Volume 11, Special Issue 1 ISSN: 2165-7726

Journal of Military and Government Counseling

Special Issue: Best Practices

Military and Government Counseling Association

A Division of the American Counseling Association

JOURNAL OF MILITARY AND GOVERNMENT COUNSELING

Introduction to the Best Practices for Counseling First Responder Populations

Nathan C. D. Perron
The Family Institute at Northwestern University

Lisa R. Jackson-Cherry
Marymount University

Benjamin V. Noah
Capella University

Author Note

Nathan C. D. Perron ORCID https://orcid.org/0000-0002-2769-7798
Lisa Jackson-Cherry ORCID http://orcid.org/0009-0004-8089-3538
Benjamin V. Noah ORCID http://orcid.org/0000-0002-1730-9616

Correspondence concerning this introduction and document may be addressed to Lisa Jackson-Cherry (Task Force Committee Chair) School of Counseling, Marymount University 2807 N. Glebe Road, Arlington Virginia 22207. Email: ljackson@marymount.edu
We have no known threat or conflict of interest to disclose.

Since the adoption of the *Best Practices for Counseling First Responder Populations (BPCFRP)* by the Military and Government Counseling Association (MGCA) Board of Directors in 2021, with later endorsement by the American Counseling Association (ACA) Governing Council in January 2023 (ACA, 2023), the importance of addressing the needs of first responders continues to present necessary attention. Discussion and research remain highly relevant in a world of constant change, conflicts, and difficulties, and the following *BPCFRP* reflects the collaboration of professionals across disciplines who devoted attention for the sake of supporting the needs of workers readily on the front lines of managing the crises of our world.

On March 2, 2023, the United States Senate passed the Post-Traumatic Stress Disorder Act of 2023, which expanded upon the Law Enforcement Mental Health and Wellness Act of 2017 to include all public safety health officers in terms of getting necessary governmental mental health support for job-related stresses and posttraumatic stress disorder (PTSD; Fisher & Lavender, 2022). Long-term exposure to traumatic events and critical situations can yield a negative impact on the mental and physical health of law enforcement officers and other first responders (Craddock & Telesco, 2021).

Impact of World Events

Natural disasters continue to abound with greater increase and intensity in recent years (Federal Emergency Management Agency [FEMA], 2023b) . Since the *BPCFRP* first became approved, the National Preparedness Report by the Federal Emergency Management Agency (FEMA, 2023b) stated that from January 2020-December 2022, there were 60 climate-related disasters that resulted in 1,460 fatalities and 2,939 injuries. Between 2021-2023, FEMA (2023a) also reported 322 national disasters, including fires, tornados, tropical storms, hurricanes, volcanic eruptions, and others. (In 2021, there were 120; 2022 totaled 90; and, in 2023, 112 disasters were listed). Similarly, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) recorded 387 natural hazards and disasters worldwide affecting 185 million individuals, with 30,704 lives lost in 2022 (Centre for Research on the Epidemiology of Disasters, 2023). The National Interagency Fire Center (NIFC, 2023) listed 53,610 incidents of wildfires in 2023. In 2022, there were 68,988 fires reported in the United States. The Centre for Research on the Epidemiology of Disasters (2023) further described the severe impact of disasters in 2022 on 185 million people, with total economic losses estimated around $223.8 billion. First responders remain at the forefront of these disasters and hazards, expanding the level of trauma exposure to which they remain subjected.

Beyond natural disasters and climate-related crises, violence continues to increase hardship within the first responder community. Barnard et al. (2023) reported 4011 mass shootings in the United States between 2014-2022, ranging from zero events in Hawaii and North Dakota, to 414 events in Illinois. Out of all the 4011 incidents, social-related mass shootings accounted for one-third (27.3%) of the total incidents. Criminal activity accounted for 15.8%, 11.1% involved domestic violence, 1.4% involved school or work-related issues, and 52.0% were classified as “other.” The number of deaths and injuries from mass shootings alone in this report totaled 21,006 people. The U.S. Federal Bureau of Investigation’s (FBI, 2023) Advanced Law Enforcement Rapid Response Training Center identified 50 active shooter events

in 2022 that occurred in 25 states and Washington, DC. These events resulted in 313 deaths and 213 injuries, with one law enforcement officer killed and 21 officers injured.

