements. Using 'I' statements decreases the chances of your spouse feeling like they are being attacked and need to defend themselves. For example, *"I wish you would acknowledge more often how much work I do to take care of you and the children"* instead of *"You don't ever acknowledge how much I do to take care of you and the children!"*

Words Matter. When we use the specific word(s) for what we are thinking, feeling, or doing, it helps to improve communication directly. People can't guess what you are thinking or trying to express. When issues arise, be specific. Broad generalizations like, *"You do it all the time!"* are not helpful and can create conflict before you even start. Instead, say *"At times, you get so excited that you interrupt me. Please do your best to curb that."*

Avoid Mind-Reading. The golden rule is don't make assumptions. It can be very frustrating when someone acts as though they understand your perspective or thinks they know what you are going to say when they don't. Remember, we don't know what we don't know. Stay curious. Reiterate what they are trying to tell you: *"So what I hear you saying is.... Is that correct?"* Keep at it until you both agree that you're on the same page.

Shift Perspectives. People can be in the same situation and come away with a different perspective. Point of view, emotions, and actual physical locality in the moment can create differences in the retelling of a situation between those involved. Ask yourself perspective questions such as *"What story could they possibly be telling themselves about the situation?"*, *"What don't I know here?"*, *"What is this really about?"*. This will help you approach your partner/ spouse with more curiosity and less rigidity.

Be Constructive. There will be times when you feel bitterness, resentment, disappointment, or disapproval. These feelings need to be communicated for change to occur. How you express these thoughts is critical though. It's one thing to say, *"I am disappointed that you are working late again tonight."* It's another to say *"These kids are driving me crazy. I feel like a single parent."*

Listen Without Being Defensive. Both partners must be able to hear each other's issues without getting defensive for a marriage or relationship to succeed. Listening to each other is much harder than learning how to express negative feelings effectively. You don't have to be perfect. It takes practice. If you realize you made a mistake, be the first to say so. If you've interrupted, apologize, and let the other continue. It'll increase the likelihood that your partner will reciprocate.

Freely Express Positive Feelings. Most people are quicker to express negative feelings than positive ones. It is vital to the health of your relationship that you affirm each other. Positive emotions such as appreciation, affection, respect, admiration, and approval are like making deposits into your love account. Ideally, you should have five positive deposits for every negative one. If your compliments exceed your complaints, your spouse will, in all likelihood, pay more attention to and remember your grievances. If your complaints continually exceed your praises, your criticism may fall on deaf ears.

Stay in Each Other's World. On average, couples spend only 20 minutes a week talking with each other. To improve on this, turn off the technology and make it a point to spend 20-30 minutes a day catching up with each other. Missing these points of connection can incrementally alienate you and your partner/spouse by gradually losing touch of each other's world. If you start to notice that you are sharing things with others that you haven't shared with your partner, you need to consider why this is the case and take steps to reclaiming your connection time.

Plan Your Communication Time. *When* you talk with your partner is just as important as *how* you talk to them. Don't have big conversations when someone is getting ready for bed or has just come off a long and hard shift. In these moments a person doesn't have the bandwidth to have a productive conversation. Likewise, don't squeeze in important discussions right before they go to work or when kids or company will arrive at any moment. It sounds silly, but it's better to schedule an important talk to improve the likelihood that it will be productive.

Take a Break to Avoid a Break. First responder relationships can be passionate; meaning sometimes conversations can get heated. When this happens, it's best to take a break to avoid saying something damaging; something you can't take back. Taking a break doesn't mean that you're not going to address the issue. It means that your relationship is important enough to productively discuss the issue. Take at least 20 minutes to cool down. During this time, you and your partner should mentally shift gears to something that relaxes you and eases the tension. It doesn't serve you to spend the time building your case against the other, as it won't give you the opportunity to distance yourself from the intense emotions of the situation. If your partner asks to take a break, don't be offended if you hear them laughing at their favorite sitcom. It doesn't mean that they are insensitive to the topic of discussion. It likely means that they will be in a better mood to rejoin the conversation later. At times, it makes sense to sleep on it. This goes against the adage 'never go to bed mad' but is actually a good idea. Getting sleep can help you process your thoughts and feelings and approach the discussion with better clarity and energy to work through it. If a break is needed,

agree and schedule a time with your partner to revisit the subject when you are both calmer to bring closure to the subject. Otherwise, it may just come up again when you least expect it. Remain sensitive to urgent topics and follow through accordingly.

What Can/Can't We Talk About. At times, your first responder may be legally prohibited from discussing parts of their work. For fire and EMS, they cannot discuss the protected health information of their patients. These laws are in place to protect and preserve patient's confidentiality. Can you imagine, if you were injured, having your doctor discussing your physical exam with friends over dinner and having your very personal business known by others? For police, they are oftentimes prohibited from discussing ongoing investigations, criminal and internal, to avoid compromising the integrity of the case. There are some exemptions for speaking with your spouse but, to be sure, it is best to take the word of your first responder on what they say they are allowed to discuss.

Given these restrictions, you can still talk with your first responder about their reaction to the event, how they are coping, and what they need from the family. Some families use code words or phrases for certain types of calls so the spouse knows how to approach the conversation. A phrase such as 'dead guy day' or 'up all night' can let a spouse know the responder's emotional or physical status without a lot of discussion. The spouse can immediately ascertain their responder's immediate needs such as the need to talk it out ("How are YOU doing?", "How did that affect you?", "I'm here if you need a sounding board."), or to not talk and unwind ("Do you need time to yourself for an hour or two?", "Maybe a good work out would help take the edge off."), or physical needs like sleep ("I'll take the kids to the park for a while so you can sleep.")

Chapter 4

First Responder Children

“Hardship often prepares an ordinary person for an extraordinary destiny.”
~ C. S. Lewis

No matter what branch of the first responder services your responder is a part of, children and family are what keeps them going. A child running to the door after a hard shift yelling ‘Daddy’ or ‘Mommy’ with their face full of joy can turn a day around faster than anything else. Children remind us of what is important in life and can bring focus to a day in chaos, even if they are the ones creating the chaos. As mentioned earlier, being a first responder family takes the commitment and impacts the lives of the whole family - children are no exception.

Whether parenthood came to you through planning or by accident, it can be one of the most challenging and rewarding journeys a person can experience. It can bring a smile to your face at the same time draining every ounce of energy out of your day. From the very beginning, as parents you will lay the groundwork for your child’s perception of the world. As a first responder family, that world will be influenced by the responder life as it will act as a filter by which the child views their surroundings. This is not a bad thing, but it is different. Laying the building blocks of communication will be key to getting through it.

You Are Not Alone. On the front end of parenthood there are those days where it may seem like it will never end, but on the back end it will have gone by in a flash. As part of the first responder family, you are not alone. Make connections with other families helps share the parenting load such as scheduling play dates and trading date nights with nights to watch the kids. This gives you and your responder time to reconnect and a break from the daily routine that will help you to be your best with your children.

The Building Blocks. Feeding and nurturing them when they are small is just as important as being present and aware when they are teens. Having a relationship with your older children starts by making intentional connections when they are smaller.

Make dates with your kids individually. Giving them your one-on-one attention opens those communication doors and builds trust. If you find it hard to find subjects to talk about start a list from things you hear your child talking about outside of date night. There are also fun games that encourage discussions such as ‘Would You Rather...’ or ‘Our Moments’ for Families/Kids (Amazon).

Build a tradition of the family dinner table when everyone is home and keep it sacred. This is a safe place for kids to talk, to explore, to exercise their individual voice and sense of humor. It’s a time to instill family values and ethics as you talk to your kids about their different experiences and issues. It’s a place to give thanks and express what is positive in life which can help wire your children’s brains towards the positive as they enter their scary teen years.

We realize that after a long shift or full day of holding down the fort, it can be more than your brain can handle to get your kids to start talking. Create a conversation jar that sits near the table. Any family member can contribute a subject, a game (‘I Spy’), or a question on a piece of paper and add it to the jar. When the table topic needs a boost, reach for the jar!

Be aware what is in your child’s daily world. Ask age-appropriate questions. As parents, it’s our job to help our children form their emotional vocabulary. Asking questions like “*How did that make you feel?*” and then guiding them through it goes a long way in keeping the doors of communication open.

Creating open doors in the little things will lay the foundation of communication for when there are big things.

Children Are Often Serving Too. First responder children can connect with their parents' pride and commitment to public service. If the family lives in the same community the responder serves, having a parent who is known and respected as one of the local first responders can be a source of pride, and can even become part of the child’s identity where their friends are concerned. In older children, this can be a

source of contention too as everyone knows who they are and what they are up to. What happens on the job, the reputation of the responder, and even local political issues involving responders can impact a child as an extension of their parent.

What Happens at Work Does Not Always Stay at Work. Kids are smart and children of first responders are typically well-adjusted. But no matter how much we want to protect our children from outside influences, they sneak in there even if we are paying attention. Sometimes, teachers, daycare workers, and classmates asking them about their parent's work can create stress. Television programs and video games depicting extreme versions of drama and danger in first responder professions may cause worry regarding their own parent's safety on the job. Watching the daily news, using social media platforms, or even accessing an internet browser with news headlines exposes a child to stories about first responders. Overexposure to these stories can increase the anxiety a child may have about their parent's safety.

They Know It Is Dangerous. From the moment a child can understand 'Mommy is a police officer' or 'Daddy is a paramedic', they have an uncanny way of knowing there is danger inherent to these jobs. Whether remembering the details surrounding a parent's experience with danger or learning that their mother or father had been injured in the line of duty or drawing conclusions from outside influences such as TV – children understand to the level their age bracket allows.

Stress Is Not Just an Adult Thing. It is no surprise that first responders encounter high levels of stress in their careers; non-traumatic or otherwise. First responders endure long hours and shiftwork, unpredictable situations, critical incidents involving exposure to trauma, and public criticism. The stress of the job can and does impact their spouses and children as well. Children can be very in tune with their parents' state of being. It is important again to keep the lines of communication open and age-appropriately talk about situations or behaviors that are out of the normal.

Challenges of Being a First Responders Child. Long hours and shiftwork often mean responders miss holidays, milestones in their children's lives, and special events. It can be difficult for a child to understand why their parent misses these important activities. They may also feel disappointed if a shift interferes with an award ceremony or championship game. Balancing opposing schedules and sacrificing valuable family time can lead to stress for the whole family. Talking ahead of time with your children about such things, listening to their feelings, and talking them through it can help a child build their emotional toolbox. Giving a child age-appropriate tools to deal with life builds their resiliency.

When the Job Gets Tough. First responders are not immune to the trauma of the job. They can experience a wide array of symptoms having been exposed to a singular traumatic event and/or repeated exposure to trauma over a long period of time. If the responder parent exhibits post-traumatic stress, children may also begin to show symptoms. Why is this? They overhear parents talking about work. They see that their parent is acting differently and start making assumptions (sometimes, self-referential ones). They have a way of filling in the blanks in the absence of information in order to make sense of their world. Talk to the child in a way they can understand- *"Daddy/Mommy is sad about sad things at work. It is okay to feel sad. It will just take some time to feel better."* Keep talking. Be present for your children when your responder cannot be.

Children and adolescents are not immune to stress associated with their parent's work. A child does not have to experience trauma firsthand to experience what is referred to as secondary or vicarious trauma. Sometimes, this stress can interfere with their daily lives. When stress becomes excessive and intrusive, a child might have difficulty focusing in school or may begin acting out. Whether the child experiences typical worries or more severe distress symptoms, counseling is a viable option to help children develop healthy coping skills.

Age-Appropriate Strategies in Communicating with Children

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. Questions may vary depending on the child's age but whether the questions are different or identical, the information they seek and the answers they can understand are likely to differ.

Below are general strategies shown at different age-appropriate stages that can be used when dealing with children's questions. It is important to 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 the child for feedback to find out if the 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. Questions may take you by surprise. First responder parents have reported their 3-5-year-old children asking these challenging questions: "*Was there blood?*" or "*Why?*" (about everything).

For Preschool Age. "*When are you coming home?*" "*Are you coming home now?*" "*How about now?*" Parents of preschoolers are very familiar with the incessant questions that can come from such a small person. 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 will be home at your bedtime.*" or "*I will be home after dinner.*") Give a simple, honest explanation as to why the routine is disrupted. ("*I cannot come home now. Someone got sick, daddy or mommy has to help.*")

Their minds are constantly moving, making them highly inquisitive. They may make mental leaps that surprise you such as "*Did you see dead people today?*" Keep the answer simple. Unless children 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. They may not understand the permanency of death and may not be emotionally ready to take on that knowledge.

For School Age. There are major developmental changes in children's understanding during ages 6-12, and children progress at different rates. School-age children's questions and knowledge tend to be more complex and detailed than preschool children, even though they may still ask about the same issues. Children of this age can also be particularly upset by exceptions such as when parents don't come home when they said they would or go to work at a time outside their routine. ("*Do you have to go to work again?*", "*Why can't you come home now?*") They can also understand that there are rules and obligations. ("*It is my job. Just like going to school is your job, daddy/mommy's job is to go to work.*") Parents know their children. Answer with enough detail to address their question, but, more than what one would say to a preschooler.

School-age children's directness may be unnerving (e.g., blood and gore questions). Use feedback from the child to gauge his or her level of understanding, and then use examples the child can understand. To a 7-year-old, who might ask: "*Why couldn't you save that person?*", reply by saying, "*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 could not be saved.*" Keep the responses tailored to a simple and age-appropriate level of understanding.

For Teen Age. Though your teen will not admit it, as a parent you are needed more than ever as the child's development gets complicated with hormones, emotions, and ever-increasing demand on the teen's time with school, sports, and maybe even a job. Even if the parent is present, teenagers (ages 13-18) often turn to friends for information. So, knowing what is going on in your teen's life and having those open lines of communication for any and all 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 could care less. Questions can come at you at any time or place and can be delivered respectfully or with a lot of passion. "*Why do you always miss stuff?*" (holidays, recitals, ball games). No matter what the question - Be direct. Be truthful. Be selective about what and how much information is shared but be truthful about that too. ("*I cannot always tell you all the details.*") When talking about potentially dangerous situations on the job, be sure to balance it by talking about the things that keep peers and coworkers safe. Do not overwhelm teens with more information than they can manage. Remember, their brains are still developing even though they walk and talk like a fully formed human.

For Parents. First responders are inherently problem solvers, and parenthood can sometimes feel like a never-ending line of problems, some of which you will truly not have the answers to. And that is OK. What is important during the process is that your child feels they are a priority to you, and knows you are trying your best for them. It is OK to say, "*I'm going to be honest - I don't know the answer, but I know we can*

find one.” This opens avenues for you and your child to build trust in each other, teaches them how to work a problem-solving process, and increases the likelihood they will continue to come to you when they again need help. Having the mindset that you would never give your children anything less than what you are willing to give the job helps create relational and identity balance too.

Children of all ages can adapt to the unique challenges of being in a first responder family. In fact, there may be benefits to building their resilience muscle early in life. With your guidance and support, they can be better equipped than their peers to handle whatever struggles life throws at them.

Chapter 5

Shift in Home Roles

"Remember we all stumble, every one of us. That's why it's a comfort to go hand in hand."
~ Emily Kimbrough

For the most part, a core condition of life as a first responder is mandatory staffing. Twenty-four hours a day, seven days a week, and 365 days a year someone somewhere is on duty to answer the call. If they are on duty, that means those within your household are on home-duty, and very likely picking up the responder's duties while they are at work. Shift work can work for families if you work *with* it, not *against* it.

Key Recommendations for Transitioning from Work to Home. Oftentimes, first responders need an opportunity to shift mentally and physically to not have the first responder role spill over into their relational or parental role. This might be as little as 15 minutes or as much as 30-40. If possible, allowing this time to decompress and downshift from a hypervigilant state is worth the wait. Your first responder will be better able to match the needs of family members relating as one instead of relating as a first responder.

Strive to collaborate and prioritize what you can do together with the time you have. For example, it's best to schedule time for decompression (20 minutes) or a nap at the end of a shift instead of immediately being met with demands from home. The 20 minutes will pay for itself, in terms of your first responder's improved mood and ability to be present with you and the family.

During this transition period, they can listen to music that relaxes them, watch a comedy show that shifts them from their serious work mindset, read, or simply let their mind and body rest. It's important to not think of this time as your first responder trying to avoid the family but, rather, an effort to make sure that the family gets his/her best, most present self.

Sometimes, light-hearted humor can help your first responder recognize that they act out their work role at home. For instance, saying, with a smile, "(Insert Rank), *I'm going to have to check with my husband/wife about this.*" The smile is an absolute must! It might even help to discuss in advance how it would be best to remind them that they have yet to shed their work role when at home. Either way your responder must understand that you have good intentions in helping them transition, and that you value them in their family role and don't want to lose that part of them. Sometimes, a previously agreed upon word can do the trick. It can be a serious or silly word as long as you two have agreed, in advance, to what it means.

Stay Flexible. One of the most valuable considerations for all first responders around shifts between home and work is learning and practicing flexibility and the art of pivoting. Holidays and special occasions provide a great opportunity to practice.

