



Clinical Considerations: Occupational Trauma in First Responders

First Responders and Psychological Health

- The term *first responder* broadly captures a range of occupations such as fire services, law enforcement, emergency phone operators, and emergency medical technicians.
- These occupations share much in common, including recurrent exposure to duty-related trauma, the need for 24/7 staffing, and shift work scheduling.
- Like many occupations, the first responder industry is currently struggling with high levels of [under-staffing, turnover, and mandatory overtime](#).
- [Research shows](#) that first responders are at higher risk for PTSD, depression, anxiety, and substance use compared to the general population.

Stigma and Help-Seeking in First Responders

- There remains a high level of stigma associated with seeking psychological services among first responders.
- In a study of 1,355 law enforcement officers completed in 2020, 31% indicated that [fear of stigma was the number one barrier to seeking psychological services](#). Further, 22% indicated that their primary barrier to help-seeking was a belief that seeking psychological assistance is a sign of personal weakness. Finally, 28% reported that fear of job loss or department repercussions was the leading barrier to seeking treatment.

Clinical Considerations in Working with First Responders

- First responders are recurrently exposed to tragic and unjust events, which may [violate their belief systems](#) and create psychological distress. Over time, the mindset of first responders may be perceived as overly negative or embittered by outsiders.
- The recurrent exposure to unexpected tragedy, requiring quick decision making in life-or-death situations, can heighten first responders' sense of vigilance. When assessing hyperarousal symptoms, clinicians should consider whether these symptoms are heightened *in comparison to other first responders*, as opposed to the general population. For instance, it is culturally normative for many police officers to face doorways and carry firearms while off duty. It is when these behaviors are extreme or interfere with daily functioning, that the criterion likely meets threshold.
- The avoidance criteria of PTSD can also be challenging to accurately identify in first responders. In some cases, avoidance is apparent, such as an officer refusing to patrol a particular area of town where a critical incident occurred. However, work-related triggers cannot always be avoided. When that happens, the individual may push



through the distress and rely on unhealthy coping strategies such as emotional suppression and/or substance use, which prolong distress.

- Shift work schedules are unavoidable in the first responder industry, with more than half of first responders working evening and/or overnight shifts. Additionally, current understaffing issues have led to high levels of mandatory overtime and extended shift lengths. These factors contribute to the [pervasive nature of sleep disorders in first responders](#). Many first responders experience [chronic exhaustion](#) and do not feel as though they have [control over their sleep](#).
- Substance use and misuse are culturally normative methods of coping with distress for first responders. Clinicians working with first responders note a tendency toward under-reporting substance use, given fears of negative job-related outcomes if problematic drug or alcohol use is discovered.
- First responders are not only at an increased risk for PTSD, but also for [depression, anxiety, and substance use](#), which should be carefully assessed at intake.

Tips for Working Clinically with First Responders

- Seeking treatment requires courage. This may be especially true for first responders, who are part of a culture that generally stigmatizes duty-related distress and help-seeking. Recognition and validation of this hurdle is imperative to building rapport and sustaining engagement.
- Related to stigma, there is often concern about confidentiality, especially when clinicians work with multiple employees in one department. Clearly reviewing and revisiting confidentiality and its limits is vital to building and sustaining a strong working alliance.
- There may be concerns about whether providers are required to report distressed clients to state-level firearms departments, and relatedly, if access to firearms will be removed. Requirements to report clients to departments that regulate firearms vary depending on state laws. It is imperative that clinicians know the laws in their state and communicate their duty to report (or lack thereof) clearly with clients.
- The importance of a gold standard diagnostic assessment with first responders cannot be overstated. Stigma may prevent open communication and it can be easy to assume symptoms are (or are not) trauma-related. Although some portion of treatment-seeking first responders have PTSD, many suffer from other mental health conditions or relational struggles that should be the focus of treatment.
- Although sleep is critical for mental health and should be assessed and discussed in treatment, first responders may prioritize other self-care behaviors (i.e., getting up to exercise, spending time with family or friends, pursuing other goals) over sleep. Harping on sleep with first responders rarely goes well and respecting their values is critical.
- Consider completing a ride-along or sit-along with your local first responder agencies. Although some municipalities may not offer this option, it provides invaluable insight that helps establish rapport and build cultural competence.
- The unique challenges of each first responder occupation are different. For instance, emergency phone operators may not be on scene, but are tasked with quickly and accurately gathering information from distressed callers and then rapidly dispatching



field responders. They may then be on to the next distressed caller without time to reset or process what has occurred.

- The environment and demands are quite different across all first responder occupations and a culturally competent first responder clinician benefits from learning and considering the unique challenges of each.
- With first responders experiencing psychological injuries from work, records may be requested at higher rates for worker's compensation and duty-related disability, compared to other client populations. In these cases, it is imperative that clinicians' paperwork accurately record the dates that PTSD diagnoses were given, index events leading to PTSD, and thorough and accurate descriptions of the therapeutic techniques used.
- As stigma and fear of job repercussions represent barriers to first responders seeking treatment, many agencies retain vetted clinicians who work outside of the agency. In these retainer agreements, first responders reach out directly to retained clinicians for services. Agencies that retain clinicians are solely provided summary data on overall usage of retained sessions, for budgeting and planning purposes; they are not provided information on who has engaged in services, when services were rendered, or the content of sessions. Confidentiality is only broken if clear risk issues involving the agency are present, or criminal activity related to the agency is discovered.