2 FIRST RESPONDER PSYCHOLOGY

LEARNING OBJECTIVES

1. Define *first responders* and list the stressors that are often associated with such an occupation.
2. List and explain the different types of stress and the impact that stress may have on an individual's body, mood, and behavior.
3. List and explain the symptoms of post-traumatic stress disorder and some of the therapies utilized to attempt to treat this disorder.
4. Examine the manner in which the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) is utilized to assist in making hiring decisions for first responders and others.
5. Explain the importance of diversity, equity, and inclusion in the first responder workplace and in terms of working with members of the public.

The corrections officer sitting across the prison lunch table looked up at me. We'd been talking about yesterday's pro football outcomes when he suddenly said, "We are the thin gray line between good and evil. We are supposed to be the strong ones. The sheepdogs protecting the flock from the wolves. Nothing is supposed to bother us. But people don't know, they don't see what we see every day. What we do. I saw things in Afghanistan . . . you wouldn't understand unless you were there. And now as a corrections officer . . . you see the evil of society. I won't sit in a restaurant unless I can have my back against the wall someplace where I can see the door. I drink myself to sleep more nights than I care to admit. I'm irritable all the time. I have no patience with my kids. The slightest little thing sets me off. I don't trust people anymore. It changes you. It changes you forever. My wife says I'm not the same. And she's absolutely right."

INTRODUCTION AND DEFINITIONS

As defined in Homeland Security Presidential Directive HSPD-8 (Office of the Press Secretary, 2003), the term *first responders* includes federal, state, and local governmental and nongovernmental emergency, fire, law enforcement, and public safety dispatchers; emergency medical services providers (including hospital personnel); and related personnel, agencies, and authorities. First responders may also include public health and skilled support personnel (for example, heavy equipment operators) who provide immediate support services during disaster response and recovery procedures. First responders may be professionals or volunteers and are typically thought of as the first personnel to arrive on the scene of an emergency, whether that emergency

be a natural disaster (for example, a hurricane), a man-made incident (a terrorist act), or an accident (a motor vehicle collision). First responder duties in the early stages of a crisis event may include the protection and preservation of lives, property, and evidence related to that incident.

The number of movies, television shows, podcasts, and similar stories portraying and centered on first responders are too numerous to count. We are bombarded by stories of soldiers at war, hectic emergency rooms, and numerous reality shows about police, prison, and paramedics. Such portrayals glamorize the lives and job responsibilities of first responders. But of course, such portrayals in the media are intended and designed to attract viewers and advertisers and do *not* necessarily provide an accurate portrayal of such jobs. In reality, first responder jobs are far less glamorous than the media would have us believe. Police don't spend all day on SWAT teams kicking down doors and arresting drug dealers; many hours are spent completing paperwork. Prison psychologists don't spend all day talking to serial killers but instead are sometimes worried an inmate is preparing to spit on them.

When we think of first responders, we may think that police are the only first responders who are involved in forensics. That would be a mistake. Firefighters and emergency medical services (EMS) personnel may be called on to testify in court either as witnesses or, in some cases, as expert witnesses. A doctor or nurse on their way to work might be the first one to provide care in the case of an individual who has been assaulted and may also appear in court as an expert witness. Military service people may be subjected to training, combat, and other situations where people's lives are at stake. Corrections officers are challenged on a routine basis with preventing suicide attempts, breaking up fights, and rendering first aid to staff members or inmates who are having a medical emergency. It would be a mistake to believe that police are the only first responders who are impacted by the stressful nature of their jobs and the only ones who may be involved in the justice system. It is also important to keep in mind that some first responders are or have been first responders in more than one field. That is, many law enforcement officers served in the military prior to a career in law enforcement. Some paramedics may also serve as firefighters in their communities, and many first responders in other fields are also required to be trained as emergency medical technicians (EMTs). Those who feel the call to serve in one capacity often feel the call to do so in another capacity as well.

It is important to be inclusive of all these and other professions that serve as first responders. Forensic psychologists will very often come in contact with a wide variety of first responders, whether counseling them in a private practice setting, testifying with them in court, or meeting with them in the course of their professional duties, so it is important for students of forensic psychology to realize that many of the challenges and stressors that apply to police apply to other first responders as well. Furthermore, as is the case with any profession, there are first responders on both sides of the legal fence. That is, there are members of the above professions who are accused or convicted of crimes themselves, so the more familiar a forensic psychologist can be with the culture, responsibilities, and challenges faced by first responders, the better.

First responder duties include unique responsibilities and stressors. By definition, many of the duties of first responders involve emergency situations in which time is in short supply; inadequate performance can have catastrophic results. A police officer is first on the scene of a child who is choking on a piece of hot dog and cannot breathe. The officer has very limited time to act, is perhaps under the scrutiny of a number of bystanders, and, based on what the officer does (or doesn't do), that child may live or die. It is difficult to imagine a more stressful situation. Adding to that stress is the grim reality that even if that officer does exactly what they are supposed to do, it is possible that it will not be sufficient and the child will die in the officer's arms, despite their very best efforts. The stressful and demanding nature of such an occupation cannot be overstated.

Given the above descriptions, it is easy to wonder why anyone would want to be a first responder. It wouldn't appear to be the salary; Military-Ranks.Org shows us that an E-1 Private in the United States Marine Corps makes less than $40,000 per year. Police officers, according to DePietro (2020) in *Forbes*, make an average of $67,600 (only about $15,000 more than the average wage in the United States) for putting their lives on the line every day. EMS workers such as paramedics had an average of less than $39,000 per year in 2019, according to the U.S. Bureau of Labor Statistics (2019a, 2019b) and that same agency reported that the average salary of corrections officers was barely $50,000 per year. Thus, while first responder occupations may pay the bills, it seems highly unlikely that one goes into such a field with the idea of becoming wealthy.

It also wouldn't appear to be the glamour of the job that attracts people to first responder occupations. Such careers may involve becoming involved in physical altercations, witnessing the aftermath of a gruesome motor vehicle accident, or exposure to toxic fumes, chemicals, or even bodily fluids. Such possibilities are less than enticing. We can likely rule out public adulation as a factor, as police, veterans, and other first responders may have as many people who view them as the bad guy as view them as heroes. So why would people willingly seek out an occupation that can and does involve risking one's life for little money and no fame?