If you have young kids and one of the parents must work on one of those days, get creative. Consider switching the calendar and celebrating the holiday the day before or after a major holiday. Or, if your department is small enough or willing to accommodate, consider opening a gift or two with the kids at the station on their break or consider joining them for the station's holiday meal.

Holidays usually spent with extended family can be hard to schedule when working around a first responder's schedule. If the extended family can't or won't accommodate a change, talk this over with your first responder and brainstorm alternatives. It might be that you have each holiday twice - once with your extended family without the first responder and again within your family unit.

Creating your own family traditions can take the sting out of missing the ones you are used to spending the day with or the traditions of your family of origin. If you have children, most will not mind having two holidays. It will just become their normal. Talk with your partner to determine together a preference for when gifts are to be opened or how to handle traditions you would like to hold on to or get creative and establish something new.

Under-functioning/Over-functioning Roles. As a family unit grows, partners can fall into individual family roles and get stuck. Sometimes these roles result from what we observed in our families as children. Moms do this and Dads do that. These observations tend to guide our behaviors in the background, outside of our awareness. Being aware of these influences and actively deciding how you want your family to function is a must in a responder family. Each day's family schedule and each shift rotation will require each of you to be flexible as you move from one role to another to keep the family unit cohesive.

A particular family dynamic to watch out for is the over-functioning/under-functioning relationship. This is where one person in the pair overcompensates for the tasks and roles that the other person is not doing. When there are extenuating circumstances such as unavoidable overtime, sickness, or studying for a promotional exam, it makes perfect sense that one partner will pick up the slack for the other. It's a marker of a healthy relationship that partners are willing to support each other in this way. However, when this becomes the norm, it no longer is considered a healthy dynamic and can lead to problems. What began as a willingness to support the other turns into resentment for feeling that the other is taking their generosity for granted. Or it could turn into hurt because they believe their partner doesn't care about their family anymore (or cares about work more!). This can become toxic. For the under-functioning person, they can start to become resentful as well. They may attempt to rejoin the decision-making role in the family, only to be shut out because they have not been in that role for a while. The over-function-er typically doesn't care for the occasional opinion of the under-function-er when things reach a certain threshold. Further, the under-function-er may feel that whatever they do isn't good enough when their idea is rejected because their involvement is so rare. Depending on how long the imbalance has been, and how far the emotional side has deteriorated, you may not be able to do this alone in your partnership. You may wish to consider having a counselor mediate and offer new tools to get things back on track.

You Can Recapture the Balance! To offset this potentially toxic dynamic, it would be important to catch it early. When your first responder begins to retreat from making decisions or fulfilling one of their relationships / parental roles, *talk about it*. It might not even occur to them that they are doing it. Express your appreciation for their involvement and your concern about what their lessening participation might do to their relationships. Ask them what they need or discuss what you can do as a couple so that they can and will remain involved.

If this dynamic is already entrenched in your relationship, it's not too late. It would be important to start with your positive intentions of wanting your person to be involved in the relationship. For instance, saying, "*I value your contribution as a parent*", "*I want you to have input on our finances*," or "*It's important that you weigh in on how we spend our vacation time*." It's hard for a person to get mad at you when you express your appreciation of their value.

Commonly, partners will complain, saying, "*You don't ever say anything about our son's behavior until it reaches a boiling point*," or "*You don't ever help me plan our vacation and then you complain about how it turned out*." Complaints about what you don't want *don't* go near as well as requests for what you *do* want. Practice framing discussions in the positive.

Connection Rituals. As a family, find new ways to connect and spend time together. For example, if every Saturday and Sunday someone is on duty, come together Friday night for a family movie or pizza night. Or, if you enjoy getting outside, go for a short walk together, enjoy a bike ride and get ice cream, or make a campfire and make s'mores on your special night or day together. No matter what the fun means to you and yours, the key is being intentional and being together without electronics.

Marriage therapists suggest that couples and families have rituals for 'launchings' and 'landings'. In other words, have special traditions that mark starting your day (launchings) and ending your day (landings). Have breakfast or coffee together in the morning or leave post-it notes for each other if your schedules don't align. Have a ritual for the end of your day where you read to your kids, read together, or watch your favorite tv show with your partner; one where you two talk about the show, not simply sit in silence. Create these rituals together, as they will be something that you fondly look forward to, as they are uniquely your way of connecting. If you have kids, get them involved in creating these rituals.

It's a Team Effort. In first responder work, the first responder frequently feels their issues or demands trumps their partner's needs, experiences, and troubles simply due to the nature of the work. To counter this response requires honest perspective-taking by both parties. Yes - first responders see horrible things but, while they were saving the community, the first responder partner was holding the family together. Keeping the family unit cohesive and productive is a 24/7 job unto itself. While the first responder is on duty, the partner is holding down the fort as a temporary single parent, paying the bills, cleaning the house, and making sure the kids, the dog, and the goldfish are all fed.

A couple must learn how to really listen to their partner and understand their perspective. Putting themselves in the other person's shoes helps to better understand why something is upsetting for them. It's a good idea to ask yourself perspective questions such as "*Why is this important to them?*" or "*What am I missing?*" For instance, arguments about the cleanliness of the house rarely have anything to do with actual cleanliness. It usually has a deeper meaning relating to a spouse's belief that their time is valuable, that they're respected, or another important relationship factor. Couple communication is both an art and a process.

You may have to remind your first responder that problems and needs are still valid, regardless of how they compare to others. As the saying goes, you're just as dead from drowning in 7 feet of water as 10 feet. A problem at home is still a problem and is not diminished because larger problems exist globally. There will always be problems bigger and smaller than yours. It doesn't make it any less valid. Ask your first responder to keep this in mind, as it is helpful even for them to consider when they compare their problems to those of others in the workplace.

The intention behind this process is not for their partner to fix, re-set, or get rid of their feelings, but to get closer to one another and to recognize they are both equally responsible for the life they have together.

Shifting home roles is a challenging and normal experience for many first responder families. Practicing being creative, flexible, and understanding with each other's roles and responsibilities can go a long way.

Chapter 6

Sleep Is Essential

“Practice does not make perfect. It is practice, followed by a night of sleep, that leads to perfection.”
~ Matthew Walker, PhD

Sleep as a Foundation of Health. Although you might feel like your time with your first responder is limited, compromising sleep for family time comes at a significant cost. Sleep deprivation, which is less than 7 hours of sleep, reduces safety at work, mental and emotional wellness, and increases the chances of several types of diseases. Many first responder families believe that the first responder can forego sleep to spend time with their family and catch up on it later. This is a myth. You cannot make up a sleep ‘debt’ at a later time. During sleep, the brain is actively repairing and restoring mental functions, as well as shoring up the immune system. Your brain needs the full 7-8 hours to properly organize and store memories of the ‘traumas and dramas’ of the day. When you sleep, your brain secretes spinal fluid to clean off the protein deposits created from mental activities while awake. If it does not get the full 7-8 hours of sleep, the deposits build up and become brain plaques; plaque which affects your ability to maintain longer sleep cycles. The less you sleep the more plaque builds up leading to even less sleep creating even more build up. It’s a vicious cycle that can lead to early-onset dementia and other cognitive difficulties.

Shiftwork. It’s best for your first responder to maintain their sleep schedule on days off. Flipping schedules disrupts their sleep cycle compromising the restorative processes of sleep. If your first responder has to flip sleep cycles, over-the-counter melatonin can help with the adjustment. The body’s natural creation of melatonin is its way of signaling the body that it is nighttime or time to sleep, it does not actually generate sleep but helps prepare your body to do so. (M. Walker, *Why We Sleep*, Chapter 2).

Naps. Sometimes, family schedules or childcare requires the first responder to cut their sleep cycle short. It is best to find a workaround but if there is none, the first responder should nap prior to going to work. A sleep cycle is about 90 minutes, with the lighter levels of sleep in the first 20-30 minutes of the cycle. For this reason, it’s best to either sleep for the entire 90-minute cycle or keep naps to 20-30 minutes, as waking up in the deeper sleep stages would make the first responder *more* tired than if they hadn’t napped at all.

Overactive Mind. Can’t sleep due to a monkey mind that jumps from thought to thought? Train your monkey mind to focus on something that will keep it engaged. Think through the steps of a complicated process (how to rebuild an engine, bake a cake, etc.). Every time your brain drifts to thoughts or worries, notice it, and return to thinking of the step you were on in the procedure. You can also do a word game invented by sleep specialist, Dr. Luc Beaudoin, called cognitive shuffling. Simply think of a 4-5 letter word, like ‘shoe.’ Then think of all the words you can spell with each letter of the word. (S- sock, stew, sand, etc. H- hose, hyena, etc.). After naming the word, see the image of the word- picture a sock, a pot of stew, etc. This primes your brain for sleep and is boring enough to put you to sleep. Sleep apps on your phone can also give you something to focus on (audibly, not looking at the screen!) such as sleep stories or sounds.

Sleep Tips

- Have a pre-bedtime ritual (go to bed at the same time, brushing teeth, reading, etc.) The daily repetition trains the mind and body for sleep.
- Stop consuming caffeine 6 hours before bedtime (this includes dark chocolate!)
- Once home, dim lights to prepare the body for sleep.
- Avoid or reduce use of electronics—phones, computers, and televisions since these stimulate the brain, preventing it from going toward slumber mode. Light from these devices can delay the release of melatonin that sets your body up for sleep up to 50% and up to two to three hours. It also interferes with the REM cycle. (M. Walker, *Why We Sleep*, Chapter 13).

- Avoid alcohol (yes, it makes you sleepy at first, but it actually disrupts sleep). Take note on nights you drink how long you stay asleep vs the nights that you don't. Alcohol is one of the most powerful suppressors of the REM cycle. (M. Walker, *Why We Sleep*, Chapter 13)
- Move slower and avoid workouts right before sleep (if possible) to avoid over stimulating the body.
- Have sex—hormones released during can contribute to sleepiness afterward.
- Avoid foods that might contribute to indigestion or heartburn such as spicy foods or high-protein foods that your body will have to expend energy to digest at the expense of your sleep.
- Eat foods that are high tryptophan, magnesium, calcium, and B6 such as corn, broccoli, cucumber, tart cherries, rice, barley and rolled oats, walnuts, peanuts, and sunflower seeds.

If you or your first responder just cannot get good sleep, talk to your doctor about a referral to a board-certified sleep specialist. They are better equipped to diagnose the issue and recommend treatments to address the actual *cause*, not simply offer sleep medication for symptom *control*.

Chapter 7

Nutrition to Thrive

“Our food should be our medicine and our medicine should be our food.”
~ Hippocrates

The job places a huge demand on the body both physically and mentally, and the most direct way to replenish it is through food. Our relationship with and attitude towards food can be set from a very young age making it harder to make needed changes to that relationship when we are older. However, it can be done! Sometimes it takes relearning your body’s signals to get yourself in a better place. Distinguishing hunger from emotional eating or even dehydration from hunger is essential to getting your body back in balance or keeping it there.

The Food Mood Connection: Our Stomach Is Our Second Brain. Research demonstrates that 90-95% of our serotonin is in our large intestines. Serotonin is the neurochemical that regulates mood. Therefore, it is vital that we take in foods that will boost our mood chemicals without damaging our immune system with excess sugar and preservatives. Below are some suggestions.

Examples of Stress Reducing Foods

- Green leaf lettuce (boosts dopamine, the pleasure hormone)
- Dark Chocolate (reduces cortisol, a stress hormone)
- Nuts (almonds, walnut) (contain polyunsaturated fatty acids= cognitive functioning)
- Chamomile tea (enhances sleep and reduces anxiety)
- Cheese, milk, yogurt (magnesium relaxes muscles and calcium stabilizes nerve fibers in the brain)
- Bananas (magnesium and potassium relax muscles)
- Oatmeal (serotonin)
- Turkey (tryptophan, for relaxing / sleepiness)

Food Is Not Forbidden – It’s Fuel. Choosing healthier foods requires a shift in our relationship to food. When something is considered off-limits, we want it more. To avoid this reaction, think of food as the fuel that gets you through your day. Ask yourself *“What does my body need right now?”* and then take a moment to listen for the answer.

- Do your best to eat healthy foods first and then allow yourself less healthy foods in a reasonable amount.
- Portioning food before you eat it and putting it away reduces the chances you will go back and get more.
- Meal planning can be very helpful to stay the course. It’s hard to eat junk food if your cabinets aren’t full of them.
- If you spend one evening a week washing and cutting vegetables, making them easily accessible to you and your family, you will be more apt to grab them when hungry.
- Even placing healthy foods in view while putting less healthy choices in the back of the pantry increase the chances that you will reach for the apple, instead of digging for the candy bar.

Craving Cookies, Not Carrots. Unfortunately, when we are stressed, our bodies crave high calorie, high fat foods. Our brain tells us that we’re under attack and need fuel to sustain us for the fight or the flight.

To avoid stress eating, ask yourself *“Am I stressed and craving comfort or am I actually hungry?”* If possible, take 15-20 minutes to see what your answer is. Do an activity that reduces stress to see how you feel afterwards.

Hydration Habit. Staying hydrated can help curb cravings, reduce headaches, energize, and flush out stress hormones. Stress hormones are dehydrating, leaving our mouths dry. Using a favorite portable water bottle will increase the chances you will drink plenty of water. Aim for drinking 6-8 glasses of water per day. You might need more if you drink coffee or alcohol or do a long workout.

Food Caused Inflammation. Not all aches and pains are from the job or age, some can be caused from the foods you eat. As inflammatory foods can differ from person to person, consult your doctor if you believe food to be the cause.

Chapter 8

Exercise: Body, Mind and Family Benefits

“If you continuously compete with others, you become bitter, but if you continuously compete with yourself, you become better.”

~ Marie Blanchard

We all know we *should* exercise. We have heard it clear back to our days in school, but with the first responder life’s physical demands exercise becomes a necessity to do the job, and not just for the first responder.

Exercise as Medicine. Exercise is one of the best things you can do for your physical and mental health. It turns on your body’s internal pharmacy of ‘feel good’ chemicals such as dopamine (pleasure), serotonin (mood), and endorphins (pain reduction). It also helps you and your first responder relieve stress and anxiety.

Exercise for the Brain. Exercise also secretes a ‘miracle grow’ molecule for the brain called brain-derived neurotrophic factor (BDNF). BDNF improves cognitive functioning, including your ability to learn, decision-making, and memory. So much so, research shows that it is best to do exercise right before you attempt to learn a new skill, study for or take a test. Exercise promotes brain growth while learning helps you maintain what you’ve grown. Exercise also increases sex drive and energy levels. These two benefits can, in turn, energize your relationship with your first responder.

The Best Exercise Routine. The best exercise routine is the one you will stick with; the one you enjoy. Think of exercise in broad terms. It isn’t restricted to an exercise regimen in the gym. It includes bike rides, hiking, playing active games (frisbee, football, soccer), and walking the dog.

Nowadays, there are plenty of exercise programs found online, many of which are free or low-cost requiring very little equipment. In fact, you can even limit your search, based on the equipment you have (including simply using your own (or your kid’s) body weight).

Exercising as a Family. You and your first responder can enjoy exercising together. If you have kids, you can get them involved as well. Doing an hour of yard work together can be double duty – get everyone active while doing something together as a family. On the surface, it might not sound like fun wrangling the family out to the yard to pull weeds but making a game out of it a seemingly ‘un-fun’ task can soon have the family laughing and finding their competitive side. Kids enjoy testing their skills against their parents to see who can get the most leaves in the pile or weeds in the bucket. Exercising as a family also helps set children’s attitudes towards health and fitness that will last them a lifetime, so get creative!

I’m Too Tired! It’s common to feel that you just don’t have anything left after a shift or a long day with the kids. Yet, there was probably a time you can remember when you didn’t have the energy to do a workout but forced yourself to anyway. How did you feel? By the time you finished, did you not feel energized?

To get started, commit to a mere 10 minutes of exercise, and you will find that your body has the ability to generate energy. You’ll likely find it much easier to keep going once you’ve started. If that’s the case, keep going. If not, recognize that 10 minutes of exercise is better than NO exercise and give it a try again later (but soon). Adding your favorite tunes can help make it feel like less of a chore and more fun. Say “*I will exercise for these four songs*” and if you’re feeling good go for four more. As you build on your commitment, strive for at least three 30-minute exercise sessions per week. This has been shown to be almost twice as effective in improving mood as depression medication.

My First Responder Prefers to Workout at Work. Some first responders have a workplace gym where they prefer to work out. It’s also quite natural to have different fitness levels and goals between spouses. They may wish to work out with a work partner, focusing on fitness goals relating to their work demands or to simply build or maintain comradery. Although you may miss your first responder and wish they were home instead, it’s best to support their exercise efforts. Being physically fit is vital for first responders to

offset the stressors of the job and maintain the strength of their heart and lungs for work that can be physically demanding. If your responder works out at work, take the opportunity to find your own workout partner to build accountability, and most importantly, to take care of yourself.

