



For Them...

A HANDBOOK FOR
FIRST RESPONDER
ADULT LOVED ONES

Status: Code 4, Inc. (SC4i)



Congratulations, you have a loved one who has taken an oath to be a valuable public servant as a First Responder in our community. Did you know that would mean you also became part of that first responder community? Often times, loved ones have no idea what it's like to be a spouse, family member or parent of a first responder, until they do. Often times the transition to coming to that realization can be rewarding and frightening in the same breath. There may be times where you wish he or she would talk, would make a decision, would stop waking you up through the night, and stop being grumpy. There may be times where when it's all said and done, you just want them to go back to who they were before they took that oath. Unfortunately, that's not possible, but please don't lose hope, because whatever is going on right now doesn't mean it has to be that way forever.

Healing and repairing and enjoyment are possible. It just takes knowledge, action, growth and a little bit of forgiveness. It sounds like a lot, but don't worry, you are not alone in feeling this way and many have been where you are now. They struggled, felt like giving up, and then finally, some say miraculously, they worked through it and are much happier on the other side. This pamphlet will hopefully provide you with insight and tools and recommendations to help you navigate your challenge. And I leave you with this final thought before we get started...**Please remind yourself as often as you need to that healing is possible – feeling joy is possible – you are not alone - and by all means, don't lose hope.**



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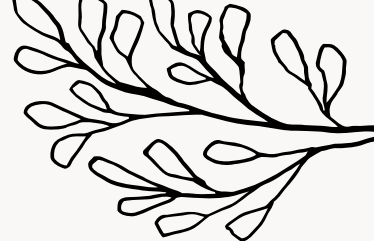
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Life With a First Responder



As you probably know by now, First Responders (FR) are exposed to trauma in their careers. In fact, FRs may see more trauma in one shift than most citizens see in a lifetime. These are the men and women who are the first to take the call and arrive on scene to an active shooting, a burning building, a deadly car accident or an unresponsive individual. They are exposed to trauma on a daily basis. How they process that trauma or the amount of exposure to trauma impacts their quality of life. Because you are reading this, it has likely impacted yours. This repeated exposure comes at a cost to themselves and possibly those they love. In case you were not aware, at any given time, 25% experience posttraumatic stress; 25% experience depression; 25-35% experience substance abuse; and in some departments, divorce rates are 95%. And sadly, more responders die by suicide than any other Line of Duty Death.

To compound matters, these same responders only seek help when they are in a crisis. They won't go to centers where they drop off patients for fear of being recognized and many are reluctant to go to non-culturally competent counselors. This may be why when you've recommended that your loved one seek treatment it turns into World War III in your house. If it hasn't yet, count yourself one of the lucky ones. So, how do you work through all of this? Let's first discuss how different types of calls can cause trauma and how that can lead to mental and possibly physiological illnesses.



The Bad Call

Early in my relationship with my husband, a 22-year Paramedic at the time, I got to know “bad calls” on a regular basis. These are the calls that stay with your loved one after they leave the scene. These are the ones where they can’t stop thinking about it and it leaves them feeling pissed, sad or just disgusted. These are the types of calls that bring the horrors of what one can do to another human being to reality. A First Responder does learn to deal with the ugliness of the world, but there are times where those calls hit home and the effects don’t let go. It could be the abused child that reminds them of their child. It could be the abused elderly woman that reminds him of the mother he just lost. It could be the screams of parents who are watching their child’s life drain from its body. These are just a few examples.

The one thing about these types of calls is that they don’t affect everyone the same way. Some responders can do their job and process the event and move onto the next call with no lasting effects. Some responders on that same call may be deeply impacted and can’t shake the ugliness of what they witnessed. Others will think they are ok and keep shoving down any uncomfortable thoughts or feelings with calls and then without warning find themselves overwhelmed, or as we like to say, have reached a saturation point, and break.

So, why are some First Responders impacted by one call and others not? To understand that, we need to look at Trauma, Anxiety and how the Brain processes it.

Mental Health Challenges



Trauma and the Brain

Traumatic stress in the First Responder has some significant differences from that which is experienced by the military soldier or other trauma survivors. For the most part, the trauma a First Responder experiences generally is not a direct threat but comes from experiencing another one's trauma. For instance, when a police officer responds to a call involving child abuse, he/she has to witness the physical and psychological effects from the child; or, a paramedic has to inform a patient's wife that he was not able to revive her husband, and then he has to watch the wife fall to her knees and cry out in anguish. In order to understand why one is traumatized, we must first understand how our body applies primitive survival instincts when it perceives dangers. And, I use the term "perceive" because our body feels as much nervousness or fear when we have to give an important speech or experience a life-threatening situation. As long as the Brain thinks you are in danger, the body responds accordingly with or without you realizing it.