When we ask a police officer, prison guard, firefighter, or other first responder why they do what they do, the answers tend to include "I want to help my community," "I've always wanted to help people," "It's just the right thing to do," and "It's kind of a tradition in my family; everyone is a cop/paramedic/Marine/etc." Some say that they want to serve their country or that they want to be able to say "I've saved someone's life" or that they want to make a real difference in the world.

It is important to understand that first responders are often perceived as the strong, silent type of individual, and the public expects them to appear calm and in control of their emotions at all times. As a result, many first responders feel the need to project calmness when that is not what they are feeling; furthermore, they may deny to others (and even to themselves!) that they are bothered by a traumatic incident. They may believe that those who are not first responders couldn't possibly understand the challenges of their job, so they choose not to speak of them to friends, family members, or mental health professionals.

In a general sense, we are aware of the fact that first responders' jobs are inherently dangerous, and the data consistently supports this notion. In 2020, the number of police officers shot in the line of duty hit a record high (George, 2020). Firefighters were found to have sustained 58,250 total injuries in the line of duty in 2019 (Campbell, 2019). Corrections officers fared no better, with one of the highest rates of nonfatal injuries of any profession: 544 such injuries per 10,000 staff members (Konda et al., 2013). We will see later in this chapter that as dangerous as their job duties may be, when it comes to lethality, first responders are actually in greater danger from themselves than they are from others.

In September of 2018, Dallas Police Officer Amber Guyger had just finished her shift when she walked into the apartment of 26-year-old Botham Jean and shot and killed him as he sat on the couch eating a bowl of ice cream. She later testified that she had mistakenly entered his apartment and, thinking that he was an intruder in *her* apartment, had opened fire in what she believed to be self-defense. The jury found her guilty of homicide and sentenced her to ten years in prison. A year and a half later, in March of 2020, police officers made a forcible entry into the apartment of Breonna Taylor as part of an investigation into alleged drug dealing by her boyfriend, Kenneth Walker, who was staying with her. Walker later stated that he believed the police were intruders and fired a warning shot. The police responded by firing 32

rounds, six of which hit and killed Taylor, who was never accused of any wrongdoing; a grand jury did not indict any of the officers for homicide. Just two months later, in May of 2020, Minneapolis police were called to the scene of a convenience store, where George Floyd, a 46-year-old Black man, had allegedly attempted to pay using a counterfeit bill. After some discussion, police cuffed Floyd with his hands behind his back and then placed him face down in the street. Officer Derek Chauvin was observed placing his knee on the back of Floyd's neck for 8 minutes and 46 seconds. A review of Chauvin's record would reveal that he was awarded the Medal of Valor in 2006 but also that there were 18 official complaints against him (Barrett et al., 2020). A jury found Chauvin guilty of homicide, and as a result, he was sentenced to 22 ½ years of incarceration. The cases of Botham Jean, Breonna Taylor, George Floyd, and others led to worldwide protests and accusations of racism, bias, and police brutality. Naturally, these cases also raised the issue of screening of police recruits, training of police, and periodic evaluation of whether or not they are fit to perform their duties in a safe, appropriate, and unbiased manner.

PREEMPLOYMENT SCREENING

The importance of hiring the appropriate personnel to be first responders cannot be overstated. After all, police, firefighters, corrections officers, nurses, and other first responders are responsible for the lives of others, and the decisions they make and the actions they take can literally mean the difference between life and death. But how exactly does the hiring process work? How is it decided who might perform well in such an occupation and who might be unsuitable?

Some researchers have recommended preparedness and assessing the suitability of new staff for the first responder role before they begin work, in order to ensure that their personality and mental health status are such that they can handle the stress of work as a first responder (Brooks et al., 2016). These same researchers have also emphasized the importance of being prepared for the potential psychological impact of the job as well as the importance of providing workers with mental health trainings and briefings.

Given the importance of selecting the appropriate people for employment as first responders, it is perhaps not surprising that some states have established detailed protocols for doing so. The California POST (Peace Officer Standards and Training) commission is one agency dedicated to exactly this mission. The California POST has established a set of minimum standards that must be met in order for an applicant to be hired as a California peace officer. Those standards include (but are not limited to) age, educational level, and the ability to pass a medical exam demonstrating that they are free from any physical condition that would adversely impact their ability to perform their job duties. A bank of oral interview questions is used to assess the candidate's experience, problem-solving ability, communications skills, and other factors.

Additionally, the California POST requires that all applicants have a psychological or psychiatric exam by a qualified practitioner and that exam demonstrates that the applicant is free of any mental health or emotional condition (including bias or prejudice against others) that would impair their ability to complete their job duties. The POST requires that at least two written personality tests are given as part of this exam.

The Minnesota Multiphasic Personality Inventory (MMPI)

The Minnesota Multiphasic Personality Inventory (MMPI) was originally developed by Stark Hathaway and J.C. McKinley in 1943 as a means of assessing personality and psychopathology. Since that time, the MMPI and its subsequent versions (the MMPI-2 in 1989, followed by the

MMPI-2-RF and now the MMPI-3) have become what is quite probably the most frequently used means of assessing personality and mental health issues in the world. The items, scales, scoring, and norms have undergone changes in the eighty years since it was first published, but the goal of the test—to provide information about the personality and potential mental health concerns of the individual to whom it is being administered—remains the same. The number of studies conducted in regard to the validity, reliability, and other aspects of the various versions of the MMPI would be difficult to count; it is safe to say that it represents one of the most studied psychological tests ever developed.

The most recent version, the MMPI-3 (Ben-Porath & Tellegen, 2020) is available in both English and Spanish versions and takes 25–35 minutes to complete when administered on a computer. The MMPI-3 is a self-report measure in which respondents answer True or False to 335 statements about themselves. For example, one statement might be "No one understands me," and another might be "At times, I feel like smashing things" or "Other people have expressed concern about my drinking habits." For each of these items, the respondent would simply respond with True or False.

The MMPI-3 is comprised of 52 scales, providing a wide variety of information about the candidate. Interpretation of these scales and the overall MMPI-3 profile should only be performed by someone who is specifically trained and qualified to do so and usually begins with an examination of the validity scales. The MMPI-3 validity scales provide information concerning the test-taking approach of the individual who completed that measure. For example, these scales would allow the examiner to determine if the candidate was responding to items in a random fashion rather than being thoughtful about each item. Did the candidate appear to be defensive, denying even the most minor faults? Did they appear to blatantly distort the existence of any mental health symptoms, either reporting many fewer or many more symptoms than most people do?