Chapter 9

The Responder Identity and Leading a Balanced Life

"It's never too late to be what you might have been."

~ George Eliot

Work-life balance advice for first responders often fails because the first responder identity is so strong that it can overshadow all other identities, including the identity roles of parent, spouse, community member, etc. Even if the first responder and their family members work hard to just be themselves in their personal life, others can drag you back into it, asking questions about work, events they saw on the news, politics and so forth. A lack of balance between your work-self and personal-self can lead to the neglect of relationships and health. It also makes retiring from the job significantly more difficult especially if other identities are underdeveloped as it embodies the loss of the main identity. Many first responders near retirement go into crisis not knowing who they are outside of the job or what else they are interested in.

Minimizing Spillover of Work to Home. (Re)claiming your non-work self can take great effort, but is worth it. One way to do this is to set guidelines for talking about work when you're both home (or vacation, or anywhere that's not work). When coming together at the end of a workday, agree to limit talks about work to 30 minutes. Each of you can take your 15 minutes to share about your work and then it's time to move on to other topics or activities. Keep each other accountable to this, being lighthearted with your reminders but serious in your intentions. Minimizing spillover includes limiting viewing of media, text messages and calls with others that relate to work. The exception, of course, is when your first responder is on-call. This is covered in the next section, On-Call Status and Shift Rotations.

Developing Multiple Identities to Avoid Disorder. So, what does it mean to develop multiple identities? It means to become aware of the roles you have in your life such as parent, partner, sibling, friend, etc. It means reminding yourself (or your partner) which role you're in and the value of it. Show appreciation for your first responder's non-work roles. Developing multiple identities can result in having more hobbies and people in your life. It also expands your feeling of control and meaning since first responder work doesn't always give you a sense of control. Find or make time for hobbies and encourage your first responder to do the same. Schedule these activities in your week with the same commitment as work.

I'm Too Tired. You might say you are too tired or don't have interests outside of vegging out in front of the tv or computer. Whereas this might be reasonable for a night or two, it is not reflective of a thriving life. Maintaining your multiple identities is important both for the responder and the family. You must be intentional about their development. Revisit former hobbies or interests or even do an online search for ideas. Strangely, it's such a common occurrence in North America for people to be work-oriented, to the exclusion of their personal lives, that clinicians have created lists of activities for people to try.

Redirecting the Well-Intended. Not everyone will understand the need to maintain separation between your identities. When others start talking about you or your first responder's work, smile and say something like *"I'm off the clock"* or *"It's my day off"* and then redirect the conversation to the current activity or to a question that gets them talking about something else. Be persistent in maintaining your life outside of your jobs and continually encourage your first responder to do the same. It takes practice, but over the length of your careers, you'll be glad you did.

Chapter 10

On-Call Status and Shift Rotations

“Life is easier to take than you think; all that is necessary is to accept the impossible, do without the indispensable and bear the intolerable.”

~ Kathleen Norris

Whether career or volunteer, life with a pager or an on-call app on your responder’s cell phone comes with the territory. Some agencies rotate or schedule on-call status while some agencies and/or positions are always on duty. In reality, all responders are on call every day when it comes to being available in a regional crisis when ‘all hands on deck’ are required. Whichever the case, it is best to make a family plan for the first responder’s on-call responsibilities.

Split Between Two Worlds. Being on-call can leave a first responder feeling half-on/half-off duty, so it is difficult for them to fully relax at home. They might have conflicted feelings about even being on call or see it as a burden, just another demand in a long list of mandates. They might see it as a necessary evil to demonstrate loyalty to their work, improving their chances of promotions or specialized assignments down the road. And for others, the prospect of getting to go out and do challenging work is exciting. Whatever the viewpoint, juggling the two identities at home can be a challenge. As a spouse, awareness of this state of being can help facilitate better communication and allow for grace when needed.

And Then There Was One – Getting Called Out. The long and short of it is first responder families need to have ‘what if’ plans. That is, have a backup plan(s) to handle the kids and daily responsibilities if the responder gets called out, and in case of a larger emergency - a communication and rendezvous plan. A flexible attitude will go a long way in navigating this reality. Couples must talk about the suddenness of a ‘call’ right in the middle of their lives. A first responder can only be effective at their job when they know their own are safe and taken care of. Find ways to develop ‘if this, then that’ options. Include other family members or friends for picking up kids and taking care of pets. For bigger crisis, make sure you have an emergency preparedness kit in your home. For couples, this means collaborating and communicating.

It will also be important for you and your family to be flexible with your first responder’s participation in plans. Knowing they may have to leave abruptly plan accordingly so that the family activity doesn’t have to end if they have to leave. For instance, taking separate cars to the park will allow you to stay if they get called out in the middle of a picnic or hike. It’s not ideal, but it’s certainly better than cutting *everyone’s* plans short. Planning ahead relieves some of the stress of the “what if” that lurks in the back of your brain. Knowing you and your partner are on the same page regarding what needs to happen allows for a calmer transition for both you and your children and allows the responder to focus on their job when they get there.

If You Can’t Beat Them, Join Them. For example, think about what it would be like to be out to dinner with your first responder when their pager or cell phone goes off and their agency needed an immediate response. Now imagine what the scenario would look like if you were to react in a supportive and positive manner instead of allowing your combined disappointment to color the situation. Envision driving home and while they grabbed their gear, you - the spouse or family member - packed some food, brewed coffee for their thermos, and added a note reminding them how much you care about them and to be safe. You could even remind him/her that they owe you a dinner ‘do-over’ in a funny and humor-filled way. Now, that would be teamwork! In short, try finding positive ways to make the best of the situation.

Though we strive for the positive, there are somedays when one or the other partner may be unable to pivot. Sometimes, that’s okay. Disappointment is a reality and certainly needs to be talked out not buried. At times, it’s hard to not be mad when you miss out on time together or when you want to be together for events. However, it’s vital that you express the disappointment in the *situation*, not in *each other*.

Creating Space. If your first responder’s pager/phone rings, don’t be alarmed or offended if they take the call in another room. Being away from distractions might help them to hear, focus, and think more

effectively. Other times, they may be trying to be considerate because they don't want to expose you and others to the traumatic nature of their work by speaking in front of you.

Sleeping Alone. No one enters a relationship so they can sleep alone, but the truth of the matter is shiftwork and an on-call status in a first responder relationship means some nights you do. Some couples have found that sleeping in different rooms during an on-call rotation is helpful so at least someone gets a good night's sleep and is ready to manage the kids the next day. As a couple, talk about sleeping arrangements for on-call status in advance.

If your first responder must respond in the middle of the night make a plan for them to leave you a note to let you know when they left and for what reason. If possible, have a plan for periodic check-ins to know they are safe and have some sense of when they will return. In this way, you can determine if you need to make childcare or meal plans without them.

The Long Haul. The longer your responder is in this type of career, what was once exciting can become irritating. It is not unusual for families to feel a sense of dread or anxiety preceding each on-call and/or shift rotation. Spouses/partners and family members can start to experience irritation at another shift cycle of interruptions and schedule upheaval. The anticipation of the cycle of worry and concern for their loved one when they are away from home can put family members in a vigilant state that can be draining. The reality is, the more focused a family is about the on-call or shift rotation, the more productive time and sound sleep are given over to worry and wasted. It is better for families to talk about the struggles of shift work or being on call, recognizing any patterns of emotion and behavioral issues, and practicing alternative ways to manage their occurrence. It is important to acknowledge and talk about your worries in a way that recognizes that you are not mad at *them* but at the situation. It would not hurt to even lead with that: *"I'm not mad at you for what you don't control. I just get frustrated when you get called out in the middle of dinner."*

Tips to Consider

- Whenever the family member starts to overthink the on-call experience, spouses and family members can try to use perspective talking as a tool to gently shift their angst about the situation. It requires you to put yourself in your first responder's position and imagine what you would feel, think, or do if you were in their shoes. You might consider that your first responder is also likely frustrated to not get to eat their dinner with family. They might also feel in a bind because they realize that they are either disappointing you or work or both.
- You may need to reflect on how you see your first responder's on-call status. Do you see it as a necessary part of the job, one that gives them a sense of meaning and purpose? Acknowledging that to your first responder can ease tension.
- Do you believe that it is sometimes used as an excuse for co-workers to access your responder unnecessarily asking questions that could wait until the next shift? If so, talk to your first responder about it.
- Sometimes, sharing your thoughts, feelings, and concerns can be the opportunity to figure out how to stay on the same team while dealing with on-call status.

While this line of questioning may seem basic, it can provide incredible validation by giving a voice to the concerns regarding shift work and perspective in the midst of challenging circumstances. The value in asking these questions is that it allows people to explore experiences through a different lens and lessens the likelihood that you two will take positions *against* each other during a discussion. Instead, it can open the way to figuring out how to come *together* to navigate the realities of shiftwork.

You Are Not Alone. Connecting with others who have shared experiences can provide insight, new relationship tools, and validation about many of the feelings that can accompany the stressors associated with your first responder being on-call. Seek out families and/or spouses you look up to who have a few years' experience with the first responder life. Here are a few questions that can help:

- Do other responder spouses and families feel this way?
- Are they worried about their loved-one on the job? How are they handling it?
- How do they deal with the uncertainty and lack of control in the first responder life or in any part of their lives?
- What are some of the tools they use to daily navigate and cope with their own first responder family life?

These types of questions allow you to get out of your brain and into reality. Seeing others experience the same issues and hearing how they handle them can give hope that your family can too. The value in asking these questions is when you truly explore them for yourself. Letting go of control and certainty has a shockingly stabilizing effect on one's ability to cope.

Chapter 11

Training and Safety

“Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, vision cleared, ambition inspired, and success achieved.”

~ Helen Keller

Beginning a new career as a first responder is a thrilling and unique undertaking. Learning new skills, going on real emergencies, or being part of the chain of survival are all enriching endeavors. But for family members and their loved ones, a new career or volunteer position can be terrifying. They may worry if their loved one will be safe.

Understanding the Inherent Risks. First responders are always at the forefront of an incident or disaster, ensuring the safety and well-being of their community. They are, however, exposed to potentially dangerous situations that pose a risk of harm to them or the people under their care. That can be challenging for families and spouses to accept.

How Dangerous Is It? If it were easy, everyone would do it. Being a police officer, firefighter, or EMT/paramedic working on an ambulance isn't easy and it's certainly not always safe. Things happen. Motor vehicle accidents, fires, or officer-involved shootings have real consequences. Fortunately, those things don't usually occur every day. *Safety first* is one of the universal mottos found in emergency response.

Trust Their Training. Your first responder and their peers have gone through a vigorous recruitment and training process. There are intense federal and state laws, regulations, guidelines, and specifications created by operational safety experts, to help ensure the safety of first responders and the public they serve. At the local level, responders are trained in the agencies' regulatory compliance of those laws and regulations on a regular basis and are required to keep up on annual certifications both for themselves and their equipment. Administration is required to maintain a certain level of annual training to keep up on new laws, processes, and safety protocols in order for their department to remain current. For these reasons, you can trust the process, the equipment, and their training.

Communicating While They Are on the Job. Every agency has different rules, and it would be smart to find out how your particular department handles connecting to their families while the responder is on the job. Make a plan with your responder. Discuss expectations and be flexible often; things while on duty can be dynamic. You may agree to talk at a particular time each day, but some days calls or events outside the responder's control can take precedent. Be flexible and assume positive intentions with each other.

On-The-Job Communication Tips

- Set up times to check in with each other. Talk AFTER a call or once they have a moment to let the family know that they're okay.
- As a family, write letters or notes, draw pictures to put in their lunch, wallet, or purse to let them know you support them and think of them during their time on duty.
- Listen carefully and share experiences and feelings. Acknowledge tough situations and recognize accomplishments, even small ones, but leave the big discussions for when the responder is home, transitioned, and present.
- Find ways to cope with the job as a family. A great way to do that is to establish a family network by building relationships with other first responder family members and spouses.
- Increase resiliency by practicing self-care: exercise 3-5 days a week, eat nutritious meals, drink plenty of water, try to get 7-8 hours of sleep per night, spend time in nature, and practice gratefulness.
- Ask questions and be curious. If you don't know how things work, ask.

- If you can, make an appointment with the department's chief, human resources, or rotation lead for you and your responder to go in and have a chance to ask questions. Administration knows that the more the family understands and can help the responder at home, the better employee they will have on the job.
- Trust in your first responder and their team.

Absolute safety is a difficult idea to guarantee under any circumstance. For families, especially spouses, it can be difficult for them to trust in something they may not always understand. This requires a certain type of faith within the partner/spouse that does not always come easily or naturally. Learning to trust in your responder's training, work experience, and the organizations they work for can be difficult. It is okay and absolutely natural to worry about them and to sometimes feel anxious, scared or concerned. Do not bottle it up but also do not let the worry dominate your mind or your days. Communicate your concerns, ask questions, take deep breaths, then dig deep and find your family's new normal; redirect your thoughts to something you *can* control.

Others have gone before you and have made it. You are not alone.

Chapter 12

Handling Public, Media, and the Well-Intended Family Member

“Don’t take criticism from someone you would never go to for advice.”
~ Unknown

First responder work isn’t always popular in the court of public opinion. Other times, it isn’t the judgment of others that is the problem. It’s their curiosity about the situation and their belief that you will share the inside scoop. This can be especially true in a small community. You might come to feel like an unpaid public relations agent for the first responder profession. Sometimes, this comes at a cost to your privacy and peace. However, there are steps you can take to not let this scrutiny wreak havoc on you and your family.

Social Media. It’s hard to ignore social media relating to events your first responder is involved in. Even when ignoring it, it can come to you from family and friends whose online comments cannot be avoided. Yet, it’s hard to consume toxic content and not get sick. There’s a point where scanning comments and posts can shift from being informative to just being offensive. This is referred to as the point of ‘diminishing returns’ which needs to be quickly identified so you can disengage. You might need to ask yourself, *“Is this helpful for me to know?”* and *“Would I seek the advice of this person?”* If not, then give yourself permission to ignore their opinion. Remind yourself that people don’t know what they don’t know.

To avoid reaching this point, set a goal to limit social media to a set period of time (ex. 10 minutes) once or twice per day. Regularly checking social media isn’t good in the best of times (it shortens attention span, increases anxiety, and lowers self-esteem and mood), but it can certainly be harmful when your first responder or his/her profession is being scrutinized.

Family, Friends, and Frenemies. Sometimes it’s your inner circle that forms the court of public opinion. They may share their negative opinions about your first responder’s profession, stating (if you’re lucky) that *your* first responder is the ‘exception’ to the rule. This is usually not a comfort, in the least. With some family members and friends, you can provide them information that might change their opinion. Other times, their minds are made up. The best course of action is to kindly and directly state that you two will have to agree to disagree. Some can abide by this while others will not, leaving you with the difficult decision of whether to maintain/limit your connection to this person(s).

When it’s curiosity not criticism, that leads to questions and comments, you still need to set limits in your discussion of the event or issue. Having a ‘pocket statement’ prepared can be very helpful. A ‘pocket statement’ includes 1) acknowledging their question or concern, 2) conveying that you’re not talking about ‘it’, and 3) redirecting to another topic. It might sound something like this: *“Thanks for asking about us. I’m (we’re) not up for (able to) talk about it. How are things going with you?”* In this way, the ‘shutdown statement’ in the middle isn’t left hanging uncomfortably in the air between you. If the person persists, don’t feel obliged to explain it any other way. Simply, repeat exactly what you said before and insert another redirect question or statement. If you have children, coach them on doing the same. Some people believe that not answering a question is rude and may pressure you child to answer. So, if the child’s ‘pocket statement’ is not sufficient, give them permission to not answer the question.

Children and Public Scrutiny. Talk with your children about any public events that their parent(s) are involved in. Give them age-appropriate levels of detail about the event to prevent them from looking for information from less reliable sources. Encourage them to ask questions and express their concerns. Support them to use the strategies outlined above relating to social media and questions and comments from family, friends, teachers, and others. Most importantly, be a healthy example for them to follow.

Striking a Balance. Instead of feeling you have to carry the burden of defending or explaining your first responder's profession to others, find an audience where you can beam with pride at your first responder's noble contribution to the community.

When Things Get Tough



Chapter 13

Recovery from Critical Incidents

“Your strongest muscle and worst enemy is your mind. Train it well.”
~ Unknown

Recovering from a critical incident isn't rocket science. It's neuroscience. You and your first responder can get through the tough calls and even heal with time and by following the suggestions offered below.

For the First Responder

Get 7-8 Hours of Sleep. Your brain needs the full 7-8 hours to store memories properly, so the memories of the event don't keep popping up. It also lets the brain run its 'rinse cycle.' As discussed in previous Sleep section, when you sleep, your brain secretes spinal fluid to clean off the deposits created from mental activities while awake.