Anxiety

Anxiety is something that many fear; however, it is not as bad as most of us think. In fact, it is very necessary for our survival. Without anxiety, just as with fear, our species would not have survived. When we were in our more primitive state and attacked by a predator, it took the apprehension caused by fear and anxiety to get us to react automatically and either run for safety or fight off the predator. It is simply an activation of our limbic system, which regulates our sympathetic and parasympathetic nervous system.

The physiology of anxiety and panic begins when a threat to our survival is perceived and our limbic system engages. The amygdala, which controls our emotions, is activated by fear. In conjunction, the hypothalamus, pituitary, and adrenal glands are initiated and adrenalin pumps through the body by the adrenal glands located on the tops of the kidneys. Our heart rate and respirations increase to accelerate oxygen and other nutrients to flood through the body for immediate access to the needed energy. The pupils dilate so that we can perceive danger more readily. Our distal arteries dilate to allow blood to reach the extremities faster, and we suddenly break out into a sweat. All of this is instantly activated before we have a chance to think about it. In fact, the frontal cortex, the front part of the brain responsible for our cognitive functioning, is deactivated not allowing us to think. If we have to take the time to think how we are going to react when that ball is coming at our face, whether to duck, dodge, or catch, it will hit us in the face long before we react; therefore, the amygdala triggers the frontal cortex to shut down.

When anxiety becomes detrimental is when it becomes too intense for us to handle. It takes control and overwhelms our coping mechanisms. We call this limbic hijacking and results from our limbic system taking over our state of being. Many times, the anxiety attack is unconsciously triggered. Generally, we experienced some sort of trauma that triggered the limbic system to react to a real or perceived threat. During the initial trauma, a stimulus was imprinted onto our psyche and lay dormant until a similar incident triggered it. This stimulus could be in the form of a smell, feeling, sound, or any other from our other senses.

Therefore, if we imagine an initial situation where we were robbed, the smell of the robber's body odor could be imprinted and ready to trigger any time we smell similar body odor. Unconsciously our brain remembers the odor and believes we are being robbed again. Because the brain cannot tell the difference between the neurochemicals produced during the initial incident and those being produce during the imagined incident, it will cause the limbic system to activate and take control of us. When one is experiencing anxiety or is traumatized, our brain goes into hyperdrive and shuts down its ability to think and contemplate and it moves one to either fight, fly or freeze. It does this to hopefully keep one from succumbing to the perceived danger.





For example, if you were hiking and you heard a rattle what would you initially do? Most of us would immediately stop and try to search out where the sound was coming from. Once we located the rattle snake, we would then react by running away, freezing or killing the snake. We are instinctively programmed to react initially to the danger. Over time, if we have experienced similar situations, we may react in a way that created a positive outcome before. If running away from the snake saved you a previous time, you may feel more comfortable running away. If you got bit the last time you tried to kill the snake, you may be less inclined to try and kill it again. Once that second event occurs, your brain will learn from that experience and log it away for future reference. This is the very reason that any profession that must come under dangerous or life saving situations will train continuously so that its brain will learn how to effectively respond to a dangerous situation.

When a responder hears the call or comes onto the scene, his/her brain immediately goes into danger seeking mode. If the brain senses danger, based on an instinct or past experience, it will throw that individual into a fight, flight or freeze mode. When that happens, the responder goes into a “reactive” mode without even trying. Once they are in any one of these modes, the cognitive part of the brain shuts down. In other words, the responder is not thinking about how to react, they react, or they freeze. The responder has no initial control over this until they recognize what is happening and then their training kicks in and they perform their required tasks. It is only after an unset period of time that the cognitive processing returns to the individual and they can start thinking about their next series of steps. Why is this significant?

There is a myth out there that states that the Brain stops learning after you reach 40. That is just not true. The brain never stops learning and it actively stores every activity we experience for a short time in our short-term memory and then transitions those thoughts, once they make sense to the brain and the brain has what it needs to “learn” from that experience, to its long-term memory storage. So guess what happens to the individual memory when he/she traumatized? If you answered that the brain may have a tough time learning from the experience because the cognitive processing was shut down enough so that the brain couldn’t “learn” from it, and thus the memory got stuck in the short term memory, then you would be correct. So, how does this set the stage for PTSD?