If and when the interpreter of the test, having examined the validity scales, decides that the candidate has approached the test in a thoughtful and accurate manner, they may then turn to interpretation of the clinical scales, which provide data about (but not limited to) substance abuse, aggressiveness, stress, antisocial behavior, anxiety, depression, and many other factors. It is important to note that the MMPI-3 (or any measure, for that matter) should not be used as the sole means of determining whether someone is a suitable candidate for a public safety/first responder position. In addition to any formal psychological testing, a thorough background and records check and personal interview(s) should be performed.

It is also important for the examiner to meet with the examinee to discuss any items that have been endorsed in an unusual manner to make certain that the candidate fully understood that item. For example, the present author on many occasions interviewed candidates who marked True to an item similar to "I hear and see things that others do not hear and see." A True response to such an item might well suggest that the candidate is experiencing a psychotic episode or schizophrenia and is suffering from auditory and/or visual hallucinations. However, in this author's experience, when interviewing the candidates who responded True to this item, they typically said, "Yeah, when I served in Afghanistan, I was in combat; I saw and heard things that most people never experience." Such an explanation demonstrates that the candidate merely interpreted the item differently than it was intended and that there is no psychotic process at work that might contraindicate employment as a public servant.

The MMPI-3 also features public safety candidate interpretive reports. These include the Police Candidate Interpretive Report (PCIR), the Correctional Candidate Interpretive Report (CCIR), and the Firefighter Candidate Interpretive Report (FCIR). These reports allow the

examiner to compare a candidate's MMPI-3 profile to those of candidates for a similar position. For example, the PCIR was developed from the profiles of more than 3,900 police candidates and meets the requirement that tests that may be used to disqualify a job candidate do so on the basis that such disqualification is based on evidence that the candidate's ability to perform the essential functions of that job will be limited by the identified impairment (Corey & Ben-Porath, 2020).

TYPES OF STRESS

Stress is typically thought of as mental, physical, or emotional strain that may be triggered by a wide variety of life circumstances. When our senses tell us that we are in danger, our eyes and ears send signals to the amygdala, an almond-shaped group of cells deep within each hemisphere of the brain that is involved in processing emotions. From there, the amygdala relays signals to the hypothalamus, often considered to be the command center of the brain. The hypothalamus in turn activates the sympathetic nervous system, preparing us for fight or flight. The adrenal glands then secrete large amounts of epinephrine (also called *adrenaline*) as part of the stress response. Epinephrine helps to prepare the brain and body to respond to the crisis by increasing the heart rate, blood pressure, respiration, and oxygenation to the brain and significantly energizing the body (Harvard Medical School, 2020).

First responders often find themselves in situations that are dangerous not only to others but also to themselves, and they must sometimes attempt to balance their job duties with maintaining their own safety. A police officer might be dispatched to a bridge as part of an attempt to prevent an individual from jumping to their death. It might occur to the officer to use force to pull the person to safety, but this impulse, as heroic as it may be, must be balanced against the possibility that the individual may struggle and in the course of that struggle, both may fall to their deaths. Decisions such as this must be made quickly and under a great deal of pressure and, in some cases, may be subject to public scrutiny, criticism, and Monday-morning quarterbacking: "If they had just done such-and-such, so-and-so would still be alive today." Furthermore, the reality is that a failure to act or incorrect actions can easily lead one to be the defendant in a civil suit or, worse yet, prosecuted for a criminal offense.

Stress may be experienced physically, emotionally, mentally, and/or behaviorally. Stress can and does vary greatly in terms of frequency, intensity, and duration. Although stress is most often thought to be associated with adverse events such as the illness of a loved one or an important deadline at work, it is also important to know that positive events can and do elicit stress as well. Such stress is called *eustress*. For example, getting married, having a baby, and receiving a big promotion at work are all events that have strong positive associations. However, that does not mean that they are stress-free; far from it! The miracle of being a parent to a newborn baby is nevertheless accompanied by the stress of sleepless nights, increased financial strain, and the knowledge that as parents, we are entirely responsible for the care of another person, which may all weigh more heavily upon our emotions than we expect. Unlike stress, eustress may take us by surprise; we expect being fired to be stressful, but we may well be surprised by the eustress associated with a promotion or with the birth of a child.

Short-Term Stress

Stress may be short-term (acute) in nature or may be long-term (chronic). In either event, the intensity of the stress may vary. For example, **short-term stress** of low intensity might

be the stress you feel when you are not sure whether or not you are going to make it to class on time. That stress will be resolved fairly quickly (you will either make it to class on time or you won't) and is likely to me minor in nature, as the consequence of being late to class is likely to be nothing more than a dirty look from your professor. Being late to an important job interview would also be a short-term stress for the same reason but would likely be of much greater intensity, as the consequences of being late could be much greater than a dirty look.

Long-Term Stress

Like short-term stress, **long-term stress** may be of lesser or greater intensity. Being diagnosed with a chronic disease may well trigger long-term stress, as one must continue to deal with the physical and emotional challenges of that disease. If the disease is less serious and fairly well-controlled, perhaps that chronic stress is of relatively low intensity. However, if it is quite serious, the patient (and their family) may suffer intense distress over a lengthy period of time. Chronic stress of any intensity bears the additional burden of what may be referred to as *cumulative toxicity*; that is, the unrelenting nature of that stress inherent in a disease or a job can gradually erode one's ability to cope, just as ocean waves will eventually erode the largest rock into sand.

Few indeed are the types of employment that involve little or no stress. Whether one is working in a factory, in the home, as an accountant, as a manual laborer, or as the CEO of a global corporation, employment is likely to be stressful in one way or another. Whether we are attempting to meet a deadline, produce a certain number of widgets per hour, or make important decisions, nearly every form of employment must be thought to involve at least some stress.

First responder jobs, by definition, can involve tremendous amounts of stress and can take a significant emotional toll on those who are so employed. These jobs may involve threats of harm or actual violence toward oneself or one's coworkers. Injuries may occur, and line-of-duty deaths—while uncommon—are a grim reality of such occupations. The emotional strain of never knowing when the fire bell may ring, when a trauma case will come into the emergency room, or when an offender may try to assault a police or corrections officer is bound to take an emotional toll on the first responder at some point during their career.

Personal Stress

Personal stresses, such as finances, relationships, school, household responsibilities, legal concerns, medical issues, and many other issues can lead us to feel sad, anxious, or uncomfortable. Those working as first responders experience personal stressors in the same manner others do. Just as any other member of the public can become seriously ill, have a loved one pass away, be overwhelmed by bills, or go through a difficult divorce, so too can those who work as first responders. However, in addition to the stresses of daily life, first responders may also face further stressors during the course of their job duties that most people never contemplate, much less experience.