Can't sleep? Exercise, just not close to bedtime. Take a hot shower before going to bed. Make your bedroom cold and dark. Focus your brain on something because, if you don't, it will fill the void with thoughts of the event. Think through the steps of a complicated process (how to rebuild an engine, bake a cake, etc.). Every time your brain drifts to thoughts of the event, notice it, and return to thinking of the step you were on in the procedure. You can also do a word game- think of a 4-5 letter word, like 'shoe.' Then think of all the words you can spell with each letter of the word. (S- sock, stew, sand, etc. H- hose, hyena, etc.). After naming the word, see the image of the word- picture a sock, a pot of stew, etc. This primes your brain for sleep and is boring enough to put you to sleep.

Drink Water. Stress keeps your body in flight mode making it work harder, contributing to dehydration and higher levels of stress hormones such as cortisol. Drinking water helps flush out toxins and lower stress hormones allowing the body to begin to recover and heal from physical and emotional stressors.

Avoid Alcohol. Alcohol can help you fall asleep, but it will disrupt the second half of your sleep, which is vital to processing and storing memories (especially traumatic ones). Alcohol does not actually facilitate sleep. It sedates you. Therefore, you do not get restoration and recovery. It interferes with REM sleep, which is needed for processing of the trauma and emotional memories of the day. Alcohol also impairs breathing, which can be dangerous (M. Walker, *Why We Sleep*, 2017).

Eat Small Meals. Many don't feel hungry when they are stressed. Eating small, bland foods like yogurt, white cheeses, nuts, etc. can keep your energy up without upsetting your stomach. Much of your serotonin (the mood neurochemical) comes from food. No food means less serotonin.

Go Outside. Being in nature or, at a minimum, looking at pictures of natural settings is very calming for the nervous system. If you stare at pictures of your favorite hiking trail, vacation, or fishing spot, you will likely feel better. If you can go there, even better.

Get Exercise. In the immediate aftermath of a critical incident or stressful shift, your body will be amped up by adrenaline. Work with your body, not against it. Go for a run, brisk walk, hike, or bike ride to lessen the adrenaline and its effects. Again, drink water to flush out toxins.

Seek the Good and Count Your Blessings. There is a natural tendency to pay more attention to the negative. The nature of first responder work increases exposure to the negative and can worsen the tendency to focus on it. Critical incidents bring that negativity to the forefront almost every day. You will benefit greatly from asking *“What else is there?”* or to count your blessings so that you can also recognize the good and neutral aspects of life. They exist but can be easily overshadowed by the negative. It's important to intentionally look for the positive and good in life to balance the negative seen on the job in order to take in the entirety of the picture.

Framing the Event. If your first responder is placed in danger on the job, it is hard to see the situation as anything but threatening. That is appropriate. The belief that a first responder will be irreparably damaged

from a critical incident(s) is part of the stigma. This stigma can come from being exposed to the types of critical incident examples that people tend to talk about more, where the first responder(s) did not seem to effectively recover. It overshadows the *many* first responders who have worked through their exposure(s) to trauma and, even though they may be left with scars from the experience, come out stronger. In the aftermath (the recovery phase) of an event, it is vital to reframe your thought processes and regard this part as a challenge, not a threat. Presume that with effort, guidance, support, and determination they *will* overcome. Framing the event as a challenge to be worked through does not minimize the hardship but rather highlights your faith in your first responder's capacity for healing.

Limit News/Media Intake. It's hard to consume toxins and not feel sick. View reliable sources of news/information for 10-15 minutes per day and then STOP. Specifically, do not read the comments contributed by other readers. People almost never feel better for having done this. Nor does it usually add to your mental safety to know what others think about an article/news story. Put your computer, tablet, and/or phone away after your 10-15 minutes and ask others to help keep you accountable to this plan. Do not read/watch the news before you intend to sleep. It will keep your brain circling around the content. Plan an uplifting activity immediately after media/news consumption to prevent it from having a lingering negative effect (go for a run, watch your favorite comedian, play with your dog/kids).

Maintain the Normal. At a time that feels like anything but normal, it is very important that you maintain as much normalcy as possible. Whatever activities you normally participate in, keep doing them. This not only helps you but helps others in your life by maintaining your connections to them.

Maintaining the normal is even more helpful when your normal includes a responder life and a family life that is guided by goals and values. First responders that regularly consider their priorities and evaluate if they are living according to them tend to fare better during times of crisis. They have robust coping mechanisms, strong relationships, and good self-care habits. If your first responder does not have these in place at the time of a critical incident, let it be a wake-up call to intentionally incorporate these into your lives. As the saying goes, necessity breeds invention!

Play Tetris. Yes, that's not a typo. Research shows that playing visuospatial games like Tetris, Candy Crush, and Bejeweled reduces the likelihood of visual flashbacks of traumatic events. Using your brain to do visuospatial tasks interferes with the brain's ability to store the memory in the way that allows the visual memory to intrude unexpectedly. It is possible that other visuospatial tasks (moving things around, spatially) can have the same benefit. You only need to play for about 10 minutes. Ideally, you would play within 24 hours of the event but the benefits of this can continue to be experienced days later.

Get It Out. Talking with those you trust about the difficulties of an incident help the brain integrate trauma. Trauma affects the right side of the brain. Talking about trauma engages the left side of the brain, which helps to integrate the memory. This means that it helps you process and move past it – neurologically, emotionally, and maybe even spiritually. Don't have someone you would want to talk to about it? Write it out. Even if you throw your writing away, the mere act of writing about it can help you process the event.

Get Support. You don't have to have post-traumatic stress disorder, anxiety, depression, or relationship collapse to benefit from professional help. In fact, the best thing you can do for yourself is get support before these occur. First responder clinicians have specialized training to help you help yourself during these times. It's not a matter of you being weak and being 'fixed' by someone else. Rather, you are being wise enough to know that you don't know everything and could use some specialized support to help yourself.

What to Watch Out for in Co-Workers. The biggest indicator that your co-worker is not doing well is an enduring change in how they behave. If they are normally talkative, funny, and upbeat but haven't been this way since the incident, check in with them. Care enough to hurt your co-worker's feelings. Tell them that you have noticed the change and ask them "*What is going on?*" "*What is going on?*" can be a more effective question than "*How are you?*" If you ask, "*How are you?*", they might give you the standard answer – "*good, okay, tired, alright*", etc. If you ask this question, emphasize it so they know you seriously want to know – "How are you?" In that this question is used every day as a greeting people will usually

respond as if you are just making small talk. No matter how you ask, if they say they're not doing well, thank them for being honest and ask what they have tried to get better. Suggest they talk to your department peer support team or a first responder clinician because they *deserve* help; not that they *need* help. There's a difference. The 'need' for help can imply weakness while the 'deserve' conveys their right to proper support.

For the First Responder Family

Family Members Feel the Effects Too. Family members sometimes struggle just as much as the first responder. You might be torn between wanting to know details about the event and not wanting to know. It is recommended to not discuss the graphic details of an event. You can't un-know what you've come to know. You might even picture the scene if they describe it which can't be 'unseen' even if you are only picturing it in your mind.

Instead, discuss how your first responder is doing, what they need and don't need. As discussed in the Communication section, focus on how the first responder is feeling or affected instead of delving into the details. Discussing department procedures that may follow - interviews, appointments, legal hearings, etc. helps to bring a level of mutual understanding of the process and how to help each other through it. Expressing your own needs and feelings with your first responder is important too. Remember, you're a team. Also, make sure you *both* have other trusted people to talk to. Sometimes, one partner's need to talk conflicts with the other's need to have space from it.

Depending on the nature of the event and size of the community, you and family members might be subjected to public and media interest or even scrutiny. Be prepared for this by preparing the 3-part response to unwanted questions discussed in the Handling Public, Media and Family Scrutiny section. First, acknowledge the question- "*Thanks for checking in.*" Next, make a comment that lets them know that you're not answering it- "*I'm/we're not up for (able to, etc.) talking about that at this time.*" Lastly, redirect the focus to something else by asking them a question about something in their life- "*Is little Johnnie still playing soccer this year?*" If you don't know the person well enough to redirect with a question about their life, simply offer a statement that shows that the conversation is over- "*Have a good day.*" If they persist with their question or another one, repeat the process verbatim. You do not need to explain or justify why you're not talking about it. Be a broken record, repeating the same 3-part comment as many times as it takes for them to understand that you're not talking about the incident with them.

Is My First Responder in Denial? This comes up a lot. At times, the critical incident does not negatively affect some people while affecting others quite significantly. This happens for a variety of reasons - their role in the event, the relatability of the victim(s) to the responder, their history with this type of incident, their health, stress levels, and perspective toward trauma and suffering. Sometimes, a person's faith lessens the impact of the traumatic event. Other times, it can create a crisis of faith. In short, if they're not having a negative response, it does not mean they are in denial.

On the other hand, they might be really good at shoving down difficult feelings and reactions. Those who have been on the job a while can be quite good at this. Whereas this is helpful during the critical incident and allows them to do their job, it can be hard to switch back on. The problem with this, especially in long-term career responders, is that they have switched off feelings and reactions that are healthy to have. It would be like neutralizing a bodily symptom that is there for a reason - a symptom that is there for a purpose in order to address the root problem so they can get better. Switching off 'negative' emotions tends to lead to numbing out of all emotions which is problematic.

If in doubt as to which response your responder is taking, talk to them, sharing what you have noticed. Encourage them to talk to a peer support team member, chaplain, trusted co-worker, family member, or friend. Those that know them well can help them identify if they have numbed out. As a couple, you can also talk to a first responder clinician who can help you sort through and get past this.

Chapter 14

Changes in the First Responder Personality

*“The greater the doubt, the greater the awakening; the smaller the doubt, the smaller the awakening.
No doubt, no awakening.”*

~ C.C. Chang

Those who seek a first responder career will be changed by it. Wearing a badge can offer legal authority, rank, title, and position. But no badge can offer immunity against the ongoing exposure to stress and trauma that all first responders experience over the course of their careers. The average person calls 911 twice on average; once for themselves and once for someone else. A first responder is exposed to over 800 traumatic calls over a typical career. Therefore, a better question to ask is how could a first responder *not be changed*?

Examples of Common Changes in First Responder Personality.

- Increasing cynicism and irritability.
- Withdrawing from decision-making at home.
- Minimizing other people's issues.
- Black/white thinking (all or nothing without much in between).
- Increasing efforts to control their environment.

Reasons for Personality Changes

Bringing Home the Job. Over time, acquired patterns of thoughts and behaviors which make our first responders successful at work can infiltrate the home environment and prove ineffective or even harmful when applied to family dynamics. For example, controlling their environment on the job can save their life. Doing that at home can be disastrous. In healthy responder marriages, support and respect are mutual. Spouses take genuine pride in the first responder's career and are glad they have meaningful work, while their efforts are valued in return.

Minimizing the Impacts of the Job. Career-related stressors are accepted as part of the job believing that they will be offset by the personal fulfillment of performing their civic duties to the best of their abilities. However, the longer a responder is on the job and exposed to the realities of the career, they may find that belief challenged. Cognitive Dissonance simply defined is the conflict that occurs when a behavior does not align with a belief. Cognitive Dissonance Theory predicts that the more the career negatively impacts a couple or family life, the more it may be valued in order to rationalize the responder's continued involvement. The outcome of this is that your first responder may unconsciously minimize the impact the work has on them and your family while simultaneously showing signs and behaviors opposite of that.

Believing It Comes with the Job. Sometimes changes in behavior and personality happen slowly, and spouses and family members assume it is just part of the job. This belief can be rooted in the responder's level of perceived heroism that comes with the job. Such perception can set expectations that their work is more important than the spouse's, thus the responder's needs are more important. Of course, this goes over like a lead balloon with others. Perceived heroism can also suggest that invulnerable heroes will bear burdens silently and alone, as is part of the first responder culture. The responder may start to compartmentalize those parts of themselves which fall within those parameters, and overtime this can be seen as a change in personality.

Conspiracy of Silence Regarding the Job. Sometimes well-intentioned couples may stop sharing and talking about everyday things they both encounter at home and at work. Partners can stop sharing the things that help them stay connected out of fear of overwhelming their responder or pushing them away. Sometimes, when that occurs a *conspiracy of silence* can take root.

Both the responder and the spouse protect each other by failing to disclose their fears about the career. Responders also often shield their family members from the graphic details of their work. They protect themselves as much as their spouses by keeping the home a sanctuary untouched by violence, loss, and death.

Camaraderie of the Job. Regrettably, the omissions from not talking creates gaps between partners. In contrast, work colleagues become a second family. The shared experience and camaraderie of first responders are attractive to those pursuing first responder positions. Once the career begins, peers buffer the impact of stress and trauma. It's the presence of social support (likely to be emotional and instrumental) and other factors, not necessarily the level of exposure to potentially traumatic events that determines the development of PTSD in first responders. A couple's communication gap compounded by the strong bonds made with fellow first responders, can increase perception of a personality change in the responder.

These issues are not present in all marriages or relationships and, where present, may range from minor to highly significant. Spouses can feel trapped or uncertain of what to do when they start to notice the changes. Sometimes the kids or other family members are the ones to notice. At first, family members may tell themselves it's just the job, it will pass, or they will get over it in time. They don't want to appear negative about something that their first responder feels excited about. So, loving, well-intentioned significant others keep their thoughts to themselves, and the issues persist.

Reducing the Impact of Personality Changes

Family – First Line of Support. Family is often the single *most* important factor in successfully coping with the impacts of the job and traumatic stress. Families are 'holding environments', safe places people can let their defenses down. They are true 'first responders' themselves being the first to spot sleeping problems, changes in appetite or mood, excessive use of alcohol, and personality changes in their responders.

The *bottom-line* recommendation for first responder family members and spouses is to find ways to talk about the changes they are seeing and experiencing with their first responder. As the responder's first line of support, spouses need to be cognizant of changes in their responder and open to discussing their observations *as they happen* in order to maintain the integrity of the home environment.

As a spouse/partner and/or family member.....

- Find ways to *lovingly* and /or *gracefully* bring up the personality changes they've notice in a non-threatening and non-attacking way.
- Start conversations with 'I' statements. For example, "*I have known you a long time and recently I noticed...*" Say exactly what you see, heard, or felt; disclose changes and identify specific actions. Remember they cannot read your mind nor do they always see what you see. Name the changes so that the partner can understand what you're talking about so you both can start talking about it together.
- Slow down. Usually by the time this conversation happens, a problem has already occurred. It's difficult for any of us to respond when we are emotionally triggered. When you become upset, take at least two full breaths before responding. Remember: you can't unsay what you've said.
- Listen and allow them the time to process and respond. After long shifts they will not be 100% and may process slower than usual.
- Care enough to speak out even if it may hurt your first responder's feelings or causes a negative reaction. Be a mirror and verbally reflect the change you have noticed in them. In other words, lovingly share with them what you see. Do not be accepting of the negative changes you see in your first responder. For instance, if they have been more distant, let them know that. They may not even realize they are acting this way or that it is noticeable. Silence only allows the problem to grow.
- Personality changes at home are an important sign that something could be happening and should be acted upon. So, speak up early and/or seek help.

- Sometimes, spouses or family members may feel shut down or shut out when they ask if their loved one is okay. If what they say and what they do don't match, encourage them to find someone else to talk to, such as peers or a counselor.
- Encourage the first responder to get regular physical activity.

As a couple.....

- Practice relaxation techniques, such as deep breathing, meditation, yoga, tai chi, or massage. These will not make problems melt away, but they will improve both you and your responder's ability to work through them with a level head.
- Keep a sense of humor.
- Spend time with family and friends.
- Set aside time for hobbies, such as reading a book or listening to music.

Chapter 15

Families and Secondary Traumatic Stress

“Life breaks everyone, and afterwards many are strong at the broken places.”

~ Ernest Hemingway

To understand secondary trauma in first responder families, a brief definition of trauma would be helpful. According to the American Psychology Association (APA), trauma is an emotional response to a terrible event like an accident, death, or natural disaster. Immediately after the event, shock and denial are typical. Longer-term reactions include unpredictable emotions and flashbacks. What is incredibly important for the family of first responders to understand is that repeated exposure to aversive details of traumatic events can and does impact them too. It is paramount for first responder families to understand how second-hand, known as vicarious trauma, can negatively affect any household.

It Can Come Home with Them. As described in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition), the criteria for developing PTSD/PTSI (post-traumatic stress disorder/post-traumatic stress injury) can involve witnessing a traumatic event, and/or learning about a death or serious injury of another person. Not being directly involved but being impacted by hearing or learning about a traumatic event is known as secondary traumatic stress or vicarious trauma. Spouses and children of first responders can also develop symptoms of traumatic stress.

Causes and Risk Factors. Secondary trauma can happen from direct exposure to your first responder's traumatic stories. A well-meaning spouse, in an attempt to support their responder, can open themselves up to details that they are not prepared to handle. In an attempt to support, they may absorb the emotion and intensity of their responder in the situation and unknowingly neglect their own mental wellbeing.

Certain circumstances in an individual's life can cause them to be especially vulnerable to secondary traumatic stress. Risk factors can include personal exposure to a traumatic event(s) or currently coping with reactions to trauma. The ability to relate to your first responder, their peers, or even the victim(s) can heighten the risk of secondary traumatic stress. It might make you feel that what happened to someone else could happen to you and your family. Your survival brain can kick in and put you on high alert for danger.