In addition to street violence, international and domestic terrorism must also be considered. The fall of the Twin Towers of the World Trade Center on September 11, 2001, with the immediate death of 72 law enforcement officers (local, state, and federal) and 343 New York City Fire Department personnel (New York State Intelligence Center, n.d.), marked the largest loss of first responders in the nation's history. The Alfred P. Murrah Federal Building in Oklahoma City, Oklahoma was specifically targeted, and truck bombed on April 19, 1995, by domestic terrorist because of the presence of five Federal law enforcement agencies. Among the 168 killed, 13 were federal agents and six were members of the military (Mallonee et al., 1996).

Moving beyond the height of the COVID-19 pandemic, research continues to demonstrate the impact the pandemic left both on society and on first responders in particular. Lebeaut et al. (2023) found that the COVID-19 pandemic increased symptoms of anxiety and depression in first responders. Vujanovic et al. (2021) reinforced this notion with their study of 122 first responders, where worries surrounding COVID-19 exposure became related to PTSD symptoms. While natural, manmade, or health disasters create hardship for everyone in society, these reports reinforce the reality that first responders experience the worst of these crisis events and may be impacted the greatest.

Risk Factors

Because first responders remain subjected to the most intense expressions of disaster, support for the first responder community remains an important area of focus among counseling professionals and the stakes are far too high to ignore. This reality becomes clearly pronounced with the evidence that suicide rates remain much higher within the first responder community. Law enforcement officers and firefighters are more likely to die by suicide than in the line of duty (Dill et al., 2023; Tiesman et al., 2021). Tiesman et al. also acknowledged how deaths by suicide among first responders are probably underreported.

The physical, mental, and emotional toll of serving as a first responder remains an important risk to consider. First responders endure constant exposure to traumatic events, large-scale disasters, human suffering, and having uncertainty of personal safety in threatening environments, increasing the risk of developing a mental illness and PTSD (Jones et al., 2022). Lebeaut et al. (2023) explained the physical health risks include an increase in cardiovascular disease, hypertension, diabetes, and obesity. Lebeaut et al. also described the mental risks, reflected in an increase in the likelihood of mental distress for first responders.

First responders continue to endure emotional costs, such as coping with expressive suppression by altering or concealing their emotions after exposure to critical incidents, which can increase rates of PTSD (Tan et al., 2023a, p. e376). Gryshchuk et al. (2022) researched 282 Canadian first responders, with results showing 79.7% exhibited symptoms of PTSD, 93.8% had clinically significant symptoms of externalizing behaviors (anger), 98.4% presented clinically significant internalizing behaviors (depression or anxiety), 39.1% experienced hazardous alcohol use, and 42.2% expressed suicidal ideation. Mika-Lude et al. (2023) found that first responders

experiencing feelings of dehumanization, either of themselves or others, were more likely to experience burnout.

Protective Factors

Growing attention to first responder needs has resulted in identifying effective means of support that can mitigate the risks involved in the profession. Cities, departments, and providers can continue working to identify and implement the approaches that will support overall first responder health. Bevan et al. (2022) found that protective factors for first responders include personal/professional satisfaction, appropriate protective equipment, adequate rest periods, and social support. Another important focus on which to build may be the perceived cohesion amongst first responders, which Smirnova et al. (2021) reported helped to reduce posttraumatic stress and increase resilience. The study also reflected this social support makes it less likely that first responder will experience symptoms of depression. Integrating these findings can make a difference in supporting first responder wellness effectively.

The *BPCFRP* touches on the benefit of applying best practices in order to build counselor awareness and reinforce protective factors that will increase first responder health. The hope of the task force was to highlight ways the counseling community may offer the greatest impact possible among law enforcement, fire fighters, and emergency medical services (EMS). The descriptions address ways that culture, systems, assessment, and treatment may be adapted properly to meet the needs of the first responders experiencing the hardships commonplace to the work they do.

Road Forward

In addition to applying concepts of the *BPCFRP*, continued efforts in the counseling profession demonstrate a hopeful expansion on the topic for the benefit of supporting first responders with excellence. Bonumwezi et al. (2022) reported this may include regular monitoring, training, and support, including resilience-building interventions to help first responders cope after exposure to potentially traumatic events.

Training in mindfulness continues to show some promise in the literature, as Tan et al. (2023b) described in a study of first responders who participated in an online mindfulness program and experienced significant improvement in perceptions of stress. The impact of mindfulness awareness training for first responders also demonstrated positive effects on first responders by developing higher compassion satisfaction, higher distress tolerance, and fewer instances of burnout (McDonald et al., 2021). Mindfulness may be another important area to explore further in research and application with the first responder community (McDonald et al., 2021; Tan et al., 2023b).