PTSD

You may have heard it mentioned that every second counts when responding to a call. Imagine if you feel you are responsible for saving someone’s life and you froze when you were on scene and it just so happened that the unresponsive individual never pulled through? What if you thought, "Had I not frozen for that length of time, I could have revived that individual earlier, and they would still be alive."

First Responders who have experienced traumatic events want to place the incident behind them and move on. The difficulty for many first responders is that the incident continues to impact their lives in less than desirable ways. This is because the incident, though no longer occurring, is not yet in one's long term memory. When thoughts and other stimuli associated with the incident evoke powerful distressing responses or uncomfortable feelings following the incident, the incident is still "ongoing" and stuck in the individuals short term memory.

Placing the incident into one's long-term memory involves disconnecting thoughts of the incident from any gut-wrenching or negative emotional responses or feelings experienced during or immediately following the incident. When an incident is in one's long-term memory, conditioned responses are minimized. Thoughts of the incident may produce emotional responses, but they will not be disabling. The person will be able to move forward, no longer being psychologically stuck in the incident. The thoughts of the incident subside as they gradually fade into memory. When the memory of the incident is intentionally retrieved or the memory is triggered by environmental stimuli, the emotional experience remains subdued and manageable.

A major component of trauma recovery is placing the incident into one's long-term memory. The ability to place experiences into our long-term is also important in our everyday life. This is especially true of functional interpersonal relationships. In functional interpersonal relationships individuals are able to emotionally move beyond the memory of minor transgressions and prevent such memories from continually exerting an undesirable influence on the relationship.

Ellis, A. (2004). Rational Emotive Behavior Therapy: It Works for Me--It Can Work for You. Amherst, NY: Prometheus Books.

Compassion Fatigue

Unfortunately, there is another type of trauma that is not yet officially recognized. This trauma that is very subtle yet insidious is the kind that comes from the sheer act of being compassionate. The First Responders give of themselves incessantly, and frequently thanklessly, and eventually becomes fatigued from the constant giving. This accumulates over time to the point where the compassion wounds the soul too much, and the First Responder develops Compassion Fatigue. Its signs and symptoms are similar to PTSD, but the avoidance is directed mainly towards the job or situations where the First Responder has to demonstrate any form of compassion. This could include avoiding family and friends. Because it's so subtle and insidious, it may not be noticed until the First Responder is entrenched delaying treatment and possibly exacerbating family or social issues.

Processing trauma over time, whether directly or indirectly, is a very normal process because one's brain needs to "learn" from the event and log it in the long term memory to access for a future similar threat. However, when one is unable to process the event within 30 days after the event, then an injury to the psyche may become entrenched. The longer this situation stays, the more entrenched the injury becomes and the harder it is to deal with it.

Compassion Fatigue and PTSD both contribute to the higher than average divorce rates, substance abuse, and suicides plaguing First Responders. They are conditions that can be recognized by coworkers and family generally before the First Responder notices. Early interventions can include Peer Support, Resiliency training, Narrative training, EMDR, Neurofeedback, Life Coaching, and talk therapy. Long-term therapy will need more aggressive EMDR, Neurofeedback, CBT/REBT, and other forms of treatment. In either case, recovery is possible, and returning to normal job functioning can occur.

PTSD/Compassion Fatigue Signs and Symptoms

Whether one is experiencing PTS or Compassion Fatigue the indicators may be the same. Below captures some of the more noticeable signs and symptoms to look for when someone is experiencing PTS and Compassion Fatigue. ***If four or more of these items can be answered with “Yes” then it may be time to seek a mental health professional to receive a formal evaluation.***

Are You or a Loved One...

...experiencing unexpectedly disturbing memories of a traumatic event? Y/N

...experiencing dreams or nightmares related to a traumatic event? Y/N

...becoming emotionally numb to critical incidents where you feel you shouldn't be? Y/N

...avoiding thoughts or feelings associated with a traumatic event? Y/N

...no longer participating in the activities you once enjoyed? Y/N

...finding it more difficult to concentrate? Y/N

...finding it hard to relax? Y/N

...having a difficult time falling or staying asleep? Y/N

...quick to anger or lash out more than normal? Y/N

...feeling that you are having a more difficult time controlling your emotions? Y/N

...using drugs or alcohol as an escape? Y/N



Burnout

Compassion Fatigue and PTSD should also be distinguished from Burnout.

Burnout is a temporary condition where the First Responders becomes fatigued due to the daily stresses of the job wearing them down. It is not caused by traumatic events but by the unrelenting daily stress. The stress builds from the job, family, school, and other activities the First Responder engages in. It builds and saps the energy of the First Responder and then builds some more.

