Helping First Responders Withstand Traumatic Experiences

By JAN HEGLUND

“'We call them heroes, but at what price?'”

Years of exposure to critical incidents and daily pressures to protect their communities can have an overwhelming effect on emergency responders. They begin to question themselves. “What is wrong with me? Am I the only person who feels like this? When will I begin feeling better about myself, my life, my job?”

First responders service society. Citizens rest more easily knowing that they are there, they are skilled, and they solve problems. In short, emergency responders are professional caregivers. But, who cares for the caregivers? When they are suffering from depression, exhibiting symptoms of post-traumatic stress disorder (PTSD), or, worst of all,
contemplating suicide, law enforcement officers, firefighters, and other emergency services personnel deserve care, attention, and healing. A facility in California has helped many of these dedicated first responders recover from the toxic effects of the professions they have felt compelled to enter.

Carrying the Weight

The West Coast Post-Trauma Retreat (WCPR) is a non-profit residential program for emergency responders suffering from severe critical-incident stress. WCPR likens this experience to putting rocks in a backpack. As emergency responders progress through their careers, each incident, each experience goes into their backpacks as a rock. Over the years, they struggle to function wearing this heavy load, yet continue to add rock after rock. For many, this backpack eventually becomes impossible to carry. "To provide a safe and confidential environment for the promotion of healing and education to those dedicated to the first-responder profession" constitutes WCPR's mission.³

In 2001, the program began and offered retreats three times a year. Over the past several years, the need for this type of initiative has been so successfully acknowledged that retreats now occur every month. The program consists of skilled and experienced clinical and peer staff specifically trained in trauma recovery. Licensed clinicians, chaplains, and peer support members from law enforcement, fire, and emergency medical services volunteer their skills. All are heavily involved in other work regarding emergency responders but unhesitatingly admit that taking part in WCPR proves the most rewarding. Although the program cannot undo the critical incidents that have so adversely affected the clients, its goal is to help these professionals and retirees regain control over their lives and return to work with a new perspective on stress and coping, move on with their lives if that proves a more appropriate decision, or simply enjoy retirement. WCPR also provides assistance for spouses and significant others (the SOS program) because the lives of those who care about responders also are affected.

All retreats are held in a serene, private location. Clients arrive on Sunday afternoon and usually are scared, tired, and lost. Each is matched with a clinician who works individually with the client at different times in the process. The week is tightly scheduled with the days starting at 8 a.m. and going as late as 10 p.m. As the week progresses, so do the clients.

In addition to the clinical work, a large educational component, an in-house Alcoholics Anonymous meeting, a carefully selected number of videos, and chapel services are offered. A psychiatrist discusses medication and PTSD with the clients. The chaplain offers spiritual support and a pastoral presence for the clients, as well as for the team members because incidents discussed by
the clients may act as triggers for these individuals. Although some clients list themselves as agnostic or unbelievers, it has been found, without exception, that they desire a spiritual component to the program.

**Adjusting the Fit**

How a first responder is affected by a critical incident often has to do with what that person brings to the event. What the program calls “department betrayal” is a constant issue. Responders often are upset at the way their agencies have treated them. Family histories, previous critical incidents, and inaccurate views of their own abilities or confidence levels affect what may be a very difficult situation for some responders and not for others. WCPR’s attempt to normalize feelings helps clients understand their reactions. For example, they spend one morning debriefing a significant family relationship with the hope of recognizing and understanding the association and its affect on their responses to critical incidents.

As the week continues, the process of walking the clients through, not around, their traumatic experiences and family histories can cause their pain and discomfort levels to rise. Staff members remind clients to “trust the process” and urge them to leave their secrets at the retreat; a place they quickly realize as perhaps the safest and most confidential they ever will find. When clients can do this, their relief is immediately noticeable.

The team’s cohesiveness is vital. During the week, members hold regular meetings to discuss the progress of the clients, the week in general, and the well-being of the team. To further bolster a sense of community between the staff and clients, they honor birthdays and special celebrations at dinner. Moreover, all team members are available at any time to assist clients who cannot sleep or need to talk.

**Lightening the Load**

On the last day, clients spend time together while the

---

**Warning Signs for First Responders**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Dizziness, chest pain, headaches, elevated blood pressure, rapid heart rate, grinding of teeth, difficulty breathing, exhaustion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Nightmares, hypervigilance, suspiciousness, poor concentration, blaming others for your problems, heightened or lowered alertness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Guilt, grief, denial, anxiety, irritability, loss of emotional control, depression, suicidal thoughts</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Isolation from family and friends, loss or increase of appetite, increased alcohol consumption, change in usual communications with family and friends</td>
</tr>
</tbody>
</table>

team conducts a debriefing of the week. Both of these closing activities prove paramount as everyone leaves to go back to their “world.” Each client is assigned a peer and a clinician who draft and check 90-day plans. Peers will contact the clients regularly to see how they are progressing on their plans.

At the graduation ceremony, clients receive certificates of completion, along with selected gifts and cards. A particularly moving part involves distributing two flat river rocks that each client received at the beginning of the week. At that time, staff members had urged clients to write on the rocks one or two words concerning which problems were causing them the most distress. After graduation, everyone walks down to a quiet, green area where, under a large pine tree, former clients have left hundreds of rocks. Current clients are encouraged to add their rocks as a symbol that they can leave their issues, now resolved, at the tree. Some are not ready to do so, but many have worked through their difficult situations and deposit their rocks under the tree.

The appearance of the clients from the first day of the retreat to the day of graduation demonstrates the effectiveness of the program. Laughter, friendship, and problems resolved rule the day.

**Conclusion**

The toxic effects of working as emergency responders can become overwhelming. These dedicated professionals deserve the opportunity to recover from these exposures and return to their duties and personal lives as whole, healthy individuals. One effort, the West Coast Post-Trauma Retreat, offers a therapeutic and educational residential program that can help law enforcement officers, firefighters, and other emergency services personnel deal with the rigors of their chosen professions. As one client so poignantly commented, “If those people hadn’t been there for me, I honestly don’t know what would have happened. I don’t think I would be here to talk about it.”

---

**Endnotes**

2. Ibid.
3. Ibid.
4. Ibid.

---

4 / FBI Law Enforcement Bulletin