The following *BPCFRP* is offered as another tool to support the needs identified among first responders, and the collaboration of thought and knowledge offers a helpful starting point to begin integrating best practices verified by MGCA, ACA, and most importantly, first responder professionals.

References

American Counseling Association. (2023). *Best Practices for Counseling First Responder Populations.* https://www.counseling.org/docs/default-source/competencies/best_practices_for_counseling_first_responder.pdf?sfvrsn=c106342c_4

Barnard, L. M., Wright-Kelly, E., Brooks-Russell, A., & Betz, M. E. (2023). Characterization of mass shootings by state, 2014-2022. *JAMA Network Open*, *6*(7). https://doi.org/10.1001/jamanetworkopen.2023.25868

Bevan, M. P., Priest, S. J., Plume, R. C., & Wilson, E. E. (2022). Emergency first responders and professional wellbeing: A qualitative systematic review. *International Journal of Environmental Research and Public Health, 19(*22), 14649. https://doi.org/10.3390/ijerph192214649

Bonumwezi, J. L., Tramutola, D., Lawrence, J., Kobezak, H. M., & Lowe, S. R. (2022). Posttraumatic stress disorder symptoms, work-related trauma exposure, and substance use in first responders. *Drug and Alcohol Dependence*, *237*, 109439. https://doi.org/10.1016/j.drugalcdep.2022.109439

Centre for Research on the Epidemiology of Disasters. (2023). Disasters in numbers. In *OCHA Services Reliefweb*. CRED. http://www.relief web.int

Craddock, T. B., & Telesco, G. (2021). Police stress and deleterious outcomes: Efforts towards improving police mental health. *Journal of Police and Criminal Psychology*, *37*(1), 173–182. https://doi.org/10.1007/s11896-021-09488-1

Dill, J., Schimmelpfennig, M., & Anderson-Fletcher, E. (2023, February 9). *Wounds of the spirit: Moral injury in firefighters*. Firefighter Behavioral Health Alliance. https://www.ffbha.org

Federal Bureau of Investigation (2023). *Active shooter incidents in the United States in 2022*. Federal Bureau of Investigation, Advanced Law Enforcement Rapid Response Training Center. https://www.fbi.gov/file-repository/active-shooter-incidents-in-the-us-2022-042623.pdf/view

Federal Emergency Management Agency. (2023a). *Declared disasters. fema.gov.* https://www.fema.gov/disaster/declarations?field_dv2_declaration_date_value%Bmin%5D=2021&field_dv2_declaration_date_value%5Bmax%5D=2023&field_dv2_declaration_type_value=All&field_dv2_incident_type_target_id_selective=All

Federal Emergency Management Agency. (2023b). *National preparedness report*. U.S. Department of Homeland Security. https://www.fema.gov/sites/default/files/documents/fema_2023-npr.pdf

Fisher, M. P., & Lavender, C. D. (2023). Ensuring optimal mental health programs and policies for first responders: Opportunities and challenges in one U.S. state. *Community Mental Health Journal, 59*, 1341–1351. https://doi.org/10.1007/s10597-023-01121-1

Gryshchuk, L., Campbell, M. A., Brunelle, C., Doyle, J. N., & Nero, J. W. (2022). Profiles of vulnerability to alcohol use and mental health concerns in first responders. *Journal of Police and Criminal Psychology*, *37*, 952–961. https://doi.org/10.1007/s11896-022-09546-2

Jones, R., Jackson, D., & Usher, K. (2023). First responder mental health, traumatic events and rural and remote experience. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.15856

Law Enforcement Mental Health and Wellness Act of 2017, S.867, 115th Cong. (2017-2018). https://www.congress.gov/bill/115th-congress/senate-bill/867/text

Lebeaut, A., Zegel, M., Leonard, S. J., Healy, N., Anderson-Fletcher, E. A., & Vujanovic, A. A. (2023). COVID-19-Related medical vulnerability and mental health outcomes among U.S. first responders. *Journal of Occupational & Environmental Medicine*, *Publish Ahead of Print*(5). https://doi.org/10.1097/jom.0000000000002811

Mallonee, S., Shariat, S., Stennies, G., Waxweiler, R., Hogan, D., & Jordan, F. (1996). Physical injuries and fatalities resulting from the Oklahoma City bombing. *Journal of the American Medical Association. 276*(5): 382–387. https://doi.org/10.1001/jama.276.5.382