Signs of Secondary Traumatic Stress. Secondary traumatic stress can impact all areas of a person's life. The effects can range from mild to debilitating, and *everyone* can be at risk. In order for first responders to continue serving their communities at their best and maintain an optimal level of health, both the responder and their families must be alert to the signs of secondary traumatic injury in themselves, their families, and their coworkers:

Emotional — feeling numb or detached; inability to feel positive emotions, feeling overwhelmed or even hopeless.

Physical — having low energy, fatigue, various aches and pains, difficulty falling or staying asleep.

Behavioral — changing a common routine or engaging in self-destructive coping mechanisms (drinking too much, smoking too much, checking out too much), an increasing avoidance behavior like isolating or video gaming, an elevated startle response to loud noises or unexpected movements.

Professional — experiencing low performance of job tasks and responsibilities; low job morale.

Cognitive — experiencing confusion, diminished concentration, and difficulty with decision making; intrusive images or thoughts that trigger intense psychological distress from certain sounds or smells.

Spiritual — questioning the meaning of life or their faith/higher power.

Interpersonal — physically withdrawing or becoming emotionally unavailable to peers or family; interpersonal conflict and impatience.

A common example of the impact of secondary traumatic stress on families is the transmission of hypervigilance from the first responder to their family members. Hypervigilance is about more than just being extra vigilant. It is a state of extreme alertness that undermines the quality of life. When one is hypervigilant, they are always looking for hidden dangers, both real and presumed. To offset this, it is important to keep track of how often bad things DON'T happen in order to help counter your predictions of danger. This isn't about denying reality but, rather, broadening your awareness to include the part of reality that does not involve danger.

Children and Secondary Trauma. Children can be the most vulnerable family members because they are still learning how to manage their own emotions and do not have the life experience to understand an intense situation such as a critical incident. Even adolescents, no matter how mature they appear to be, need help managing the social or psychological impacts and subsequent consequences of traumatic stress. Children respond to big events according to their age. However, all kids take their cues from their parents. If they see that you are distressed, they will be distressed as well. If they see you talk about your distress in a healthy manner, they will be more likely to do the same. Some things to watch for with children and how to handle it include:

Behavior in Play. Younger children experience the world through play. If you notice overly aggressive play or if the tone and type of play changes, stay curious. Often, playing with the child at their level, (LEGOs, dressing up, or kicking a ball) can help. The key is to be intentional and spend time engaging with them in a way that feels closest to normal.

Tantrums. Children of all ages can act out or throw temper tantrums that involve anger and hostility. Set limits with them at the time and, once they have calmed down, talk with them about any feelings they may have about their parent's work. Let them know that other children of first responders sometimes have some of the same worries and fears, and it's better to talk about them in a healthy way than trying to shut them away. Children grow their emotional intelligence and vocabulary through interactions such as these.

Mood Swings and Emotional Sensitivity. Use the same approach recommended above for acting out.

Guilt and Responsibility. Kids sometimes have a funny way of blaming themselves for events they had nothing to do with. Some can think that because they were 'bad' mom or dad is behaving a certain way. Make sure that they understand they are not responsible for other people's moods or behaviors. Let them know their parent is upset about sad events at work but will get better with time and self-care.

Bedtime. When exposed to secondary trauma, children can become anxious or have trouble falling asleep. Explore what is happening with them. Reassure them of their safety and the safety of the family. Create a bedtime ritual that reduces their anxiety. This could include reading an uplifting or funny book or listening to relaxing music or nature sounds. Calming their anxiety by slowly breathing with them can help everyone get a better night of sleep.

[Tip: Blowing bubbles with gum or a bubble solution can help small children have longer exhales, which activates the 'rest-digest system' of their autonomic nervous system. This is a fun way to calm an anxious little person.]

Additional Help. If, after a month, things are not getting better, consider seeking help. Start by contacting the child's pediatrician and sharing your concerns.

What You Can Do

Family Support. The mutual love and compassion of a family is most often *the* single, most important factor in successfully coping with trauma. We are wired with a 'protect-or-connect-system.' When we experience trauma, we activate the protect system. This is meant to ensure our survival but, for the moment, it shuts down our ability to connect. Just think of your loved one when they are scanning a room or situation for danger, how they do not notice what you are saying to them. However, your 'protect-or-connect system' is bi-directional. This means that if you put forth more effort to *connect* with your loved ones, your tendency to *protect* lowers. This does not mean that you don't protect your loved ones. It simply means that you are at an optimal level of awareness while remaining connected to your family. This connection will help you

heal. For more information, read *Widen the Window* listed under Recommended Reading and Resources by Chapter at the end of the Handbook..

Limit Exposure. Family support can lessen the reactions to trauma, yet family members may be vulnerable to ‘transmitted trauma.’ Therefore, it’s vital to communicate your desired limit to sharing details about work, and limit exposure to work details from other sources as well, including well-meaning family members and friends. Everyone has their own tolerance level for the details. Family members are encouraged to find what works for them and say so. This applies to your first responder, family members, and friends who are talking about the horrific fatality, tragic accident, and/or news/social media depictions of public events. Few people have felt better after looking at social media or the news. Pay attention to how you feel after viewing media or having conversations with others and let that awareness guide future behaviors during critical incidents or public events.

Get It Out. Expressing ourselves about trauma is important. Trauma can scare us speechless. Staying healthy requires translating our experiences into language. Writing and journaling can help us relieve some of the stress that comes from the story being untold. Sometimes, writing can also help us make meaning out of difficult circumstances. Writing has been found to positively influence the immune system, cognitive functioning, improve mood and reduce stress. For more information, read James Pennebaker and Joshua Smyth’s *Opening Up by Writing It Down, Third Edition: How Expressive Writing Improves Health and Eases Emotional Pain*. It is also listed in the last chapter as a recommended resource.

EMDR. If the symptoms of secondary trauma last beyond 30 days, seek counseling from a culturally competent clinician to help you work through the trauma. A highly effective treatment used with first responders, military members and other trauma victims is Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a brain-based intervention that allows the brain to process the traumatic content. In a nutshell, it teaches the brain that it can turn off the survival-based symptoms of flashbacks, nightmares, and hypervigilance. After being treated with EMDR, people have said that the traumatic event seems very distant and neutral, allowing them to talk about it without getting upset.

Create a Mission. Being part of something bigger than oneself is a hallmark of a resilient person. One method people use to recover from trauma is to find a way to aid others from suffering from similar experiences. Helping others can be a win-win in that you get just as much from the interaction as those you help (as long as you don’t neglect yourself in the process!). Sharing what you have learned can reinforce that learning and promote your own healthy coping skills.

Families can navigate secondary trauma with early intervention and support. Consider reading the section in this handbook on Post-Traumatic Stress Disorder (PTSD) for additional symptom relief recommendations. Remember, nobody has to go it alone. Seeing a counselor can be a valuable resource for strategies to cope with symptoms and can get you on the path to healing.

Chapter 16

Recognizing PTSD/PTSI

“Your brain isn’t designed to make you happy. It’s designed to keep you safe.”

~ Cyndi Doyle, Police Wife, and Clinician

Post-Traumatic Stress Disorder (PTSD), also referred to as Post-Traumatic Stress Injury (PTSI), can develop from exposure to a singular traumatic event or the accumulation of traumatic events. Trauma isn’t what the event is, per se, but is the shock and horror that the person feels when they experience the event. It’s oftentimes confused with stress, which is pressure, not shock and horror. The event does not have to threaten the life of your first responder for them to experience PTSD. It can be their exposure to the serious injury or death of another that may bring it on.

When your first responder is exposed to traumatic events, parts of their brain shut down while others become overactive. This is the brain’s way of promoting the individual’s survival; only the most vital brain tasks are in operation. This means that the memory of the event will be fragmented, where parts of the event will be very vivid, as if it’s currently happening, while other parts of the event will be missing. The brain’s ‘timekeeper’ goes offline so the brain thinks the event is ongoing and may send reminders of the event - an intrusive image of a face, a physical reaction to passing through an intersection, and so forth.

Symptoms. Post-traumatic stress (PTS) regularly occurs following a critical incident. It usually resolves within days or a couple of weeks. PTS is the brain’s way of working through the traumatic memory. Think of it like how our skin forms a scab that itches for a few weeks and then gradually heals. You just need to take care of the wound to promote its healing process. Symptoms of PTSD include:

Re-Experiencing of Event - intrusive images (while awake), nightmares, bodily sensations (heart rate, respiration, tension, sweating, etc.)

Persistent Avoidance - avoiding memories, thoughts or feelings associated with the event(s) or avoiding people, places, situations relating to the event(s)

Negative Mood/Beliefs - difficulty with memory of the event(s), negative beliefs about yourself, others or the world, self or other-blame, strong negative feelings, inability to have positive feelings or enjoy activities, feeling distant/cut off from others

Increase in Arousal/Hypervigilance - irritability, anger, reckless or self-destructive behavior, increased hypervigilance (perception of danger), heightened startle response, difficulty with concentration, trouble falling/staying asleep

Duration - lasting 30 or more days (less than 30 is referred to as Acute Stress Disorder)

Functional Distress - causing significant distress or impairment in social, occupational, or other important areas of functioning

Triggers – a trigger is anything – including memories, experiences, events, and even smells - that spark an intense emotional and/or physical reaction; triggers are symptoms associated with PTSD/PTSI

Strategies. Post-traumatic stress disorder is very treatable. Most people mistakenly believe it is a necessary evil; a price you pay for being in first responder work. The best intervention, however, is *prevention*. Although your first responder cannot control the nature of what they are exposed to at work, they *can* control how they respond to it.

Certain behaviors increase the likelihood of developing PTSD: low perceived resilience, pessimism, self-blame, excessive worrying, avoiding talking about reactions, negative view of expressing one’s emotions, and having a poor social support system. Certain mindsets can decrease the likelihood of developing acute PTSD. In short, your first responder (and you, for that matter) would be wise to practice the following approaches to the job:

- Believe you will get through this difficulty if you put forth the effort.
- Recognize that it is quite normal to have a reaction to traumatic events, *not* a sign of weakness, and talk about the event, facing the reactions you are having.
- Recognize your limits to control events or to perfectly respond to an event.
- Maintain connections to family, friends, and community (resist the urge to isolate). If you accept that bad things happen, that you will be affected, and that you will work through it, you will fare much better than someone who denies or suppresses these thoughts.

Treatment. There are times we just cannot do for ourselves. Like with physical injuries, some require the intervention of a medical professional. Doesn't mean you are unskilled or unable, just means the skill set or tools to properly heal is outside your expertise. If you or your loved one have developed PTSD, there are treatments that can help. As discussed in the previous chapter, EMDR is a brain-based intervention that allows the brain to process the fragmented memories, teaching the brain that the event is over. In this way, it reduces the disturbance of the event and stops the intrusive images, nightmares, and other reminders. EMDR is far more effective and rapid than talk therapy, as it targets the area of the brain where the fragmented memories are stored and repeatedly activated.

Even if you or your first responder only have *some* of the symptoms of PTSD, seek help anyway. There is no need to wait until it fully develops to receive support. Like any health issue, the earlier you act to take care of it, the better. A full recovery is possible.

PTSD vs PTSI. PTSD is the clinical name used to characterize a group of behaviors found in those that have witnessed or experienced trauma. This is how PTSD was initially identified by the medical community allowing for the research, care, and insurance coverage we have today. PTSI is the alternate name referring to the same set of symptoms. Through brain-mapping scientists have identified biological changes to the brain caused by PTS. These more recent discoveries have led to better treatments and possible reversal of the effects much like 'healing' an injury. By re-labeling post-traumatic stress as an injury versus a disorder, the stigma of it can be reframed and help more readily accepted.

Chapter 17

Recognizing Substance Abuse

“The battles that count aren’t the ones for gold medals. The struggles within yourself—the invisible, inevitable battles inside all of us—that’s where it’s at.”

~ Jessie Owens

There are two types of addiction: 1) Substance Addiction - an addiction that requires the ingestion of a mood-altering substance (e.g., alcohol, drugs) and 2) Process or Behavioral Addiction - an addiction that does not require a substance to be ingested but often presents similar problems as a substance-related addiction (e.g., shopping, sex, workaholism).

As a career, the first responder field offers rich and rewarding opportunities to serve in various areas. However, first responders are at risk for substance abuse because of the belief that certain substances are an easy coping option to numb out the constant stress and trauma they face or that it might be the only option that will stop the slide show of horrific events that plays in their mind when they’re not task oriented. Sometimes, people become addicted to a substance that began as temporary stress relief or a sleep aid. Other times, a social event, such as having drinks with coworkers after a difficult shift evolves into a physical addiction.

From Use to Abuse. Addiction carries the stigma that only weak people can’t give up their vice. However, addiction can happen to anyone, including first responders. The fine line between use and abuse can be subtle and thus not recognized as such. Some don’t believe they have a problem because they don’t understand the various ways addictions can look. For instance, some believe they are not addicted if they don’t use the substance on workdays. Or the addiction is a behavior, and thus not considered by the individual as an addiction at all. This lack of information leaves first responders and their families vulnerable to the situation worsening over time.

There are three essential criteria that defines addictive behaviors. They are:

- Loss of ability to freely choose whether to stop or continue a behavior.
- Continuation of behavior, despite adverse consequences such as loss of a job, marriage, or freedom.
- Obsession with the activity.

Substance Use on a Continuum. The Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR) (American Psychiatric Association, 2013) outlines several types of problematic use of substances. Combined with the recreational ways that individuals use a substance or display a behavior, a continuum is formed, ranging from healthy (the enjoyment of alcohol or appropriate medication) use to unhealthy (excessive consumption, abuse, misuse of alcohol, and other substances).

Points on the Continuum. The starting point for treating substance abuse is understanding where an individual is on the use-dependence continuum:

Use - is the idea that using the substance or behavior does not result in any difficulties resulting from that use.

Misuse - refers to individuals using the substance or behavior in ways that, if continued, could develop into more problematic issues.

Abuse - occurs when people are experiencing difficulties as a result of the use of a substance or behavior. This results in negative consequences in their work, home, or health. At this point on the continuum, the use/behavior has reached the level of addiction.

Dependence - is the polar opposite of use; individuals are considered dependent if they abuse a substance or perform a behavior and develop tolerance and withdrawal symptoms associated with the substance or behavior.

Progression along the continuum is the process whereby individuals experience an ever-increasing feeling of being out of control, increased consequences, and obsessive thinking related to their behavior. In many ways, it is the process of moving from use to dependence.

Complicit Support. It is important to note that, when substance use problems arise, individuals closest to the situation (partner, family, employer) are most likely to know about the addiction. They may notice the behavior change but remain in denial over the increase in use. Essentially, they accept the substance abuse by commission or omission simply by not talking about it. Other times, those closest know it's an issue and fear they will cause (more) problems by bringing it up. They don't want to get the person in trouble or make them angry, so they say nothing. They may recognize that the first responder is already suffering, and fear adding to it their load by expressing their concern.

Explicit Support. It's very difficult to do what's best sometimes so sometimes support doesn't look like support. Such is the case with a surprise intervention. Surprise interventions may make for great television, but in reality, they decrease the person's sense of control and increase their resistance to help. That is the *last* thing they need at this time. It's not advisable to do a surprise intervention.

Instead, express support for them and their wellbeing by expressing concern about the unhealthy behavior. It is very important to separate the doer from the deed in order to keep their defensiveness down. In fact, the single most important thing you can do is emphasize that the choice is theirs. You may have to let them know what your boundaries are, and what you will do if they do not get help. For example, you will sleep in the other room if they are under the influence when it's time for bed. That is within your control, but know you will need to be prepared to have your boundaries tested so be careful where you set them.

Understand to Motivate. We can all relate to doing things that we know are not good for us. For some, it's being too sedentary. For others, it's having dessert too often. You may struggle to understand and accept your first responder's behavior, but you can relate to doing something you know isn't good for you but doing it anyway. It's important to remember this when talking with your first responder so that they don't feel judged. It's highly likely that they are already judging themselves and an extra helping of guilt and shame is not going to make matters better.

A key strategy in helping your first responder (or even yourself, if applicable), is to consider the potential motivation of their behavior. Can you understand wanting to avoid pain? Can you understand that it takes more effort to go for a run for stress relief than having a second glass of whiskey? Acknowledging these understandings when talking with your first responder doesn't mean that you condone the behavior, just that you can understand it. They're two different things.

As much as it's important to understand the underlying motivation that drives their behavior, it's just as important to try to understand what keeps them from changing it. Fear can be a strong motive. Do they fear that they will no longer be fun to be around? Do they fear that there are no other options to make the slide show disappear? If you can better understand these reasons, you are in a far better position to help them explore how they might address their needs in a way that is more constructive.