It is a running joke among corrections officers and likely among police as well: "You walk into a crowded restaurant. How do you tell the corrections officer?" Answer: "They are the one sitting in the corner, with their back to the wall, in a place where they can see who's coming

in and out the main door." Constant vigilance of one's surroundings and potential threats is a survival skill for corrections officers and other first responders. When they leave the work environment, it is often difficult or impossible for those in such occupations to let their guard down; even in public settings that most people would consider to be safe, first responders find themselves looking to see where the entrances and exits are and observing others for any potential signs of danger. They feel the need to be on guard at all times and in all places, without ever feeling that they can truly relax. Thus, occupational stressors can and do bleed over into areas of the first responder's personal life.

Occupational Stress

Occupational stress is the stress that is associated with one's job duties. For first responders, these stresses may be more varied and intense than they are in many other occupations. First responders are by definition subjected to experiencing traumatic events on a regular basis. No one ever calls the police because they are getting along wonderfully with their spouse. No one goes to the emergency room to report that they feel great. Firefighters don't get asked to rush into a building that isn't on fire. Such individuals are only called into service when there is an emergency occurring, quite possibly an emergency in which someone's life is in peril or in which the first responder could be putting themselves in considerable danger by attempting to intervene. Such stresses are not common in other occupations. Some of these first responders have the additional emotional burden of knowing that there are people in the world who intend to do them harm. Law enforcement officers and corrections personnel live with the fact that there are people in the world who want to and intend to harm or kill them. This is a daily burden most people cannot comprehend.

The work of police officers, firefighters, and other first responders can be extremely stressful; they may be faced with life-or-death decisions far more often than most other professions.

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Organizational Stress

In addition to the occupational stresses related directly to the performance of their job duties, first responders may also experience significant **organizational stressors**; that is, the stress associated with the organizational demands of their profession rather than with their actual job duties. Organizational stressors might include (but are not limited to) working many hours (including different shifts), disrupting the normal sleep/wake cycle, and policies and procedures that are perceived as counterproductive to the mission. Budgetary constraints, a lack of training or equipment, a perceived lack of support from those higher up in the organization, a tarnished public perception of the profession, and an abundance of paperwork are all common sources of organizational stress.

The impact of stress on one's physical, mental, and emotional well-being should not be underestimated. Stress has been associated with headaches, digestive problems, increased risk of heart attack, high blood pressure, and increased risk of Type II diabetes (Pietrangelo, 2020). Other common effects include difficulty falling asleep or staying asleep, a change in eating

habits (and associated weight gain or loss), social isolation, withdrawal, and abuse of alcohol or other drugs, to name a few.

MENTAL HEALTH ISSUES

Depression

When we hear the word *depression*, we often equate it with being sad or bummed out. In fact, according to the **Diagnostic and Statistical Manual of Mental Disorders** (DSM, 5th edition; American Psychiatric Association, 2013), **major depressive disorder (MDD)** involves much more than minor or brief episodes of sadness. MDD is generally thought to involve feelings of sadness or hopelessness for much of the day, every day, for at least a two-week-long period and includes decreased interest in many activities, a significant change in sleep and/or appetite, difficulty thinking, and fatigue, among other factors. In some cases, the individual with MDD has thoughts of death, wishes to die, or experiences suicidal ideation. By definition, these factors must represent a change from the person's previous level of functioning and must impair their ability to function in their daily lives. According to the DSM-5, the overall 12-month prevalence of MDD in the United States is approximately 7%, with women showing 1.5 to 3 times the rate for males, beginning in early adolescence (American Psychiatric Association, 2013).

Depression is commonly reported in firefighters, and studies have found various rates and levels of severity of this disorder in these first responders. One study found that volunteer firefighters reported markedly elevated levels of depression as compared to career firefighters (with an odds ratio for volunteer firefighters of 16.85 and for career firefighters of 13.06; Stanley et al., 2016). The researchers observed that greater structural barriers to mental health care (such as cost and availability of resources) may explain the increased levels of depression observed among volunteer firefighters. That is, volunteer firefighters likely do not have as much access to mental health services as career firefighters do. Additionally, competing demands for volunteer firefighters (such as having to have a separate job) create stress vulnerabilities that contribute to the development or exacerbation of mental health issues. Organizational factors (such as more systematic and stringent recruitment and screening within career departments as opposed to volunteer departments) may contribute to the difference in the levels of behavioral health issues (Stanley et al., 2017). In another study, 22.2% of female career firefighters were at risk of depression, while 38.5% of female volunteer firefighters were at risk of depression (Haddock et al., 2017). According to Jahnke et al. (2012), this could be attributed to social pressures associated with working in a profession that tends to be male dominated. Additionally, although female firefighters reported similar job stressors to male firefighters, they also reported experiencing significantly more occupational discrimination than their male peers.

Military veterans also appear to experience depression at higher rates than those who did not serve in the military. Kerr (2018) found that approximately 14% of those who had served in the military acknowledged feelings of depression and speculated that the actual number could be higher, as some might be experiencing such emotions but are unwilling to report it.

Police officers have also been shown to experience higher rates of depression than those in many other occupations. In a study of 1,400 police officers in three urban areas of Texas, Bishop et al. (2018) found higher than average rates of depression and burnout among officers.

Furthermore, this study suggested that organizational stressors contribute greatly to feelings of anger, depression, and burnout among those officers.

Substance Use Disorders

Substance abuse (including, but not limited to alcohol abuse) is generally referred to as a **substance use disorder (SUD)** in the DSM-5. SUDs are characterized by using larger amounts of the substance than originally intended, unsuccessful attempts to reduce or stop using the substance, craving the substance, and continued use despite physical dangers or impairment in social or occupational functioning. Also noted is a tolerance for that substance (a need for an increased amount of that substance to produce intoxication) and/or withdrawal symptoms such as tremors, irritability, insomnia, and anxiety if the individual ceases use or is unable to obtain that substance.