McDonald, M. A., Yang, Y., & Lancaster, C. L. (2021). The association of distress tolerance and mindful awareness with mental health in first responders. *Psychological Services*, *19*(S1), 34–44. https://doi.org/10.1037/ser0000588

Mika-Lude, K. M., Degges-White, S., & Isawi, D. T. (2023). Under fire: Meta-dehumanization and burnout among first responders. *Journal of Employment Counseling*, *60*(3), 144–158. https://doi.org/10.1002/joec.12208

National Interagency Fire Center. (2023, December 8). *Statistics | national interagency fire center*. Nifc.gov; U.S. Department of the Interior. https://www.nifc.gov/fire-information/statistics

New York State Intelligence Center. (n.d.), *September 11, 2001 we will never forget*. http://www.orgsites.com/va/asis151/Sep11Memorial.pdf

Post-Traumatic Stress Disorder Act of 2023, S.645, 118th Cong. (2023). https://www.congress.gov/118/bills/s645/BILLS-118s645cps.pdf

Smirnova, M. O., Meckes, S. J., & Lancaster, C. L. (2021). The protective effects of perceived

cohesion on the mental health of first responders. *Psychological Services*, *19*(S1). https://doi.org/10.1037/ser0000580

Tan, L., Deady, M., Bryant, R. A., & Harvey, S. B. (2023a). Adaptive and maladaptive cognitive-emotional strategies associated with PTSD in first responders: A cross-sectional study. *Journal of Occupational & Environmental Medicine*, *65*(6). https://doi.org/10.1097/jom.0000000000002829

Tan, L., Deady, M., Mead, O., Foright, R. M., Brenneman, E. M., Yeager, J. R., Bryant, R. A., & Harvey, S. B. (2023b). Web-Based mind-body tactical resilience training program for first responders: Pre-Post study assessing feasibility, acceptability, and usability. *JMIR Formative Research*, *7*. https://doi.org/10.2196/40145

Tiesman, H. M., Elkins, K. L., Brown, M., Marsh, S., & Carson, L. M. (2021, April 6). *Suicides among first responders: A call to action*. http://www.cdc.gov https://blogs.cdc.gov/niosh-science-blog/2021/04/06/suicides-first-responders/#_edn1

Vujanovic, A. A., Lebeaut, A., & Leonard, S. (2021). Exploring the impact of the COVID-19 pandemic on the mental health of first responders. *Cognitive Behaviour Therapy*, *50*(4), 1–16. https://doi.org/10.1080/16506073.2021.1874506

Best Practices for Counseling First Responder Populations

Lisa R. Jackson-Cherry
Task Force Committee Chair
Marymount University

Nathan C. D. Perron
Task Force Committee Assistant Chair
Northwestern University

Task Force Subcommittee Leaders and Members

Law Enforcement Officers Subcommittee Leader	**Emergency Medical Services Subcommittee Leader**	**Firefighters Subcommittee Leader**
Jennifer Nivin Williamson Capella University & PAX Consulting and Counseling PLLC	Keith Cates Private practice	Dan Williamson Capella University & PAX Consulting and Counseling PLLC
Subcommittee Members	**Subcommittee Members**	**Subcommittee Members**
Monica Band Angelia Dickens David Gosling Ed Gunberg Ben Noah David Thomas Dan Williamson	Dennis Higgins Ben Noah	Keith Cates Elizabeth Conran Angelia Dickens Ben Noah Jen Williamson

Task Force Appointed by the Military and Government Counseling Association (MGCA) Board of Directors (2018)

Approved on October 14, 2021, by MGCA Executive Committee and Board of Directors
A Division of the American Counseling Association

The authors acknowledge additional task force members Katherine Marie Wix Atkins, Tom I. Watson, Judith Matthewson, and Ben Noah, liaison to the MGCA Board, as well as the MGCA board members for supporting the initiative to create the Best Practices for Counseling First Responder Populations Task Force. We would also like to acknowledge the significant contributions of Sara Booth, Nicolas Zapata, Mehtab Kaur, Rachel Costlow, Elizabeth Conlan, Kwabena Yamoah, and Suzanne Martin.

Correspondence concerning this document should be addressed to Lisa Jackson-Cherry, Marymount University, Department of Counseling, 2807 N. Glebe Road, Arlington, VA 22207 (email: ljackson@marymount.edu).