The next step is to explore with them the reasons they might want to change their behavior. Proceed with caution though. This conversation needs to be largely led by them with your patient support. If you start getting ahead of them, they will start to feel pushed, and you may miss the mark. Remember, we don't know what we don't know. It's best to help them feel heard and to feel like they are in control of their recovery process. Read *Beyond Addiction: How Science and Kindness Help People Change* by Jeffrey Foote for more communication and motivation-building strategies.

Next Steps. Once your first responder agrees to get help, it's important to know your options. Individual treatment with a clinician who specializes in addictions can lead to a full recovery. They have specialized training in building motivation, recognizing and managing triggers for substance use/behaviors, recovery from relapses, and maintenance of progress. They oftentimes work with family members also as their support is so very vital to the recovery process.

Group therapy is another highly useful treatment for addiction recovery because it helps to confront and support one another under a trained group leader's guidance. Twelve-step recovery groups often serve as an adjunct to individual and group treatment. Group therapy help individuals clarify their issues and develop intimate friendships that can be vital to ongoing recovery.

First responders may be hesitant to join groups for fear of being recognized as a first responder or being with members of the public they would prefer to avoid (people they have arrested, treated). For this reason, there are first responder-only groups. The location of these groups is usually made available through first responder clinicians and organizations. There are also treatment centers that limit their focus to first responders. In this way, first responders can feel that they are with others who can truly understand their situation again aiding the process to recovery.

There are several levels of intervention when treating addiction. Here is a brief description of those levels to help in understanding the process.

Intervention Levels

(Mee-Lee, et al., 2013)

- Level I: *Early Interventions* include psychoeducational tasks that teach individuals about addictive behavior and an attempt to get a change to occur with little intervention or treatment.
- Level II: *Outpatient* represents a standard outpatient setting where the individual participates in various modalities (therapy - individual, group, family) throughout the week, but continues in the other areas of life as normal.
- Level III: *Intensive outpatient/partial* is one step above an outpatient setting and spends several hours getting treatment via groups, one-on-one therapy, five days a week.
- Level IV: *Residential/Inpatient* requires admission to a treatment facility for anywhere between 14-30 days in length. He or she stays at the treatment center.
- Level V: *Medically managed intensive inpatient* requires admission to a medical facility. Usually, treatment at this level occurs when issues around withdrawal could place the individual at risk for other medical challenges.

No Such Thing as an Overnight Success. Healing happens in stages, over time just like a physical injury. Usually, substance abuse does not develop overnight. Chances are that recovery will not happen overnight either. Families and spouses need to understand that recovery is a process.

Addiction Affects Everyone. Families are not immune to the effects of addiction. They can also benefit from getting support and care through organizations such as Al-Anon. Al-Anon is a confidential program specifically for families and friends of alcoholics. The goal of organizations such as this is to provide an opportunity to get together and share common experiences and receive much-needed mutual support. It is important to seek out behavioral health providers trained in substance abuse who also understand the first responder culture. Even if your first responder does not get help, you can still benefit from counseling support to navigate the challenges of addiction in the family.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

Mee-Lee, D., Shulman, G. D., Fishman, M., Gastfriend, D. R., Miller, M. M., and Provence, S. M. (2013). *The ASAM criteria: Treatment for addictive, substance-related, and co-occurring conditions*.

Chapter 18

Recognizing Anxiety and Depression

“We become what we do if we do it often enough. We act with courage, and we become courageous. We act with compassion, and we become compassionate. If we make resilient choices, we become resilient.”

~ Eric Greitens, Former Navy Seal

Anxiety. Most people at one point or another have experienced a certain level of anxiety. The feelings of worry, nervousness and unease regarding an event or situation is one we can all relate to at some level. As such anxiety is considered one of the most common mental health conditions. So, it is reasonable to conclude that you or your first responder would develop anxiety or, at a minimum, feel anxious from time to time. There are two main categories of anxiety: thought-based and amygdala-based.

Thought-Based Anxiety. Thought-based anxiety happens to all of us. This anxiety largely comes from within, as we project our thoughts into the future or rehash the past. Thought-based anxiety could also be based on our interpretations of situations. We interpret someone’s comment as judgmental or a situation as dangerous and we have an anxious response. Whereas anxiety is a natural response, there are ways to temper its impact.

Countering Thought-Based Anxiety.

- Schedule worry time and be solution, not problem, focused
Example – Instead of worrying clear up to the moment of the actual issue, the mind set of *“I’ll cross that bridge when I come to it”* can take some of the weight off the situation.
- Write down top 5 offender thoughts and their counterstatements:
Example - Offender Thought: *“I’ll never be able to do XYZ as good as I would like to.”*
Example - Counterstatement: *“I got better at ABC when I practiced. This is no different.”*
- Stop and redirect thoughts to a pre-determined topic
Example – If you start to have anxious thoughts about your first responder on the job, stop and start counting all the things you are thankful for about your responder.
- Notice common misinterpretations/ predictions and correct them with evidence from the past
Example – *“We’ve been through this before and came out the other side. We can again.”*
- Ask yourself: Is my train of thought accurate? Is it helpful?

Amygdala-Based Anxiety. Think of amygdala-based anxiety as an alarm that has gone haywire. Our nervous system is always recording and categorizing experiences as good or bad, safe or unsafe. When a situation, place, or person becomes associated with something negative, our nervous system sounds the alarm causing us physical anxiety and making us want to get out of the situation or avoid the person or place. Sometimes, this is a good thing. It keeps us safe. Many times, though, it’s a false alarm. Yet we still leave the situation or avoid it altogether so the opportunity to learn that it’s a false response is missed. We feel better because we left/avoided the situation, further convincing ourselves that it was a good choice.

Countering Amygdala-Based Anxiety.

- Name it to tame it (if you can).
Example - *“This reminds me of _____, but it’s not the same. I am OK.”* or *“I am good. There is nothing going on. I am just nervous.”*
- DON’T avoid places, people, and situations that cause anxiety (use reasonable judgment here) by creating new associations you break old ones.

Example – “*I like my responder’s colleagues but being around them in uniform or at the station causes anxiety as it reminds me of the dangers of the job.*” Instead, have family picnics or social events outside of the station and the uniforms. Create memories that are stronger in civilian clothes than those in uniforms.”

- Controlled Breathing. Inhale= sympathetic (fight/flight system); Exhale= parasympathetic (rest/digest system)

Depression. Depression is the second most common mental health condition. It affects many first responders as it is worsened by sleep deprivation and exposure to negative circumstances. Common, well-known symptoms include periods of crying and sadness. However, in the first responder profession, depression can look different. Below is a list of depression symptoms.

- Withdrawal from others
- Aches, pains, muscle tension
- Anger, irritability
- Pessimistic
- Self-critical
- Sleep difficulties (sleeping too much, sleeping too little, broken sleep)
- Risk-taking behaviors (driving too fast or too close, alcohol use, etc.)

Countering Depression. Most people think of medication first as the means of dealing with depression. Although medication can be helpful and even necessary for some, there are many other ways to counter depression.

- Exercise - research shows it is about twice as effective as Zoloft, an antidepressant
- Get 7-9 hours of sleep every night - lack of sleep tanks your mood and physical and emotional complaints go up when you get less than 7-9 hours of sleep
- Practice gratitude - think of 3 things that are going well/went well in your day
- Focus on the good - make a point to look for the good in people, situations, and events

Seek Support. Sometimes, depression may have an underlying medical condition that needs to be addressed for you or your first responder to feel better. Low levels of iron, testosterone, Vitamin D and B-12, as well as gut health, food allergies, adrenal and thyroid issues should be ruled out by a medical professional. If these are ruled out as causes, speaking with a mental health professional could help. You and/or your first responder might benefit from support on shifting a negative mindset spiral, building motivation for exercise, or tips for improving sleep.

Chapter 19

Recognizing Suicidal Risk

“Fall down seven times, stand up eight.”
~ Japanese Proverb

First responders are oftentimes viewed as the strongest, most stoic members of society. They *are* strong people, but the first responder culture would have them believe that having or acknowledging an emotion makes them weak. However, it takes significantly *more* courage to acknowledge that they have and feel these emotions than it does to deny them. After all, there is no courage without fear.

The first responder culture in many ways contributes to first responders suffering in silence and not asking for help. Mental and emotional isolation can lead to suicide. Feeling alone in their thoughts, not knowing that others in their profession struggle like they do, can make them feel like they don't belong, or worse, like they are trapped in their situation. Suicide is neither cowardly nor selfish. It's a complete collapse of coping mechanisms compounded by the mistaken belief that others would be better off without them. It's hard for a person in this mindset to recognize there are other options to their situation or that others would be devastated by their death.

Recognizing Suicidal Risk. There are several signs that people are at risk of suicide. Some well-known signs include saying goodbyes, getting one's business in order, withdrawing socially, talking about suicide either directly or indirectly such as expressing a lack of hope (*“What's the point? It never ends”*), or making comments indicating they feel trapped (*“I can't do anything right”* and *“I have no control over anything”*). Increased substance use, deteriorating hygiene, changes in behavior and routines, and emotional volatility also suggests possible suicide risk. Persons facing real or perceived unsolvable problems are also at heightened risk for suicide.

According to the National Consortium on Preventing Law Enforcement Suicide (NOSI, 2020), the following are a list of factors that can precipitate suicide:

- End of a relationship or marriage
- Death of a loved one, close friend or colleague
- Legal problems
- Serious financial problems

Additionally, some of the stressors that also contribute to suicidal thoughts or behaviors are:

- Accumulation of chronic stresses and daily hassles
- Exposure to horrific events or acute stresses
- Impactful relationship events such as divorce or loss of major relationship; death of a spouse, child, or best friend especially if by suicide; infidelity or domestic violence
- Shift work puts responders at higher risk especially if on night or 24 hours shifts because of abnormal sleep patterns which can impair their ability to make decisions
- High expectations of the profession followed by perceived futility or social isolation
- Significant financial strain such as inability to meet financial obligations and needs
- Diagnosis of serious or terminal illness
- Internal affairs investigation
- Significant change in routine, such as a change of duty or pending or existing retirement

Another sign that is very important to recognize is an abrupt improvement in mood because the person is no longer struggling with the indecision about suicide. He or she has made the decision and is experiencing a brief sense of peace as he/she knows that the suffering is ‘almost over’. If you notice an abrupt and unexplainable improvement in mood, talk to your loved one and continue to urge them to seek help.

Talking About It.

- Approaching someone you believe is at risk of suicide can feel tricky. But the best course of action is to come from a place of genuine concern and ask them directly and without hesitation, “*Are you thinking of suicide?*”
- If they say yes, let them know that you are glad they told you and that you love and support them to get through this.
- Tell them you are concerned for them and that they deserve help. Notice how this is phrased. They DESERVE help. This takes the weakness component out by side-stepping the use of the word ‘need.’
- Don’t pretend that you fully understand. In fact, say that you don’t understand but you want to.
- Help them make themselves and their surroundings safer by securing weapons or other harmful means when not on-duty including access to alcohol. Alcohol use significantly heightens suicidal risk, as it lowers inhibitions and compromises decision making.
- If they say no, stay with the conversation and continue to express your belief that they *deserve* support.
- Let them know that they can talk about it with you and that you will not judge them.

Help Is Available. Your (and the responder’s) first source of support is your agency peer support team, chaplain, employee assistance program (EAP) crisis line, and preferred mental health provider. If it is urgent, call 911. It might be upsetting for the responder, out of fear of affecting their work status, but that can be addressed at a later time. If they die by suicide, that CANNOT be addressed at a later time.

Chapter 20

Recognizing Chronic Stress

“A river cuts through a rock, not because of its power, but its persistence.”

~ James N. Watkins

A career in a first responder field is not to be taken lightly. Not only for the inherent dangers and risks that come with the job, but also for the impacts on the responder's physical and mental health. The hard truth of the matter is most front-line responders will be changed by the job whether they are volunteers, short-term, or have a career that carries them to retirement. As stated before, the family is often the single *most* important factor in successfully coping with the impacts of the job and chronic stress.

First responder work can take a toll on first responders' health through the chronic exposure to stressors, trauma and shift work. Chronic stress and trauma do affect the first responder's entire nervous system leading to fatigue, body aches, weight changes, hormonal changes, memory deficits, high blood pressure, brain fog, and depressed mood. All of these changes, over time, can lead to disease and a shortened life span. These symptoms do not just apply to the first responder, but also apply to chronic stress in the spouse's life as well.

From Hot to Cold. Our bodies are designed to respond to stress, using the sympathetic nervous system, activating the fight / flight response. This mobilizes us to action. It is very helpful in and outside of the first responder profession. Once the stressor is over, the parasympathetic nervous system kicks in to help us recover. It is a much slower but vital part of our health. However, with chronic exposure to stress and trauma, our nervous systems tend to become very rigid, flipping between chronic over-arousal (sympathetic nervous system; fight/flight response) and under-arousal (an exaggerated parasympathetic system; a collapsed or apathetic response). This means that those bodies exposed to chronic stress skip past the middle stage of optimal alertness, which is a balance of sympathetic (alert/ready) and parasympathetic (calm). Simply put, this means we run too hot or too cold, missing the 'just right' temperature that allows us to be calm and present.

There are consequences to flipping between the hot and cold zones. Relationships are negatively affected as the first responder may overreact to squabbles in the home when in the hot zone. They may appear disinterested and uncaring when in the cold zone. You may never know which version of your first responder you're going to get. This can leave family members feeling like they are walking on eggshells adding to their stress which in turn can put others in a similar situation.

It can be miserable for the person that is chronically stressed. They may not understand why they feel the way they do, nor what to do about it. The change may also be so gradual that they haven't even realized that they've become this way and are confused by your feedback. It may take feedback from multiple sources before they can see the pattern.

Temperature Control. Finding your way to the 'just right' zone is possible. Think of your nervous system like the cooling system for your house. If you wait too long to turn the air conditioning on, it will take a lot of effort to cool the house down. The same holds true for your own ability to cool off. Similarly, waiting until the end of the day to try to do relaxation exercises, once you've already reached a high level of frustration, stress, or agitation or, worse yet, letting it build up, week after week, until it reaches a threshold where something has to change is counterproductive.

Instead, create a practice where you check in at certain times of the day (breakfast, lunch, leaving work, when picking up kids at school, dinner, etc.) to see where your stress level is at. It's easier to remember to do this check-in if you pair it with daily activities that you already do. Taking measures to start cooling your system down at these times, even if it doesn't seem *too* bad, is better for your health. Below are some options for cooling down your nervous system.

Breathing – inhale for a count of 4, hold for 2, exhale for a count of 8. Repeat 4 times.

Imagine Your Happy Place – think about your favorite vacation spot, hike, campground, or a person that brings you joy. Think about it in detail – the sights, sounds, smells, textures (e. g. the feel of the sand under your feet), and how it feels emotionally to be there (calm, relaxed, excited, loved, etc.). Spend about 2 minutes focusing on this place or person. If you have a picture to look at to help you focus on it, that’s even better.

Focus on the Positive/Share the Good – Think about something you appreciate, are proud of, or that makes you feel loved. Think about *why* you feel this way. Express this, if possible, by telling someone else about it. (Sharing these feelings strengthens them!)

Meditate – Focusing the brain can keep it from becoming over or under stimulated. Focusing on your breath, your happy place, or a calming phrase (“*I will get through this*”) can help your nervous system find the perfect temperature. Meditation trains the brain and the nervous system. Think of it like training a puppy. It takes some time and patience, but the outcome is well worth the effort.

Although you cannot necessarily do these in the moment, yoga and massage also strengthen your ability to be in the optimal zone. Having a regular yoga session can contribute to becoming more aware of your body so that you can adjust, as needed. It relieves stress and improves your ability to focus. Going for periodic massages (or better yet, getting and giving them with your first responder) can also strengthen your ability to be in the optimal zone by helping to relieve stress in the muscles.

Pet Your Pet – Petting your cat or dog lowers blood pressure and releases endorphins, resulting in a calming effect. Pets lower stress, anxiety, depression, and physical pain. Having a pet also increases comfort in joining activities that your first responder might otherwise avoid, as he/she has another source of comfort to focus on and a buffer from direct, stimulating contact by others.

Help Is Available. If these strategies don’t give you or your first responder the relief you need, the next step is to seek professional help. There are additional options available to trained professionals such as neurofeedback (brain training) and treatments that calm the nervous system (e.g. brain-based trauma interventions like EMDR and Alpha brainwave stimulators). Relief is possible for you and your first responder. You both *deserve* support to live your best lives.

Chapter 21

Getting Help

“Expecting things to change without putting in any effort is like waiting for a ship at the airport.”
~ Unknown

When it comes to getting help, it’s hard to know where to begin. Unfortunately, most first responders’ first experience with a mental health provider is with the psychologist that performs the pre-employment psychological evaluation. This stressful event doesn’t usually warm them up to the idea of talking to a mental health provider when in need. To be clear, there are providers who *evaluate* and those that *support*. Each has an important function that does not overlap with the other. To make matters worse, people usually only seek out and talk to providers when there is trouble. Much of the good work takes place behind closed doors in a confidential setting. Thus, you don’t hear a lot about the positive side of the process.