Eventually, the First Responder begins to wear down and feels like it is never going to end. Discouragement and depression can set in if no relief is found.

Moral and motivation diminishes and despair sets in. Everyday activities become less appealing and more bothersome. Sleeping is ineffective in restoring the First Responder's energy and rehabilitation because the next day brings more stress. The image of burning the candle at both ends becomes an understatement because it now burns in the middle also.

Fortunately, the treatment for burnout is not as involved as those for PTSD or Compassion Fatigue. Disengaging from the stress and resting can restore the First Responder to health. It can be as easy as taking a two-week vacation to restore the First Responder. If left untreated, however, it can significantly contribute to Compassion Fatigue or PTSD.

Are you experiencing Burnout?

When you're overly stressed and exhausted because of work, you may be experiencing burnout.

The quickest way to overcome this situation is take time off from work and/or take breaks from those things that cause you anxiety such as Social Media or the news.

Also - Don't forget to take care of you!

Signs You're Burnt Out...

- Dread going to work
- "Sunday Night" Blues
- Stress-related health problems like headaches, insomnia, muscle tension
- Always tired
- Work long hours and your work never seems to be finished
- Apathetic
- Resentful
- Irritable
- Have difficulty concentrating
- Making more mistakes than usual
- Procrastinate
- Giving up or not meeting deadlines
- Boredom
- Giving up or not setting personal/professional goals
- Conflicts with colleagues or family members
- Use unhealthy coping skills (alcohol/drugs/food)

TAKE 10 MINUTES A DAY FOR YOU!!

www.sc4i.org



Depression

Depression differs from an anxiety and a panic attack in that the limbic system does not hijack the system. It also differs from sadness, which is generally accepted as a short-term event and clears fairly well with time. Instead, depression is a silent killer in First Responders because it slowly builds within a person and can eventually take over the person's well-being and motivation.

Eventually it can grow to the point where Major Depressive Disorder takes over, and the person has no motivation to strive for anything, no desire to get out of bed in the morning, or no aspirations to socialize or carry on with daily activities. It is believed that depression is a result of unresolved anger turned inward. Most times, this process is insidious and the person has fallen victim to it without realizing.

Depression may be a contributing factor to alcoholism and drug abuse, marital and relationship problems, career problems, and even suicide. Though Depression may be debilitating to an individual, with the right help, Depression may be a temporary condition and recovery is possible.



Below captures some of the more noticeable signs and symptoms to look for when someone is experiencing Depression. ***If four or more of these items can be answered with “Yes” then it may be time to seek a mental health professional to receive a formal evaluation.***

Are You or a Loved One...

- ...having a difficult time making a decision? Y/N
- ...finding it more difficult to concentrate? Y/N
- ...avoiding coworkers, friends and family members? Y/N
- ...feeling overly sad or hopeless for more than a few days? Y/N
- ...sleeping more than usual? Y/N
- ...no longer participating in the activities you once enjoyed? Y/N
- ...experiencing a lack of energy, enthusiasm and motivation? Y/N
- ...finding an increased or new interest in risky activities outside your organization such as extreme sports, high-speed driving or reckless motorcycle riding? Y/N
- ...quick to anger or lashing out more than normal? Y/N
- ...feeling that you are having a more difficult time dealing with challenges in your personal life? Y/N
- ...using drugs or alcohol as an escape? Y/N
- ...openly talking about suicide? Y/N



Suicidal Ideations

If you answered YES to at least 3 of these questions, it is recommended that you contact a local Mental Health Care Professional that deals with First Responders who suffer from suicidal ideations and depression.

Do you or a loved one...

1. ...feel like a burden to your family, friends, or your organization? Y/N
2. ...feel the world would be a better place without you in it? Y/N
3. ...isolate yourself at work or home? Y/N
4. ...turn to alcohol or other addictive behaviors to make yourself feel better? Y/N
5. ...notice that your sleeping patterns have changed? Y/N
6. ...think, "What's the use?" when responding to calls?
7. ...find yourself thinking about or performing unnecessary risks while at a scene or on an emergency incident? Y/N
- 8....find an increased or new interest in risky activities outside your organization such as sky-diving or reckless motorcycle riding?Y/N
- 9....display unexplained angry emotions or have you been disciplined recently for anger towards others within the last few months?Y/N
- 10....find you are being told that "you have changed" by friends, family and/or fellow coworkers? Y/N
- 11....have a history of a suicide? Y/N
- 12....have a history of feeling depressed? Y/N
- 13....have feelings of hopelessness? Y/N
- 14. Are you thinking about killing yourself? Y/N**
- 15. Have you created plans to kill yourself? Y/N**
- 16. Have you recently attempted to kill yourself?Y/N**