Stanley et al. (2017) found that career firefighters reported higher levels of problematic alcohol use and **post-traumatic stress disorder (PTSD)** as compared to volunteer firefighters, while the volunteers reported higher levels of depression and suicide attempts and ideation. Recent (past month) heavy or binge alcohol drinking was reported in approximately 50% of male firefighters and driving while intoxicated was reported in 9% of male firefighters (Haddock et al., 2017). Female firefighters account for 5.1% of the total number of firefighters (Jahnke et al., 2012), and in a study evaluating the health of this population, more than 88% of career female firefighters had consumed alcohol in the past month. In another study of female firefighters, more than 60% drank more than the 2015–2020 Dietary Guidelines for Americans recommended; binge drinking was reported in slightly more than 39% in this population (as compared to 12%–15% of the females in the general population) and more than 4.3% admitted driving while intoxicated (Haddock et al., 2017).

A study of medical doctors undergoing monitoring and treatment for SUDs found that physicians were five times as likely as nonmedical personnel to abuse prescription drugs (Merlo et al., 2013). Doctors, of course, have more ready access to prescription medications, and in the Merlo study, doctors stated that they used and became addicted to these substances to relieve physical pain, to mask emotional or psychiatric distress, and as part of an attempt to manage daily stress. They also admitted using such substances for recreational purposes and to avoid any withdrawal symptoms.

When it comes to first responders and substance abuse, police do not appear to be an exception to the rule. A 1988 study by Kraska and Kapeller suggested that one in four police officers had a drug/alcohol issue, with between 20%–30% of them being diagnosable with a SUD as opposed to less than 10% of people in the general population. Most of the officers in this study found to have a SUD had between four and nine years of experience at that job.

Suicide

Suicide occurs when a person intentionally and voluntarily acts in such a manner as to end their own life. Overall, the rate of completed suicides (that is, suicides in which the individual does terminate their own life, as opposed to a *suicide attempt*, in which that individual survives), according to the American Foundation for Suicide Prevention (AFSP), is 13.4 per 100,000 residents in the United States. It should be noted that there is considerable variability in these numbers, with men completing suicide three and a half times more often

than women do, and with older white men making up nearly 70% of all completed suicides (AFSP, 2017).

Police and corrections officers daily run the risk of being assaulted or even killed by offenders. Although firefighters, nurses, and EMS professionals may not face such threats as often, assaults on these first responders can and do occur from time to time. Sadly, statistically, the greatest risk to the lives of many first responders is not from others but from themselves; suicide is a tragic and often unspoken-of epidemic among first responders. Davis (2019) noted that the number of police officers dying by suicide was greater than the number of those who died in line-of-duty deaths, with 228 deaths by suicide that year and 132 line-of-duty deaths. Unfortunately, this has been the trend for some time, with 140 law enforcement officer (LEO) suicides in 2017 and 129 line-of-duty deaths that same year (Heyman et al., 2018). Additionally, about half of the LEOs reported personally knowing one or more law enforcement officers who changed after experiencing a traumatic event and about half reported knowing an officer in their agency or another agency who had committed suicide (Fleischmann et al., 2016)

EMS providers were found to be *ten times* as likely as the national average to experience thoughts of suicide and/or suicide attempts (Barber et al., 2015), and Conts (2018) noted that more than one in 20 EMT deaths are the result of suicide. Stanley et al. (2016) found that individuals who had both EMS and firefighting duties showed six times as many suicide attempts as those who had firefighting duties only, suggesting that the stresses of these jobs may be cumulative.

Firefighters are not immune to the trend seen with other first responders. Hayes (2018) found that in 2017, 103 firefighters died by suicide as compared to 93 line-of-duty deaths. Military veterans diagnosed with PTSD are twice as likely to die from suicide and accidental injury as people in the general population (Forehand et al., 2019).

In 2009, the New Jersey Police Suicide Task Force (Governor's Task For on Police Suicide, 2009) found that the suicide rate for men in the general population aged 25–64 was about 14 per 100,000. For police officers, it was slightly higher at approximately 15 per 100,000. For corrections officers, however, the suicide rate was a staggering 34.8 per 100,000—more than double the rate of police officers. "Based on analysis of death certificate data from 21 states that provided information on the occupation of the deceased, it was determined that Corrections Officers' risk of suicide was *39% higher than that of the rest of all other professions combined"* (emphasis added; Denhoff & Spinaris, 2013, p. 8).

The job duties and responsibilities of first responders can take a heavy emotional toll on those professionals.
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There are several factors that may be relevant to the high rates of suicide among first responders. As we have already discussed, levels of stress and emotional difficulties can be high in these occupations. Given the strong, silent culture of first responders, in which many still consider it to be a sign of weakness to discuss their emotions or to admit any emotions at all, many may not seek help by speaking to a professional counselor. Instead, the culturally acceptable outlet for such stress may be alcohol consumption or include the excessive use of medications and/or illegal drugs. Furthermore, by the nature of their profession, police and corrections officers own

firearms, as may many other first responders. Thus, in first responders, we have people who are operating under a great deal of personal and professional stress, who may be worsening that stress by their attempts to self-medicate with alcohol or other drugs and who have ready access to firearms; it may only take one brief lapse in judgment or one moment of emotional overload for them to make the irreversible decision to end their own lives.

As if the above statistics are not sad and startling enough already, it should be kept in mind that such numbers are likely to *under*represent the actual numbers of suicides completed by these professionals. That is, equivocal deaths (deaths in which there is no clear precipitating factor) may be classified as accidental in the absence of any clear evidence of suicide. A car running into a bridge abutment resulting in the death of the driver might well be ruled accidental in the absence of any evidence to the contrary. However, it is possible that such an act could have been a suicide. Thus, as shocking as the aforementioned suicide statistics are, the sad reality is that they may represent an underestimate of the actual frequency of suicide in these professions.

Post-Traumatic Stress Disorder (PTSD)

The DSM-5 notes that PTSD may occur in response to an individual being exposed to an event in which someone was seriously injured, killed, or in danger of being subject to violence. That individual may have experienced or viewed such an event as it occurred or such an event may have happened to a loved one of theirs. It is important to note that an individual can experience such a traumatic incident and *not* develop PTSD. The DSM-5 identifies a 12-month prevalence rate of 3.5% for PTSD, and Harvard Medical School (2017) suggests that the lifetime prevalence of PTSD in the general population is 6.8%. Thus, we should not equate experiencing trauma with the automatic development of PTSD. In fact, these studies suggest the opposite: While people may be emotionally upset about a trauma that they have experienced, the vast majority do *not* go on to develop PTSD.