You may also be asking “*Who do I need?*” - a counselor, family therapist, social worker, psychologist, psychiatrist, pastor, chaplain, or a peer supporter? And, what’s the difference between all of these? Let’s talk about each, in kind.

Counselor, therapist, social worker, psychologist – All of these providers have a minimum of a master’s degree (psychologists have doctorates) in a mental health field (counseling, mental health, clinical psychology, social work). Marriage and family therapists, as the name implies, have focused their education and training on marriage and family. They may also work with individuals as they are part of the family system. Although education is important, experience and ‘fit’ are just as important, if not more. Confirm that the person is licensed in your area and then explore their experience, especially with the issues you want support for. This may include issues specific to first responder work, but it might not. Also, ask if you can have a brief consultation with them, to get a sense of how you might feel talking to them.

Psychiatrist, physicians, nurse practitioners – These providers are a good source of support for assessment and, if needed, prescription of medication. If you or your first responder think that you could benefit from medicinal support, these are the providers for you. These providers have varying amounts of training in counseling. Some do not do it at all, while others do counseling, in addition to medication support. If in doubt, read up about them on their websites and/or ask about their services.

Pastors, chaplains, spiritual advisors – These support persons have a variety of training and experience working with first responders. While most pastors and spiritual leaders may not have much by way of responder cultural experience and training, most county chaplains assigned to local fire departments, law enforcement, and EMS will tend to have various levels of training, education, and direct experience with the first responder culture. Some chaplains may have additional trauma education and training often serving on department peer support teams and actively assisting responders in locating appropriate support services. Depending on the individual chaplain, some can provide supportive counseling to responders and families experiencing trauma induced stress. However, because traumatic stress injuries require significant therapeutic intervention, it is important to recognize the limitations of chaplains as they are not licensed therapists. When working with chaplains, it would be prudent to ask them about their training and experience with the issue at hand. In that each county chaplaincy is different, check your local chaplaincy’s website for a list of department services and qualifications.

Pastors, spiritual advisors, and chaplains can provide emotional and spiritual support to those who are experiencing issues related to the traumatic experiences they are going through. Most chaplains are trained and available to work with any responder and their family regardless of their religious and faith connections providing support especially when struggling with the spiritual, moral, and ethical issues that can accompany their situation.

Peer support team members, Critical Incident Stress Management members – These are your first responder’s peers who have had specialized training to support others during difficulties. As with other support persons, their level of experience and training varies widely. Some peer support team members

only have training as it relates to critical incidents while others have additional training on the ongoing issues that affect first responders. Peer support team members typically have confidentiality protection for any conversations held with your first responder. For instance, in Washington, the state legislature provides privilege to communications between the first responder and their peer support counselor when acting in the peer support counselor capacity.

A peer support group counselor shall not, without consent of the peer support group client making the communication, be compelled to testify about any communication made to the counselor by the peer support group client while receiving counseling. The counselor must be designated as such by the agency employing the peer support group client prior to the incident that results in counseling. The privilege only applies when the communication was made to the counselor while acting in his or her capacity as a peer support group counselor (Revised Code of Washington, 5.60.060).

You might find that, at different times for different reasons, you may benefit from the support of one or multiple forms and sources of support. For instance, you may benefit from individual support from a therapist and couple's support from a marriage or pastoral counselor while your first responder receives support from a peer support team member. A good provider will know their limitations and make suggestions as to other sources of support that might be helpful.

Myths vs. Realities About Getting Help

Myth	Reality
<i>Asking for help means my first responder's job will be put in jeopardy.</i>	Counseling sessions by a licensed provider are protected by privilege (with exceptions relating to imminent suicide/homicide intent, child abuse). Employers will not know an employee is in counseling unless counseling is mandated by the employer, or the employee volunteers the information to their employer. Therefore, it cannot jeopardize the job, but might even be able to save it through improved wellbeing and performance.
<i>My employer will know that we have asked for help.</i>	Same as above. The only way an employer will know is if it is mandated or the employee consents, in writing, to share information with the employer.
<i>The problem cannot be fixed so counseling is useless.</i>	You don't know what you don't know. We each come with a limited number of life skills. Sometimes the unfixable IS fixable when you talk it out with and seek input from a neutral third party. Even if a problem is NOT fixable, counseling can help you to better cope with what you cannot change.
<i>They won't understand.</i>	There <u>are</u> providers that specialize in working with first responders. Many of them have a background as a first responder and/or come from a first responder family. These providers are especially helpful in that they do not have to be culturally educated before getting to <i>your</i> issue.
<i>I'll be judged as weak as I judge myself as weak.</i>	Providers more than anyone recognize that it takes strength and courage to confront problems. They see strong first responder clients every day tackling their problems and mastering them. You <i>deserve</i> an opportunity to have the same experience.
<i>They'll take sides and tell me to do things I have no interest in doing.</i>	A good provider doesn't take sides. They are there to listen and make helpful suggestions as to additional tools and skills, while deferring to your judgment about what is best for you.

First Steps. There are many places to find a first responder mental health provider. Below is a list of some options:

- Peer Support Team members (they usually know the trusted providers)
- Wellness /Behavioral Health page provided by your employer
- Employee Assistance Program (EAP) – also provided by your employer; ask for the first responder provider list/options
- Internet search for first responder mental health (there are many organizations that keep lists of providers - Responder Life, National Fraternal Order of Police (Approved Provider Bulletin), National Volunteer Fire Council, Blue HELP, Red HELP)
- If you have come to this resource by way of your employer, a list of local resources is provided at the end of this document

Once you've been given some options, do your homework. You will want to ask about their hours of availability, current availability, acceptance of your insurance/EAP benefits, experience working with first responders and the issue at hand. Conduct an internet search to see if they have written any articles, given interviews, or been involved in events and/or activities that might give you a sense of their suitability for you and your family. If you meet with them a few times and find that it is not a good fit, go back to your options and try again. We don't always like the first auto mechanic, dentist, doctor, or tax preparer we meet. Mental health providers are no different and they understand. Look for another one that is a good fit. It will be worth the effort.

Chapter 22

Line of Duty

“It does not do to leave a live dragon out of your calculations, if you live near one.”

~ J.R.R. Tolkien

“Always plan ahead. It wasn’t raining when Noah built the ark.”

~ Richard Cushing

This handbook was never meant to be a be-all-end-all resource. For those who are new to the first responder life, it was meant to help you get your bearings as you set off on your first responder journey, to let you know you are not alone, and to give you proven methods or tools to maneuver this life on a daily basis. It was meant to inspire, to make you curious enough to reach out, to dig, to ask questions. For those who have had the privilege to being a seasoned first responder family, it was meant to encourage, to add to your toolbox, and remind you above all else – you are also not alone.

With all that said, the handbook would be incomplete if it did not briefly cover the truly hard stuff that comes with some of the branches of first responder life. Those subjects that are part of the reality of the job.

For the same reasons that you and your partner have been encouraged throughout this handbook to put plans into place to handle your daily ‘what if’ scenarios so too will this section layout reasons for planning for the *really* tough ‘what ifs’. Those voices and thoughts that hang out on the edges of our consciousness and make us hold our breath figuratively and sometimes literally every time they walk out the door *can* be quieted, easing anxiety and stress on a daily basis. You may not be ready to read this section right now but know that it is here when you are.

Preparing for ‘What If’. *Knowing* your responder’s job is to serve the community and *understanding* the reality of that service may not be truly synonymous until the day that you find yourself alone in the middle of a crisis and you do not have access to your responder. Having prepared for and agreed to your ‘what if’ scenarios can give you the confidence to manage your family in the absence of your own personal support – your responder. Your responder will have the peace of mind knowing the agreed-to plan is being carried out allowing them to focus on their job. Some of these subjects *will* be difficult to discuss. Giving a voice to the scary and hard topics to bring ease of mind might seem counterintuitive but having a plan in place quiets that ‘what if’ voice by identifying and preparing answers to its questions in advance.

Family Emergency Plans. Every family should have a family emergency plan ‘in case of...’. When a crisis strikes a community, your first responder’s job is to serve the community leaving you, the spouse or partner, to carry the responsibility of safety and care of your family, your pets, and even your property. The following is to get you thinking what needs to be discussed and included in your family emergency plan. More extensive lists can be found on the internet and some specifically for first responders.

What to Be Prepared For. Learn what kind of disasters can happen in your area. Know what types of emergencies your responder can be called up for and teach your family what they should do when a disaster happens. Disasters can be natural or human initiated. They can be large affecting the whole of a county or state or more local to a city, neighborhood, or school.

As discussed earlier, responders are always on-call even when they are off shift. In the case of a regional emergency its “all hands on deck”. This requires several plan factors to be in place such as how to handle the kids and daily responsibilities to communication and rendezvous arrangements in case of a larger scale emergency. Having a ‘Plan A’ and a ‘Plan B’ allows for flexibility if circumstances force Plan A to go awry.

What to Be Prepared For/Branch Specific – Law Enforcement. One branch does require an additional level of preparedness and that is Law Enforcement. Though they can come home and take off the uniform, it isn’t possible to leave the job neatly at the office especially for those who live in the same city or county as they work. When out with the family, there is always the potential to come across individuals with which

they have a job-related history such as arrest or maybe they witness a crime in progress. When this happens, the encounter will necessitate taking on their officer role or, in the case of a crime, to act as a ‘good witness’ while off duty.

To do what they need to do, the officer’s first thought will be for their family’s safety. Usually this means 1) getting the family as far from the officer’s physical location as possible and 2) disassociating the family from the officer so that they cannot be used as leverage if the situation goes badly. Having plans in place that can be carried out immediately for both the family as a unit as well as the kids if the partner is absent, is very important. Agreeing in advance to a safety word with a general plan to create distance or the perception that the family unit is not the officer’s responsibility allows the officer to do what needs to be done to keep everyone safe in a short amount of time.

Rendezvous/Evacuation Plan. When a disaster strikes, not all your family members may be in the same place or even in a place that you can get to them. For example, in the Northwest flooding can separate family members if one works on one side of the river and children go to school on the other. Include in your plan, a rendezvous point, and how each family member can get there from their regularly scheduled locations (e. g. school, work). If they can’t, such as in the flooding example include emergency contacts who can take responsibility of family or pets when you can’t. If the event calls for evacuation whether from the home or the area, planning evacuation routes provides a level of predictability so that family members can meet up along the route or agreed upon location.

Household Communication Plan. Make sure all family members have pertinent contact information for family, important people/offices such as doctors or schools, and friends/family that are part of your support system for ‘just in case’. Have smaller children memorize the most important names and numbers they may need. Have information in paper form as well as digital. Remember when disaster strikes cell phone services may be overrun as well as used for region-wide emergency communications. Calls may not get through. However, texts which uses a lower bandwidth may. If they don’t go through immediately, they may save and automatically send when service capacity allows.

Emergency Preparedness Kit/Go-bags. Necessary items to be included in these kits can be found online. The Red Cross provides a very comprehensive list for emergency situations. Plan a kit for both sheltering in place and in case of evacuation.

Safety Words. In some cases, your loved one may not be able to communicate what needs to be said whether due to time allowance or danger. A safety word(s) agreed to in advance can communicate love, danger, the need for help, or confirm that the person you are communicating with is your loved one. Words that can be worked into a sentence or texted quickly are the best. They can be used in situations that are not emergencies too such as the teenager who needs to be picked up from a party that has gotten out of hand.

Financial Preparedness. Due to the nature of the job, a bad day at the ‘office’ could turn your personal life and financial health upside down. In the middle of crisis, recalling financial information, birthdates, passwords, accounts, insurance policies, and important documents can be near impossible. Gathering such information into one place that you can grab and go can make a world of difference in a very hard situation. Planning for worst case scenario is also advised so that the family is taken care of especially in the case of a parent or partner. Some departments have packets with information and questions for the first responder and family to consider in advance. Consulting with a financial or legal professional is advised to make sure that all important areas are addressed.

Share Your Plan(s). Once your plan is in place, share it with extended family members and people that are included in your plan. Share it also with at least one family or close connection outside of your immediate area so that those who will be concerned outside of the event boundaries will know how and where to help if needed.

Unions/Guilds. Unions, at the core, are made up of people who have similar work environments who come together to ensure their voices are heard on issues that affect their livelihoods, their safety, and their families. In an ‘at will state’ they are sometimes the only thing between the individual and the will of the employer when assessing rights. Most first responder careers are connected to a union or guild. An employer

will negotiate with a union to form a contractual agreement on issues such as overtime, vacation, wages, working environments, safety protocols and the like. Union services include help with negotiations, access to legal advice and representation, and an advocate for the responder when needed. Whereas unions and guilds require monthly dues to be applied to membership, the return is well worth it in these types of careers. The joint voices of first responder unions have helped change laws such as public safety standards, accessing life-saving equipment, and responder to patient ratios. Where responders have their communities' back, unions have the responders'.

Use of Force / Branch Specific – Law Enforcement. The recent changes to the laws governing use of force during the execution of duties as a peace officer, have caused an increased level of mental stress to an already challenging career choice. Use of force is defined by and regulated both at the federal and state levels and requires administrative review when used; extreme cases can prompt an extensive and lengthy review by a third party and can be subject to criminal and civil litigation. These changes not only affect law enforcement, but the trickle-down effect impacts the fire and EMS branches also.

With the heightened attention of the nation, the pressure this puts on an already strained officer, firefighter, or EMS can cause any number of issues in the home as discussed earlier. Being watchful of those impacts within the home, taking steps as a couple to improve the health and wellness of yourselves and your communication as a couple will go a long way in tempering those effects. If at any time any single or compiled event(s) create excessive stress for the responder or the family, please seek support through any number of avenues mentioned previously. Remember you *deserve* the support. Your family *deserves* the benefits of being supported.

Officer Involved Shooting / Branch Specific – Law Enforcement. No officer ever wants to use a firearm on another human being. Though rare in comparison to the numerous interactions officers have with the public, an officer involved shooting tends to draw the attention of the media and citizens alike adding to an already highly charged and stressful situation for the responder. Protocols for such circumstances are multifaceted and encompass the officer, an assessment of their mental health and wellness, and an administrative and criminal investigation with the potential for civil liability all while maintaining transparency with the community. Though officers are required to be trained on the department's policies for such conditions, these just address the nuts and bolts of the process and can leave a family living on an emotional rollercoaster. Depending on the situation, the family can be left on hold for months feeling isolated from their usual support system. In such a case, there is usually a protective governing body such as a union, guild, or agency attorney who will become involved to advocate for and help the officer navigate the process.

The investigative review can be very intense and drawn out depending on circumstances. Initially, the officer will be put on administrative leave and an impartial investigative team formed sometimes from a neighboring department. The involved officer will not be at liberty to discuss the details of the incident with anyone except those who are part of this team. This includes their fellow officers and their spouse during the entirety of the process. This protects both the integrity of the review as well as the officer. Once the investigation is concluded the case is turned over to the court system ultimately ending when a final determination has been made. If the officer is cleared in the determination, the final step to returning to duty is to undergo a psychological evaluation performed by a licensed psychologist.

This can be a hard time for the responder as they will be grappling with their own feelings and responses to the incident but without any of the normal outlets to deal with them. Between this and the lack of information during the investigation, a responder can be left with a sense of isolation and heightened anxiety. The department should provide and/or allow an avenue for emotional support such as the local chaplaincy, agency-approved clinician, or guild representative.

The whole of the process can be hard on the family as well as. The uncertainty of an investigation especially over months, lack of information, risk to finances and employment, or lack of availability of healthy emotional outlets can lead to anxiety and emotional isolation between spouses and family members. As a couple, committing to keeping all areas of communication open during this time is crucial. Whereas you will not be able to talk about the details of the case itself, you can talk about your feelings which can create

a bond of support that will help build resiliency as a couple throughout the process. Seeking out and talking to other officers and spouses who have been in similar situations can give your process perspective and lessen the sense of isolation. As a spouse, keeping an eye out for signs that your responder or family, including yourself, may not be dealing well with the situation is essential. In this increased state of stress, do not hesitate to seek the help you need and deserve at any given time during the course of the investigation.

In the Line of Duty. The moment that our loved one enters their first responder career, we know that it will inherently be a difficult and dangerous job. We store that knowledge in a secure box placed somewhere in the back of our brains so that it will not interfere with our daily lives and allow us some normalcy. There are days we will look at it, maybe even pick it up, but we tend not to open it, we pray we never have to open it, and we put it back. But reality being what it is, inherently your first responder's chosen profession is in a higher risk bracket for physical or psychological injury.

'In the line of duty' is defined differently for different branches and for different circumstances. For a physical injury it can be characterized as on the clock or after so many hours of a call even if they are off the clock. For a psychological injury, it could be linked to a single event or something over months or even years. The circumstances of the situation dictate the processes that plays out following the incident. Again, this resource can by no means layout every scenario but endeavors to give enough information by which you can anticipate what may come next.