If you or your loved one answered Yes to question 14, 15 or 16, SEEK IMMEDIATE HELP by Dialing 911 or calling the National Suicide Prevention Lifeline 1-800-273-8255

The Navigation Techniques



At the core of a traumatized individual may be feelings of “shame”, “guilt”, or “disappointment”. These negative feelings are what tend to keep an individual stuck in that yuck that they are experiencing. As the loved one, your role is to help normalize the feelings he/she is experiencing by being there for them and not being judgmental. That is not always an easy task. The responder may want to be alone through this initial time. If that is the case then please don’t take it personal. Feeling comfortable through isolation after a traumatic event is hardwired in each of us as a survival mechanism. The need for isolation should eventually subside.

Even though the situation(s) subside, they are never fun to experience. That is why we wanted to equip you with practical skills and information to help you navigate through the challenges that First Responder exposure and life will throw your way. The key to these challenges is not only in the form of effective treatment, but also in your family’s personal communication techniques and planning.

As you navigate your storms, please know that healing, repairing and enjoyment are possible. It just takes knowledge, action, growth and a little bit of forgiveness. It sounds like a lot, but don’t worry, you are not alone in feeling this way and many have been where you are right now. They struggled, felt like giving up, then finally, some say miraculously, they worked through it and are much happier on the other side. So, let us begin with treatment.

Treatment

Mental Health Therapy has three main goals:

- Improve your symptoms
- Teach you skills to deal with it
- Restore your self-esteem



Most PTSD therapies fall under the umbrella of cognitive behavioral therapy (CBT). The idea is to change the thought patterns that are disturbing your life. This might happen through talking about your trauma or concentrating on where your fears come from.

Cognitive Processing Therapy (CPT) is a treatment, with weekly sessions of 60-90 minutes where you'll talk about the traumatic event with your therapist and how your thoughts related to it have affected your life. Then you'll write in detail about what happened. This process helps you examine how you think about your trauma and new ways to live with it.

Prolonged Exposure Therapy involves eight to 15 sessions, usually 90 minutes each. Early on in treatment, your therapist will teach you breathing techniques to ease your anxiety when you think about what happened. Later, you'll make a list of the things you've been avoiding and learn how to face them, one by one. In another session, you'll recount the traumatic experience to your therapist, then go home and listen to a recording of yourself.

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an eight-phase treatment. Eye movements (or other bilateral stimulation) are used during one part of the session. After the clinician has determined which memory to target first, he asks the client to hold different aspects of that event or thought in mind and to use his eyes to track the therapist's hand as it moves back and forth across the client's field of vision. As this happens, for reasons believed by a Harvard researcher to be connected with the biological mechanisms involved in Rapid Eye Movement (REM) sleep, internal associations arise and the clients begin to process the memory and disturbing feelings. In successful EMDR therapy, the meaning of painful events is transformed on an emotional level.

For instance, a rape victim shifts from feeling horror and self-disgust to holding the firm belief that, "I survived it and I am strong." Unlike talk therapy, the insights clients gain in EMDR therapy result not so much from clinician interpretation, but from the client's own accelerated intellectual and emotional processes. The net effect is that clients conclude EMDR therapy feeling empowered by the very experiences that once debased them. Their wounds have not just closed, they have transformed. As a natural outcome of the EMDR therapeutic process, the clients' thoughts, feelings and behavior are all robust indicators of emotional health and resolution—all without speaking in detail or doing homework used in other therapies.

For more information visit: <https://www.emdr.com/what-is-emdr/>

Resiliency

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems of workplace and financial stressors. It is the ability to bounce back from adversity and develop the skills needed to manage stress in an optimal way. As Dr. Kevin Gilmartin (2014) explains, “Psychologically resilient officers can balance the need to enforce society’s laws with the citizen’s right to live in a free democratic society. There is probably no more important challenge for a law enforcement professional than to be able to balance practicing officer safety with respect and appreciation of a citizen’s liberty.”

Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress.

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone.”

(From <http://www.apa.org>) The goal of a sound resiliency program is to understand, assess, plan and apply resiliency practices that manage stress in a manner that fosters personal and professional development.