PTSD may be diagnosed when an individual has experienced a trauma and then demonstrates many of the following symptoms: recurrent, distressing memories and/or dreams of the traumatic event; flashbacks in which the individual feels as if they were experiencing the traumatic event all over again; or significant reactions to cues that remind the individual of the traumatic event. For example, as we will talk about more in Chapter 6, some victims of sexual assault may experience extreme emotions or panic if, in the course of their daily life, they happen to smell the same cologne that their offender was wearing when they were assaulted. Some individuals with PTSD will experience significant changes in thinking or mood, especially in a negative or unpleasant direction. Irritability, impulsivity, and an exaggerated startle response are all common signs of PTSD. Individuals with PTSD may attempt to avoid any people, places, or objects that remind them of the traumatic incident; the survivor of a serious traffic accident may go out of their way to avoid the intersection where it occurred, even if that means driving a considerable extra distance to do so.

The DSM-5 suggests that the projected lifetime risk of PTSD by age 75 is 8.7%, but also specifically notes that "rates of PTSD are higher among veterans and others whose vocation increases the risk of traumatic exposure (*e.g., police, firefighters, emergency medical personnel*)" (emphasis added; American Psychiatric Association, 2013, p. 276). Spitzer (2020) noted, "All literature points to the same conclusions. The data suggests that first responders are at increased risk of PTSD."

One of the core risk factors for first responders is the frenetic and unpredictable pace of their work. One moment they may be drinking coffee and discussing the weather, and the next they may be responding to a life-or-death situation. First responders are on the front

lines, facing highly stressful and risky calls. This tempo can lead to difficulty in adapting to and integrating work experiences. For instance, according to one study, 69% of EMS professionals have never had enough time to recover between traumatic events (Bentley et al., 2013). Quite simply, there are times when first responders have little or no time to process one trauma before they are called to the scene of another such event. As a result, depression, stress, post-traumatic stress symptoms, suicidal ideation, and a host of other functional and relational conditions have been reported. Stress symptoms and post-traumatic stress symptoms in EMS personnel have been reported in a number of studies. For instance, in a study in Germany, stress was reported in 5.9% of certified EMS professionals, with mild stress being the most common type (3.1%; Bentley et al., 2013).

Police officers are at increased risk of negative mental health consequences due to the dangerous nature of their jobs as well as the greater likelihood that they will experience critical incidents, environmental hazards, and traumatic events (Heavey et al., 2015). In this same study, about three-fourths of the surveyed officers reported having experienced a traumatic event but less than half of them had told their agency about it. In a study following Hurricane Katrina, PTSD was reported in between 7% and 19% of a sample of police officers (McCanlies et al., 2014). After the World Trade Center attack, PTSD was reported in 11% of police responders, and PTSD was noted to be more prevalent among those with fewer social supports. In another study, the prevalence of probable PTSD in police officers following the 9/11 attack was 12.9% (Bowler et al., 2016).

Such statistics are not unique to the United States. In South Korea, 41% of police were noted to be at high risk of PTSD (Lee et al., 2016). One in five Australian police officers were noted to be at risk of PTSD (Skeffington, 2016). Additionally, eight Canadian provinces now have presumptive laws covering PTSD. Such laws mean that Canadian firefighters may be compensated for lost wages and treatment of PTSD that occurs secondary to job-related trauma. The fact that the laws are *presumptive* means that the burden of proof shifts to the employer to prove that the PTSD is not related to trauma that occurred on the job (International Association of Firefighters, 2019).

Critical Incident Stress Debriefing (CISD)

In the early 1980s and for quite a few years thereafter, **critical incident stress debriefing (CISD;** Mitchell & Everly, 1996) was perhaps the most popular intervention intended to decrease the risk of developing PTSD after experiencing a traumatic event. In CISD, first responders who have experienced the same traumatic incident are required to gather in a confidential setting. The facilitators (some of whom are mental health professionals and some of whom are trained peers to the affected group) guide group members through a seven-phase debriefing process involving introduction, fact phase, thought phase, reaction phase, symptom phase, teaching phase, and reentry. Group members are guided through recalling and discussing their role in the incident, their thoughts about the event, and their emotional and physical reactions to what occurred. Then the facilitators provide instruction in coping skills to the group members. Although this technique continues to be utilized in some settings, it does have its detractors. Van Emmerick et al. (2002) suggested that CISD has never conclusively been demonstrated to reduce the probability of an individual developing PTSD. Another study found no relationship between debriefing and decreased incidence of PTSD (Harris et al., 1998). Indeed, as noted earlier, statistics suggest that most people who experience a traumatic event do not go on to develop PTSD, so a debriefing process may not be necessary and could actually pathologize the experience of having done so. The National Institute of Mental Health (2022) no longer recommends CISD as an early

intervention technique. The World Health Organization (2003) noted possible negative effects of this technique. Thus, use of this technique is likely to be less popular at present than it once was.

Psychological First Aid (PFA)

Psychological first aid (PFA; Everly, 2018) involves the provision of emotional support after an individual has experienced a traumatic event. Everly compared PFA to a "psychological bandage" provided to those who have experienced a traumatic incident. PFA seeks to stabilize and prevent distress from worsening, to decrease symptoms of active distress, and to provide assistance with accessing ongoing support services for those who might benefit from them. Unlike CISD, where those who have responded to a traumatic incident are required to attend the session, PFA sessions are not required for individuals. Training in PFA is important but it does not have to be administered by a licensed mental health clinician. During the COVID-19 pandemic of 2020 and 2021, the American Red Cross developed and delivered online PFA sessions for those impacted by that disease.

Fitness for Duty Evaluations (FFDE)

Hiring those who appear to be reasonably well-suited for a career as a first responder is only a first step. Once hired, given the numerous personal and professional stresses that such occupations entail, it is important to ensure that these individuals continue to conduct themselves in a safe and professional manner. When one has the authority to handcuff and detain or even use deadly force against a member of the public, we want to be confident that they will not abuse this authority. At times, we may see signs that a first responder is not functioning as well on the job as they once did. A firefighter might come to work smelling of alcohol. A police officer may be observed to punch their locker repeatedly. A correctional employee's hygiene may have deteriorated to a noticeable degree. All these and other signs may raise concerns about that employees' ability to perform their job duties. When these or other issues potentially impact an employees' ability to perform their job, a **fitness for duty evaluation (FFDE)** is indicated. Unlike preemployment screening, FFDE are not utilized with every employee and are only utilized when there appears to be some issue that potentially impacts that employees' ability to perform their job functions.