Line of Duty Injury. To witness the immense connection and cohesiveness of the larger responder family, is to see it in action when one of their own has been physically injured. An injured responder will always be in the best hands amongst their own – doesn't matter which branch – they count as family and will be treated as top priority. A psychological injury can be harder to detect, but again, the larger responder family's response to getting help to one of their own is still strongest within the first responder circles (culturally competent resources). To know that your responder is in the hands of people who care and know them, to know they are their top priority, can take a bit of the edge off a situation when you don't have all the information.

It is at this time that having the above Family Emergency Plans in place are critical. The physical response to a highly charged situation can overpower any ability to process or plan in the moment. This is especially important if children are part of the picture. Having the different scenarios planned, agreed to, and communicated to those who need to know in advance may not cover everything, but sixty percent planned is better than no plan at all.

To that end, in case of injury here are some points to consider in your planning:

- The first thing any family member wants to hear when their loved one is in a critical incident is their voice. As part of your emergency plan, the responder should make every effort to make a connection to their spouse and say "I'm OK" or "I love you" directly if possible. Texting or messages through job partners or commanders is welcomed, but messages through secondary parties only heightens the sense of gravity in the situation. Direct and vocal contact no matter how quick is always the best when possible.
- Stay away from social media and the news as they will never have all the information or the correct information. Only those on the inside, closest to your loved one have the details. Repetitive and/or negative coverage of an incident will only increase anxiety for both your responder and family. Focus on your responder and those who are responsible for and know them.
- Every department should have a plan how to handle a critical incident involving their employees. They should have a protocol to first stabilize and ensure the safety of those involved, then a policy for reaching out to the spouse of the first responder, and finally as the injury moves from critical to recovery – a list of resources that both the responder and family can reach out to for help during this phase. Having an idea of these protocols in advance gives both the responder and family a known course of action that they can rely on when things go sideways.

- The department's human resources can help navigate the confusing worlds of insurance, benefits, leave coverage, and all the confusing paperwork that comes with being injured on the job. Having help jumping through the hoops of workman's compensation and disability can expedite much needed income during this time and help you gain a sense of control and lower anxiety so you can focus on your family. Make sure that your first responder or, if need be – you, stay in contact with the staff of this department.
- Depending on the injury, it can be as simple as healing and getting back on the job or as complicated as with a serious life altering injury requiring extended recovery. Be aware that there is support out there for your responder, you, and your family on all levels. Contact your department's human resources, the local chaplaincy, your medical team, or employee assistance program (EAP). Do not forget co-workers, peer-to-peer support, and if you have one - your local church, pastor, or faith group. Though they may not be as culturally connected, they can lend support during the recovery phase and help alleviate some of the pressure in caring for both the injured and the household. Have these contacts in your files as part of your emergency planning.
- Remember that as a first responder they are used to taking care of people, not being taken care of. Being laid up during recovery or not being able to do what they used to can cause feelings of frustration, anger, helplessness, and uncertainty of what the long-term effects will be. These feelings are not just isolated to the patient, but to the family as well. Again, a dedication to open communication between spouses, no matter how tough, is the first step in surviving the situation. Keep vigil for the signs discussed in this handbook and reach out for the appropriate help whether your responder wants to or not. Remember you may have to fight for what is precious to you.
- Depending on the length of recovery, your responder may lose their way and find it hard to keep fighting for a full recovery. Physical therapy and restrictions can wear a person down and they may experience low points. This is normal as long as they don't stay there permanently. Continually remind your responder that your love and care for them outweighs current situation. That they are more than the sum-total of their career. Repeat to them how important they are to you, their children, their parents, and siblings. Remind them that the continued fight for recovery isn't just for them, but for your family and that you are committed to being right there beside them through thick and thin, sickness and health.

Line of Duty Death. That box in the back of our brain holds the biggest fear we have as first responder spouses. We lock it down tight every day as we watch them put on the uniform and leave for their shift. We put on a smile and say, "I love you. Be safe. Come back to me." And, for that hair's breadth of a second, we acknowledge the reality of the box before we turn our back to it and get on with our day. But there are those times, when we are forced to open that box and have to face the reality of what our responders do for a living and we cannot turn away. That time is when a family within the responder community is faced with the loss of their responder, their loved one, their partner, their life, and we know that at any given time it could be our loved one, our partner, our life.

You cannot be a part of this community and not feel the impacts of the loss of a responder whether it is across the country as with 911 or close to home. Though each circumstance is different, there is nothing more connective amongst first responders than hearing last call and understanding the finality of what has been lost: a lover, a partner, a father or mother, a child, a friend, a helper, a precious life. We gather around the family knowing there is nothing we can do to ease their pain, but we try anyway because that is what family does.

This is our reality.

If no other emergency planning resonates with you, we hope that this one does. Making sure your family is taken care of in the case of your responder's absence is vital. There are so many things that happen and so many decisions to be made that can be taken care of now just in case. Having discussed and decided on those items with your responder in advance, to have the knowledge that some things in your life will not spiral completely out of control in such a circumstance is worth its weight in gold if this ever happens to be become your reality.

To that end, here are some points to consider in your planning:

- In your plan, which you should revisit from time to time, you should identify the service providers you have standing arrangements with such as legal/estate representatives, financial institutions, unions or guilds, and/or funeral home and cemetery. Each of these come with their own set of decisions and paperwork that should be set in place in advance.
- File with your emergency plan copies of the different retirement plans, insurance, power of attorney (POA), physician orders of life sustaining treatment (POLST), will and legal documents along with the plans' contact information.
- Upon a line of duty death, the department will usually assign a trusted and respected liaison to aid the family directly, help in navigating what comes next, and protect the family's wishes and desires. Their role is to serve, assist, and represent the family as requested. This person can be identified, and the request filed with the department.
- Each branch has its own traditions and ways of honoring its service people publicly, privately, and within the individual department itself. Depending on how you process your grief, these can be helpful in celebrating your loved one's life, contribution, and service or it can feel intrusive at a time where your emotions are very raw. Every family is entitled to have their say about how they want to honor such a life. Put it in writing. File it with your legal representative and the department.
- When a responder passes, those who served with them - who put their lives on the line with them - are also grieving. The job creates bonds that can only be likened to the military and those who have served in the trenches together. Unlike other career paths, a responder family should consider the greater responder family in their decisions as they may want to honor your loved one more publicly. If you have never been part of a greater family responder celebration, know that it is one of the most moving and beautiful services that a responder can be a part of. It is a way of honoring a life that made a difference yet can strengthen the responder family in their continued service to their communities. Discuss in advance with your loved one how they wish to be remembered as they will be able to provide insight into the fine balance between the immediate and larger responder family's needs and wishes.
- For law enforcement and fire, there are outside agencies that assist departments in honoring their first responder. For law enforcement, the premier group is called *Behind the Badge*; for fire it is *National Fallen Firefighters Foundation*. These organizations can help both the family and the department with the organization of every aspect of a service, as well as secure funding to cover costs and additional benefits if the situation warrants.
- Due to the nature of involvement by departments, traditions, outside organizations, and well-intended individuals, these types of deaths can have a tremendous impact on a family's grieving process. For a responder family, having to attend various services and ceremonies can intensify and prolong the emotional pain and grief that comes with losing a loved one. The grief process can be especially drawn out when a well-intentioned group or department celebrates the responder's life every year on the anniversary of their death. It is crucial to be aware of this in advance, and to consider boundaries and limits in order to properly process the grief and begin healing.

Death is one of the most painful, life-altering events that a person can experience. It can also be one of the most powerful experiences. Celebrating a life well lived can lend meaning and purpose to the lives that are left behind. The grief and pain of loss can also make us feel isolated. It is, however, one of the most universal languages that can bring us together and is not meant to be shouldered alone. Don't hesitate to reach out for support. Often other survivors of line of duty deaths can provide a circle of support and a level of understanding that only those who have been in that situation can understand. Friends, family, pastors, and your faith can also provide support allowing you to give voice to your emotions and process the loss. Utilizing professional grief counseling can be especially helpful in providing relief and clarity when things become overwhelming. Again, you and your family deserve help and support.

Remember – you are not alone. *You are never alone.*

For More Information



Recommended Reading and Resources by Chapter

"An investment in knowledge always pays the best interest."

~ Benjamin Franklin

"Knowledge will bring you the opportunity to make a difference."

~ Claire Fagin

Additional resources have been identified below to help in your journey as a first responder family. Any web links provided were current as of the first release of this document. As our resources grow, updates and/or additional information can be found on the First Responder Family Resources of Cowlitz County website found here <https://www.firstresponderfamily.org>.

We will always encourage you to dig, to research, and reach out on your own! There are several on-line support sites for all areas of first responder life. Resources are endless, however, if you find there is a subject you cannot find information on, please reach out to us and we will try to help.

Chapter 2 - First Responder Culture

- First Responder Families Blog: <https://www.firstresponderfamilypsychology.com/blog>
- First Responder Families Podcast: <https://www.firstresponderfamilypsychology.com/code-3-families>
- Dispatcher Podcast: <https://www.withinthetrenches.net>
- *I Love a Cop: What Police Families Need to Know* ~ Ellen Kirschman
- *I Love a Firefighter: What the Family Needs to Know* ~ Ellen Kirschman
- *The Resilient 911 Professional: A Comprehensive Guide to Surviving and Thriving Together in the 9-1-1 Center* ~ Jim Marshall and Tracy Laorenza
- *Fully Involved: A Guide for Being in A Relationship with A Firefighter* ~ Mynda Ohs.

Chapter 3 - Communications

- *Couple Skills: Making your Relationship Work* ~ Matthew McKay
- *The Seven Principles for Making Marriage Work: A Practical Guide from the Country's Foremost Relationship Expert* ~ John Gottman
- *The Five Love Languages* ~ Gary Chapman

Chapter 4 - First Responder Children

- First Responder Family Psychology Blog: <https://www.firstresponderfamilypsychology.com/blog>
- First Responders Children's Foundation: <https://1strcf.org/who-we-are/>
- Focus on the Family: <https://www.focusonthefamily.com/resources-parenting/>
- *Young Reader: Protected but Scared* (2017) ~ Tania Glenn
- *Young Reader: This is Our Normal* (2021) ~ Tania Glenn
- *Young Reader: There's a First Responder in My Family* (2020) ~ Donna Miele
- *Young Reader: A Hero Lives In My Family* (2015) ~ Dr. Susan Hunt

- *Young Reader: Heroic Families Workbook* (2015) ~ Dr. Susan Hunt
- *Pre/Teen Reader: My Hero Hurts* ~ Sherry Barron (faith based and written for military; excellent aide in helping children whose parents have experienced trauma)
- *Pre/Teen Reader: Finding My Way A Teen's Guide to Living with a Parent Who Has Experienced Trauma* ~ Dr. Michelle Sherman and DeAnne Sherman

Chapter 5 - Shift in Home Roles

- Keys to Effective Communication in Marriage - First Things: <https://firstthings.org/keys-to-effective-communication-in-marriage/>

Chapter 6 – Sleep Is Essential

- For more information on shiftwork disorder and/or to find a board-certified sleep specialist: www.sleepfoundation.org
- *Why We Sleep: Unlocking the Power of Sleep and Dreams* ~ Dr. Matthew Walker

Chapter 7 – Nutrition to Thrive

- Tactical Nutrition for First Responders ~ Dr Kara Fitzgerald: <https://www.drkarafitzgerald.com/2020/04/30/tactical-nutrition-for-first-responders/>
- *This Is Your Brain on Food: An Indispensable Guide to the Surprising Foods that Fight Depression, Anxiety, PTSD, OCD, ADHD, and More* ~ Dr. Uma Naidoo

Chapter 8 – Exercise: Body, Mind, and Family Benefits

- *Firefighter Functional Fitness: The Essential Guide to Optimal Firefighter Performance and Longevity* ~ Dan Kerrigan and Jim Moss
- *Spark: The Revolutionary New Science of Exercise and the Brain* ~ John J. Ratey, M.D

Chapter 10 - On-Call Status and Shift Rotations

- Survive and Enjoy Being On-Call: <https://wellnessrounds.org/2014/06/10/top-10-ways-to-survive-and-maybe-even-enjoy-being-on-call>
- Red Cross Emergency Preparedness List: <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html>

• Chapter 13 - Recovery from Critical Incidents

- If this handbook has been distributed by your local department, check for the supplement page(s) 'Local Resources' at the end for a listing of your local/regional peer-to-peer, chaplaincy, and clinician support resources.
- *Increasing Resilience in Police and Emergency Personnel: Strengthening Your Mental Armor* ~ Stephanie M. Conn
- *Why We Sleep: Unlocking the Power of Sleep and Dreams* ~ Matthew Walker.

Chapter 15 - Families and Secondary Traumatic Stress

- The National Child Traumatic Stress Network: <https://www.nctsn.org/trauma-informed-care/families-and-trauma>
- The Eye Movement Desensitization and Reprocessing International Association: <https://www.emdria.org>
- *The Body Keeps the Score* ~ Bessel van der Kolk
- *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* ~ Francine Shapiro
- *Widen the Window. Training your brain and body to thrive during stress and recover from trauma* ~ Elizabeth Stanley
- *Opening Up by Writing It Down, Third Edition: How Expressive Writing Improves Health and Eases Emotional Pain* ~ James Pennebaker and Joshua Smyth

Chapter 16 - Recognizing PTSD/PTSI

- For more information on EMDR, including finding an EMDR-trained clinician: www.emdria.org
- *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* ~ Francine Shapiro

Chapter 17 – Recognizing Substance Abuse

- For substance abuse and/or mental health support at Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.
- For Police and Law enforcement agencies: <https://www.americanaddictioncenters.org/law-enforcement>
- Confidential 24/7 support for law enforcement by trained, retired law enforcement officers: <https://www.copline.org>
- For firefighters, paramedics and EMTs - The Center of Excellence: <https://www.iaffrecoverycenter.com>
- Al-Anon Family Groups: <https://www.al-anon.org>
- If this handbook has been distributed by your local department, check for the supplement page(s) 'Local Resources' at the end for a listing of your local/regional peer-to-peer, chaplaincy, and clinician support resources.
- *Addiction and Recovery for First Responders* ~ Drew Prochniak
- *Beyond Addiction: How Science and Kindness Help People Change* ~ Jeffrey Foote

Chapter 18 – Recognizing Anxiety and Depression

- *Rewire Your Anxious Brain: How to Use the Neuroscience of Fear to End Anxiety, Panic, and Worry* ~ Catherine Pittman and Elizabeth Karle.
- *The Anxiety and Phobia Workbook* ~ Edmund Bourne, PhD.
- *Upward Spiral. Using Neuroscience to Reverse the Course of Depression, One Small Change at a Time* ~ Alex Korb.

- *Cognitive Behavioral Workbook for Depression: A Step-by-Step Program* ~ William J. Knaus

Chapter 19 – Recognizing Suicidal Risk

- National Suicide Prevention Lifeline - 24/7 confidential crisis line: 1-800-273-TALK (8255)
- National Officer Safety Initiative, National Consortium on Preventing Law Enforcement Suicide Toolkit: <https://www.edc.org/national-officer-safety-initiatives-nosi-national-consortium-preventing-law-enforcement-suicide>
- CopLine - 24/7 confidential crisis line for police by retired police: <https://www.copline.org>
- 1-800-COP-LINE (267-5463)
- International Association of Fire Fighters (IAFF) - 24/7 confidential crisis line: 1-866-965-3074
- Safe Call Now - 24/7 and confidential support for first responders: 1-877-230-6060

Chapter 20 - Recognizing Chronic Stress

- *Widen the Window* ~ Dr. Elizabeth Stanley
- Pet Partners: <https://petpartners.org>

Chapter 21 - Getting Help

- Revised Codes of Washington Peer Support Counselor Statute (Paragraph 6a): <https://app.leg.wa.gov/rcw/default.aspx?cite=5.60.060>
- The Public Safety Assistance Network available online at Responder Life: <https://responderlife.org/how-we-help/public-safety-assistance-network/>
- National Volunteer Fire Council Behavioral Health Directory: <https://www.nvfc.org/phfd/>
- Blue HELP and Red HELP 1st Help Directory: <https://bluehelp.org/resources/1sthelp/>

Chapter 22 - Line of Duty

As our resources grow, First Responder Family Resources of Cowlitz County Line of Duty Packet: <https://www.firstresponderfamily.org>

About the Author

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Dr. Conn has over 25 years of experience working in the first responder field. She began as a dispatcher/call-taker before becoming an officer with the Fort Worth Police Department then earned her doctorate in Counseling Psychology. She knows first-hand the issues that come with being a first responder family as both a wife and daughter of police officers.

Passionate about the mental health and wellness of first responders, Dr. Conn currently works as a licensed psychologist specializing in responder stress, trauma, work-life balance, coping and resilience. She supports first responder agencies with Critical Incident Stress Management (CISM), peer support, and mental health training, and contributes her expertise to national policy development related to peer support and clinician cultural competency. She is often called upon to share her wisdom gained from her police experience, research, and therapy practice with first responders across the nation.



Dr. Conn is the author of *Increasing Resilience in Police and Emergency Personnel* widely used by departments in preparing their first responders for the job.

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