There are many great books published on this topic and we've highlighted some of our favorites at the end of this pamphlet. The big take away for Resilience is this is a learned skill and you do have control over how you feel and think during a stressful situation. We often state that your failures and misfortunes don't define you they REFINE you. Yes, experiencing PTSD or having a loved one with PTSD is a difficult challenge, but when you look at it as a growing opportunity, your attitude changes and you realize you will not only make it through this, but you will be victorious.

Positive Side of Experiencing Trauma

Often times we hear family members say, "I just want them to be like they used to be." Unfortunately, as one navigates through life challenges, one can never remain the same. However, there is a positive side to experiencing trauma, a side that is seldom discussed. It has to do with becoming "stronger and smarter" following a traumatic incident. We call that **Posttraumatic Growth**. Becoming stronger and smarter following a traumatic incident involves several variables including (1) finding something positive in the experience and (2) placing the event into psychological history.

This aspect of traumatic incident survivor-ship was well-expressed by a British police officer that was involved in an incident several years ago wherein he was compelled to shoot a suspect that had taken a hostage. The suspect was killed. He knew he did what was necessary to protect the hostage but like many police officers, it took him some time to psychologically and emotionally process the event. He described part of his experience this way:

"...I am also aware how having come through both the incident and the aftermath, that I changed in a positive way too. I believe that dealing with the incident made me more resilient, able to cope better with problems and difficulties (based on a mind-set that goes something like "If I can deal with all of that, I can deal with anything that life throws at me"). The incident also reinforced my personal levels of professionalism (and my expectations of it in others). Over time these positives have, I believe, come to the fore, whilst the negative reactions have faded." (May 19, 2015)

Positive outcomes can result from traumatic experiences. We do not have to focus on the undesirable or challenging responses which are sometimes generated out of unpleasant or unwanted experiences. We have an ability to examine the other side of such experiences. We have an ability to achieve a better mental balance. To the degree this can be accomplished, we can move forward, through any aftermath of any traumatic incident. In this way, we become stronger and smarter.

Foundation Building Blocks of Functional Relationships

Excerpt from Jack A. Digliani, PhD, EdD, Law Enforcement Peer Support Team Manual, 2019

1. **Emotional Connection:** all relationships are characterized by feelings or the emotional connections that exist between or among relationship members. Love is one such feeling. Feelings and the emotional connection frequently alter or influence perceptions and behaviors.
2. **Trust:** is a fundamental building block of all functional relationships. Trust is related to many other components of functional relationships including fidelity, dependability, honesty, etc.
3. **Honesty:** functional relationships are characterized by a high degree of caring honesty. There is a place for “not hurting others feelings”. However, consistent misrepresentation to avoid short-term conflict often results in the establishment of long-term resentment, invalidation, etc.
4. **Assumption of honesty:** with trust, we can assume honesty in others. A relationship in which honesty cannot be assumed is plagued with distrust and prone to suspicion. Such relationships are characterized by persons trying to mind read and second guess the “real” meaning of various interactions.
5. **Respect:** respect is demonstrated in all areas of functional relationships – verbal communication, non-verbal behaviors, openness for discussion, conflict resolution, etc. Without respect, relationships cannot remain functional because problem-resolution communication is not possible.
6. **Tolerance:** the acceptance of personal differences and individual preferences are vital to keeping relationships working well. Patience is an important component of tolerance. Avoid becoming irritated by innocuous idiosyncrasies. Tolerance and patience make relationships more pleasant and less stressful.

Foundation Building Blocks of Functional Relationships, cont.

Exerpt from Jack A. Digliani, PhD, EdD, Law Enforcement Peer Support Team Manual, 2019

7. **Responsiveness:** your responsiveness to others helps to validate their importance to you and reflects your sense of meaningfulness of the relationship.

8. **Flexibility:** personal rigidity frequently strains relationships and limits potential functional boundaries. Highly functional relationships are characterized by reasonable flexibility so that when stressed, they bend without breaking. Many things are not as serious as they first seem. *Develop & maintain a sense of humor.*

9. **Communication:** make it safe for communication. Safe communication means that others can come to you with any issue and expect to be heard. Listen in a calm, attentive manner. Allow the person to express thoughts and feelings without interruption. Communication factors: content-message-delivery (Content - the words you choose in the attempt to send your message, Message - the meaning of what you are trying to communicate, Delivery - how you say what you are saying. Delivery includes nonverbal behavior and defines the content message). Remember: Protect less – communicate more. Confrontation guidelines: a caring manner, appropriate timing and setting, present your thoughts tentatively, move from facts to opinion.