For law enforcement officers, FFDE guidelines have been established by the International Association of Chiefs of Police (2009). These guidelines suggest that such evaluations be in-depth, including a thorough review of the employee's physical and mental health history, psychological testing, a face-to-face interview, and consultation and referrals when indicated. Also, it is important to keep in mind that such evaluations, as the name implies, must be focused on that officer's ability to perform their job in a safe and effective manner. Thus, if it is determined that the officer is depressed because of an ongoing divorce but that depression cannot be shown to impact their job performance, they cannot be disciplined or sanctioned for this in any manner and should be cleared to resume full job duties (though it might be suggested to them that they voluntarily seek some type of support or mental health treatment).

In other cases, it may be determined that the employee can resume their job duties as long as they follow certain guidelines (sometimes referred to as a *condition of continued employment*) or that they are temporarily unfit to perform their duties until they have undergone some type of treatment or intervention. In some cases, it may be found that the employee is so debilitated that they are unable to perform their job functions and they may be asked to take a different

assignment, retire, or be fired. In such cases, it is not unusual for the employee to obtain legal counsel to represent them and argue the case on their behalf.

THE IMPORTANCE OF DIVERSITY, EQUITY, AND INCLUSION

When I met Corrections Officer Vasquez (not his real name), I was not convinced that he was going to be an effective corrections officer. Spanish was Vasquez's first language; English was his second language, and he spoke it with a very strong accent. At times, I had trouble understanding him. It concerned me that if I could not understand him, then many of our inmates would not be able to do so either. However, he had passed all the required exams and had been hired and was working as a corrections officer without any reported difficulties. One day, I got a call to report immediately to the restricted housing unit (RHU), as there was an inmate who was cutting himself with a razor blade. He needed to go to the medical department to be treated but was in his cell, refusing to allow himself to be handcuffed in order to be transported there. Thus, my job was to attempt to talk him into allowing himself to be handcuffed so that we could transport him. If I could not convince him, then we would have a cell extraction team remove him by force, cuff him, and take him for medical care. Cell extraction is a dangerous business at best. The inmate could use the razor blade to attack staff or could accidentally be injured during the process, and staff could be injured as well. It was important that I convince the inmate to allow himself to be handcuffed so that a use of force could be avoided.

When I arrived in the RHU, they told me the name of the inmate and the number of his cell. I was immediately skeptical of my ability to negotiate with this inmate, as I knew from past experience that he spoke little English and I spoke even less Spanish. Determined to give it my best shot, I walked into the housing unit toward his cell. As I approached the cell, I saw that Officer Vasquez was already there, talking to the inmate. Normally, under such circumstances, I inform the officer that I am there, and they leave and allow me to conduct the negotiation. However, this case was different. As I approached the cell, I saw that Vasquez and the inmate were talking quite comfortably, Spanish being the native language of both men. Furthermore, I saw that Vasquez's body posture was relaxed and that the two men were making good eye contact. Most importantly, I saw that although the inmate appeared to have the razor blade still in his hand, he was clearly interested in talking to Officer Vasquez and was no longer in the act of harming himself.

Rather than approach further, I decided to wait and watch. Although I had no idea what they were saying, it was clear to me that their interaction was comfortable and productive. A few minutes later, the inmate put the razor blade down, Vasquez opened the trap door to the cell, the inmate extended his hands through it and allowed himself to be cuffed without further incident. Vasquez and I escorted him down to the medical department, where he received the treatment that he needed.

This moment was an eye-opening one for me. Officer Vasquez, whom I had wrongly thought might struggle in his duties as a corrections officer, taught me the importance of embracing diversity. His challenges speaking English were not *a liability after all; his ability to speak Spanish was a clear asset and served to completely negate what would otherwise have been a very dangerous situation. Especially as first responders, it is incumbent upon us to realize the importance of embracing diversity, equity, and inclusion in order to have the best possible team.*

Diversity, equity, and inclusion are all vitally important when considering first responders. Diversity includes (but is not limited to) race, age, color, educational background, religion, gender, gender identification, sexual orientation, mental and physical abilities, and learning styles. Equity refers to the fair treatment of all, with access and opportunities for all while recognizing and attempting to eliminate any barriers that may prevent the full participation of some groups. Equity includes acknowledging that some groups are historically underserved and

underrepresented and that fairness may be needed in order to make sure there are truly equal opportunities for everyone. Inclusion refers to making an actual and genuine effort to bring traditionally excluded individuals into the activities and decision-making processes in a way that provides equal power, resources, and opportunities. The importance of diversity, equity, and inclusion in the ranks of first responders and the respect of these principles in regard to how first responders treat others cannot be overstated.

THROUGH THE EYES OF THE VICTIM: FIRST RESPONDERS AS VICTIMS

Victimology refers to the study of the physical, emotional, and cognitive changes that people may undergo if they have been a victim of a natural disaster, accident, or criminal event. Many students interested in forensics hope to have a career in bringing offenders to justice in one manner or another but may be less interested in the impact on the victims of those offenses. To many, victim impact may seem like the work of social worker, psychologist, or other mental health clinician. However, it is important that anyone planning a career in forensics realize that as a first responder, or nearly anyone involved in the forensic or court system, there is a great likelihood that at some point during their career, *they* will be the victim of some type of trauma or stress. Forensic practitioners can be assaulted, exposed to hazardous substances, threatened, hurt on the job, or even lose their lives in the line of duty. Unfortunately, the probabilities of being victimized in some manner during the course of a 25-year career in such a field would appear to be high.

Resilience

The Oxford dictionary defines *resilience* as "the capacity to recover quickly from difficulties." From a psychological standpoint, we may think of resilience as the ability to face adversity and to rebound from it as strong as (or, in some cases, perhaps even stronger) than one was prior to that challenge. One of the first studies of resilience was conducted by Dr. Emmy Werner in 1971, and she has authored a number of follow-up studies since that time (see Werner, 1992). Originally, she studied children who grew up in extremely challenging circumstances in low-income homes with a parent (or sometimes both parents) who were mentally ill and/or substance abusers. Werner found that approximately two-thirds of these children grew up to demonstrate problematic behaviors of their own, such as substance abuse and chronic unemployment. Interestingly, though, she found that one-third of children raised in these extremely difficult circumstances did not appear to demonstrate significant negative consequences as a result. This was the beginning of many future studies on resilience as the ability to survive or even thrive despite (or perhaps even because of) adversity.

Resilience, however, is not some type of magic emotional armor that makes one impervious to adversity. Instead, it refers to the thought processes and behaviors one may utilize to protect oneself from the negative effects of stress and to promote or enhance personal growth (Robertson et al., 2015). The manner in which a person thinks and acts can allow them to adapt to adversity by changing course, healing, and (hopefully) continuing to have a happy and productive life.