10. **Commitment:** long-term functional relationships are characterized by willingness to work on problems, acceptance of personal responsibility, attempts to see things from other perspectives, conflict resolution, and the ability of members to move beyond common transgressions. Life is complex. People are not perfect. *You must decide what is forgivable. If forgivable, put it in the past and move on.*

Gottman's Marriage Tips

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Couples researcher, psychologist John Gottman identified seven tips for keeping marriages healthy. In combination with the Foundation Building Blocks of Functional Relationships and Some Things to Remember they provide an excellent framework for those wishing to enhance or improve their marriage.

- Seek help early. The average couple waits six years before seeking help for marital problems (and keep in mind, half of all marriages that end do so in the first seven years). This means the average couple lives with unhappiness for far too long.
- Edit yourself. Couples who avoid saying every critical thought when discussing touchy topics are consistently the happiest.
- Soften your “start up.” Arguments first “start up” because a spouse sometimes escalates the conflict from the get-go by making a critical or contemptuous remark in a confrontational tone. Bring up problems gently and without blame.
- Accept influence. A marriage succeeds to the extent that the husband can accept influence from his wife. If a woman says, “Do you have to work Thursday night? My mother is coming that weekend, and I need your help getting ready,” and her husband replies, “My plans are set, and I’m not changing them”. This guy is in a shaky marriage. A husband’s ability to be influenced by his wife (rather than vice-versa) is crucial because research shows women are already well practiced at accepting influence from men, and a true partnership only occurs when a husband can do so as well.

Gottman's Marriage Tips, cont.

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- Have high standards. Happy couples have high standards for each other even as newlyweds. The most successful couples are those who, even as newlyweds, refused to accept hurtful behavior from one another. The lower the level of tolerance for bad behavior in the beginning of a relationship, the happier the couple is down the road.
- Learn to repair and exit the argument. Successful couples know how to exit an argument. Happy couples know how to repair the situation before an argument gets completely out of control. Successful repair attempts include: changing the topic to something completely unrelated; using humor; stroking your partner with a caring remark ("I understand that this is hard for you"); making it clear you're on common ground ("This is our problem"); backing down (in marriage, as in the martial art Aikido, you have to yield to win); and, in general, offering signs of appreciation for your partner and his or her feelings along the way ("I really appreciate and want to thank you for . . ."). If an argument gets too heated, take a 20-minute break, and agree to approach the topic again when you are both calm.
- Focus on the bright side. In a happy marriage, while discussing problems, couples make at least five times as many positive statements to and about each other and their relationship as negative ones. For example, "We laugh a lot;" not, "We never have any fun". A good marriage must have a rich climate of positivity. Make deposits to your emotional bank account.

Do's and Don'ts in Communicating about Feelings

For the Responder - Start the Conversation

Don't: ...Assume that others don't want to listen.

...Keep quiet because you don't want to upset others.

...Blame others for your feelings.

Do: ...Tell others what you need or how they could help.

...Talk about painful thoughts and feelings even if it's scary.

...Start by talking about practical things

...Tell others that you appreciate them listening and being there for you.

Examples: ..."I'm feeling _____ (sad, angry, scared, etc.), is this an OK time to talk?"

..."I could use some support right now."

..."I know you're busy, but when you have a break can we talk?"

As the loved one, recognize that the "Do's" on this list may be very difficult for your responder who is distressed. Try to reinforce the "Do's" by letting them know you acknowledge the challenge and appreciate them.

Responding to Your Loved One

Don't: ...Try to solve or fix someone else's thoughts or feelings.

...Demand that others talk when they don't want to.

...Criticize the other person's experience.

Do: ...Just listen and offer support.

...Tolerate your own anxieties, fears, and worries.

...Share your own concerns, feelings.

Examples: ..."That sounds really hard (scary, awful, painful, etc.)."

..."I feel _____ (scared, angry, guilty, worried, ashamed, helpless, etc.)."

..."Uh-huh...Mmmm....Oh.... (in other words, **JUST LISTEN!**)."

Both of You - Letting Others Know When They're Not Giving You What You Need

Don't: ...Attack or criticize them.

...Assume they don't care or don't love you.

...Let resentments build up by holding it in.

Do: ...Share with them what they could do to help.

...Thank them for listening.

...Remember that they care but might be having trouble showing it directly.

Examples: ... "I would feel better if you could just listen."

... "It is hard to share being sad; please let me talk for a while."

... "I feel so supported when you let me share my worries."

What you can say to help:	What not to say:
How are you feeling today? You are important to me. Your life is important to me.	It's all in your head.
Tell me what I can do now to help you.	We all go through times like this.
You are not alone in this. I'm here for you.	You'll be fine. Stop worrying.
I understand you have an illness, and that's what causes these thoughts and feelings.	Look on the bright side.
I'm not sure how I can help in this situation, but I promise to stick with you through it.	You have so much to live for? Why would you want to end it all? to die?
I may not be able to understand exactly how you feel but I care about you and want to help.	I can't do anything about your situation.
When you want to give up, tell yourself you will hold on for just one more day, hour, minute — whatever you can manage for today.	Just snap out of it.
I am here for you. We will get through this together.	Stop acting crazy.
How is your relationship with your counselor? When is your next appointment?	What's wrong with you?
Will you agree to talk with me if the suicidal feelings return? If not, is there someone else you can talk to?	Shouldn't you be better by now?

Responder's Do's and Don'ts in Coping after a Traumatic Event

Do: ...Talk with others about your thoughts and feelings.

...Seek out support and help when you need it.

...Get involved with positive activities you enjoy.

...When your physical recovery allows, return to your normal schedule and activities as much as possible.

...Get moderate exercise, appropriate to your current level of fitness.

...Stay in contact with friends and family/significant others.

...Eat regular, healthy meals.

...Remember that depression and anxiety are part of normal reactions to traumatic stress, injury, and illness.

...Remember to take things "one day at a time."

...Pay attention to the good things you have.

Don't: ...Withdraw or isolate yourself from others.

...Use drugs or alcohol to "numb" painful feelings.

...Drink more than 1-2 cups of caffeinated coffee or soft drinks per day.

...Give up interests and hobbies that you used to enjoy.

...Focus on all the things that are wrong with you and your life.

...Believe that things will never change.

...Avoid thinking or talking about your feelings.

As the loved one, recognize that the "Do's" on this list may be very difficult for your responder who is distressed. Try to reinforce the "Do's" by letting them know you acknowledge the challenge and appreciate them.

Remember, at the core of a traumatized individual is "shame", "guilt", or "disappointment". These negative feelings are what tend to keep an individual stuck in that yuck that they are experiencing. ***As the loved one, your role is to help normalize the feelings he/she is experiencing by being there for them and not being judgmental.***

When and How to Seek Professional Help

Signs that you or your loved one may need professional help...

- Feeling sad or depressed for what seems like “all the time”
- Feeling anxious or having distressing thoughts for what seems like “all the time”
- Feeling like you’re having a “panic attack”
- Having continuing difficulty working or meeting daily responsibilities
- Increasing your use of alcohol or street drugs, or using them to cope
- Inappropriate use of prescription medications
- Thinking about hurting/killing yourself or someone else

How to contact professional help...

Developing the “Bad Call” Plan

There are ways you can help your loved one deal with the yuck from their work to help he/she navigate through those tough times by creating a family “Bad Call” Plan. Below is a simple road map of questions that you and your loved one can answer together to help you come up with a way to counter any negative ramifications of those Bad Call times. Please note that each bad call is unique and this plan is a work in progress. Therefore, don’t beat yourself up if it doesn’t go down like you planned. That is why it is a “Plan”. The good news is, plans are adaptable and when implemented over a series of times, refinement and growth will most likely occur.

1. How will you let me know you’ve had a bad call in your shift?

2. What would you like me to do when you’ve had a bad call? I understand that each bad call is unique and if you’d like me to do something different than what we’ve agreed to here, that you will let me know as you can.

3. What would you like the kids to do when you’ve had a bad call?

4. If you don’t know what you would like me or the kids to do, how will you let me know?

When this happens, I will: _____

Developing the “Bad Call” Plan, cont.

5. What would you not like me to do when you've had a bad call?

6. What would you not like the kids to do when you've had a bad call?

7. How will you communicate with me to let me know you want to talk? I understand you may not want to talk about “what happened”, and I will only ask how you are “feeling” about the call.



Additional Resources

Books

Bulletproof Spirit: The First Responder's Essential Resource for Protecting and Healing Mind and Heart by Dan Willis

Challenges of the Firefighter Marriage by Anne Gagliano and Mike Gagliano

Cuffs & Coffee: A Devotional for Wives of Law Enforcement by Allison Uribe

I Love a Cop, Third Edition: What Police Families Need to Know by Ellen Kirschman

I Love a Fire Fighter, Second Edition: What the Family Needs to Know by Ellen Kirschman

Loving Someone with PTSD: A Practical Guide to Understanding and Connecting with Your Partner After Trauma (The New Harbinger Loving Someone Series) by Aphrodite T. Matsakis



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