The American Psychological Association (APA) suggests that there are steps that first responders and others can take in order to build their resilience (2022). For example, the APA suggests that people form social bonds and connections with others and that they engage in positive communication and problem solving with those others. Also suggested is the ability to accept change and to reframe change as self-discovery. For example, a person might be able

to reframe the loss of a loved one as, "I learned to always hug my friends and family and to tell them that I love them because a day may come when I'm not able to do that anymore." The APA goes on to suggest that resilience is built when we are able to resist maladaptive impulses and to engage in realistic problem solving in regard to our challenges. Avoiding potentially harmful behaviors such as alcohol and nicotine is recommended. Taking care of one's physical health through diet, exercise, and sleep is likely to benefit resilience, as is caring for one's mental health by engaging in a program of mindfulness through prayer, meditation, or relaxation techniques. Just as being physically healthy might help one to resist a medical illness, physical and emotional well-being may help one to be resilient toward trauma and stresses.

Hope for the Weary

Anderson (2020) found that only 56% of first responders said they could manage stress all or most of the time. That suggests that the remaining 44% feel they are not in good control of their stress much of the time. This same study also suggested that the manner in which first responders manage their stress does make a difference: Those who stated that they exercised to manage stress were three times as likely to say that they were able to manage stress well, and those who felt they have a high level of support from their coworkers were six times as likely to report that they were able to manage their stress well. However, those who said they used alcohol to manage their stress were 60% less likely to report having a low stress level. In short, exercise and peer support seem quite helpful, whereas consumption of alcohol appears to make stress worse rather than better. The remaining suggestions in the Anderson study were very much in line with the recommendations of the Centers for Disease Control and Prevention (CDC).

Fortunately, there are things that first responders can do to reduce and better manage the stress of their occupations. According to the CDC, first responders should use a buddy system in which they have peers that they can depend on and talk to. It is also suggested that to the extent possible, first responders don't work an excessive number of hours, hopefully never longer than 12 hours at a time. It is important for first responders to have friends, family, or professional counselors or chaplains that they can talk to about their experiences. Learning and use of muscle relaxation, deep breathing, or meditation techniques can also be helpful, as can limiting or avoiding the use of caffeine, nicotine, and alcohol. Self-care is important, meaning that such individuals should make an effort to take care of themselves physically as well as emotionally by engaging in regular exercise, eating healthy, and establishing healthy sleep patterns.

It is important to note that there are effective treatments available for those with PTSD, should people decide to avail themselves of such treatment. Medical doctors and psychiatrists can prescribe antidepressants or other psychotropic medications in order to help alleviate the symptoms of this disorder. There are numerous different types of talk therapy, including **cognitive processing therapy**, which involves twelve sessions of psychotherapy in which the client learns to identify traumatic thoughts and then to evaluate, challenge, and change those thoughts. It is hoped that changing the negative nature of those thoughts will then alter the emotions and the behaviors associated with those thoughts. **Exposure therapy** involves teaching the client a relaxation/deep breathing technique and then gradually exposing them to what it is that traumatized them, gradually allowing them to become more comfortable with the stimuli that they had previously found to be upsetting and traumatic.

Eye movement desensitization reprocessing (EMDR) is a technique originally developed in the late 1980s specifically for the treatment of PTSD. With EMDR, clients recount and remember traumatic experiences while also engaging in bilateral (back and forth) eye movements or

alternately tapping their fingers on one side of their body and then the other. This technique produced greater benefit to subjects that received it than to control groups who did not receive treatment. However, there is controversy in regard to the specific mechanism of action of EMDR. The APA (2017) suggests that the mechanism of change may be simple exposure and that the bilateral eye movement or tapping may be unnecessary. More research into this is clearly warranted. Most importantly, though, effective treatment for PTSD is available for those who seek it out.

CONCLUSION

First responders operate at the front lines of crises and disasters, attempting to ensure the safety and well-being of those who may be impacted by such events. By definition, these first responders are being exposed to potentially traumatic situations that pose a risk of harm to themselves and to the people they are attempting to protect. The stresses of normal daily life, combined with the trauma and stresses of their occupations, constitutes a great risk for the behavioral health of first responders and puts them at risk for stress, depression, substance use, suicide ideation, suicide attempts, and PTSD. Both natural and man-made disasters were found to be associated with increased risk of these conditions. Given the significant and unique stresses of first responder occupations, it is important that candidates for such jobs be carefully screened and that they be evaluated if and when they demonstrate any impairment in functioning. It is also important for forensic psychologists and first responders to be aware not only of the great emotional rewards of being able to help others who are in need but also the cumulative trauma that may occur over the course of a career of responding to crises and emergencies. Of at least equal importance is for us to recognize the importance of self-care, resilience, and the availability of effective treatment; the helpers can be helped!

Exercises and Discussion Questions

1. As a forensic psychologist, you are tasked with coming up with a program to help first responders decrease and manage stress in a safe and healthy manner. What would you suggest that they and/or their agency do to help them manage stress? Be specific about your plan.
2. The head of a statewide police agency is appalled at the number of suicides in that agency every year. They ask you to develop a program to educate police officers about this issue and to hopefully reduce the number of suicides that occur. What information would you present and what changes might you suggest to help decrease the suicide rate in police officers? Again, be specific.
3. This chapter discussed a number of incidents involving the police and the public that led to accusations of the police being biased against minorities. Do you think this is the case? Explain your answer. What, if anything, do you think could be done to promote diversity, equity, and inclusion by police and other first responders?
4. Some might argue that requiring first responders to undergo regular psychological evaluation as part of their job duties would be an invasion of their privacy. Others might argue that it is a necessary component of making sure that they are taking care of themselves and able to interact appropriately in their job duties. Do you believe that first responders should receive such evaluations on a routine basis? Explain your rationale.

KEY TERMS

Cognitive processing therapy
Critical incident stress debriefing (CISD)
Diagnostic and Statistical Manual (DSM)
Diversity, equity, and inclusion
Exposure therapy
Eye movement desensitization reprocessing (EMDR)
Fitness for duty evaluation (FFDE)
Long-term stress
Major depressive disorder (MDD)
Minnesota Multiphasic Personality Inventory (MMPI)
Occupational stress
Organizational stress
Personal stress
Post-traumatic stress disorder (PTSD)
Psychological first aid (PFA)
Short-term stress
Stress
Substance use disorder (SUD)
Suicide