Best Practices for Counseling First Responder Populations (BPCFRP) is intended to provide a framework for counselors to understand the unique culture and stressors of first responders in order to provide effective clinical interventions for first responder groups and their families. The first responder populations are complex and include multiple subgroups: law enforcement officers, emergency medical service professionals, and firefighters. Within each first responder subgroup are various subsets of professionals that require counselors to consider professional identity, professional culture, and various multicultural components of the individual first responder. Therefore, although the BPCFRP may provide an outline of common stressors and professional cultural issues encountered by first responder groups, counselors should always look at the first responder professional as an individual in addition to their first responder profession.

In September 2018, the Military and Government Counseling Association (MGCA) appointed a task force to define and develop best practices for first responders. The appointment of task force members was intentional, to be comprised of active and retired professionals across the three first responder groups, counselor educators, practicing counselors who work with first responder populations, and family members of first responders. The task force reviewed previous counselor best practices endorsed by the American Counseling Association, conducted an exhaustive review of the current literature on first responder populations, developed best practices, and sought feedback from external persons in the first responder groups and with MGCA board members and reviewers.

The intention of the BPCFRP is to provide a research-based framework to help counselors who work with first responders. The referenced practices are intended to be used as a guideline and resource to assist and promote the effectiveness of counselors working with first responders. The described practices are referred to as "best practices," meaning that they are presented as examples of desirable practices in this area. This is one model. It is not necessarily the only effective model. These best practices are not presented as requirements. We recognize that there can be other effective approaches to working with first responders. We hope you find this document to be a useful resource.

The framework for the BPCFRP was developed with four main categories: **Culture, Systems, Assessment of the Presenting Concerns,** and **Treatment**. Ethical practice is the foundation within these four working categories.

Many components that apply to all first responder groups are listed in the four main categories. However, because of the unique roles, identity, and professional responsibilities, some first responder groups may encounter issues that are specific only to that group. For this reason, an additional chart follows the common elements across all first responder groups when unique issues are connected to one of the groups. Additionally, to encourage counselors' best practices and understanding, we define first responder key terms and provide common organizations (not intended to be exhaustive) at the end of the document. Because of the uniqueness of each first responder group, a short overview is provided to introduce the best practices (taken from Jackson-Cherry & Erford, 2016).

Overview of First Responders

There are limited professions that consistently place those who are employed in dangerous and life-threatening situations. Military combat service members and first responders are well-known for taking on this role. First responders consist primarily of the following professions: law enforcement officers, emergency medical service professionals, and firefighters (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). By their nature and profession, first responders are those professionals, either volunteer or paid, who because of their occupational responsibilities and sworn duties are the first to respond to a variety of emergency calls from citizens and often to potentially life-threatening situations. In the broadest of definitions, the goal of first responders is to safeguard the health and safety of the public, all while maintaining their own personal safety (Jackson-Cherry & Erford, 2016).

First responders are deployed into dangerous situations daily. They are the forgotten professionals who witness horrifying acts of violence, witness the consequences of criminal and violent acts, observe deaths, and intervene with victims of every age. First responders are among the most scrutinized of all professions, are often the least respected, receive little recognition for their actions, have work schedules that conflict with normal family and personal functioning, are underpaid, and experience assaults on their own lives by the citizens they are sworn to protect. First responders are exposed to traumatic experiences, making them vulnerable to a variety of mental health issues; however, first responders are often among the last to seek mental health services.

Law Enforcement Officers

According to the National Law Enforcement Officers Memorial Fund (2020), there are more than 900,000 sworn law enforcement officers in the United States, including state and local police officers, sheriff deputies, federal law enforcement agencies, and correctional officers. Law enforcement officers are employed in communities, parks, college campuses, airports, transit systems, natural resources (such as waterways, hunting, and gaming), drug and alcohol enforcement, and correctional facilities.

Law enforcement officers are most frequently the very first responders called and to arrive on the scene. The public tends to contact law enforcement when all options and personal resources have failed, after a crime has been committed, or with the expectation that the police will solve problems even if a crime has not been committed. Many of the same stressors that affect other first responders also impact the law enforcement community. Shiftwork, missed holidays and events of family members, disrupted sleep patterns, poor eating habits leading to health issues, relationship issues, and exposure to traumatic situations can affect the mental health of first responders and their families. Other stressors that may be unique include occupational factors, societal perceptions, line-of-duty deaths, injuries leading to limited role performance, increased assaults on law enforcement officers, retirement, and increased suicide rates (SAMHSA, 2018).

Emergency Medical Service Professionals

According to the National Association of State EMS Officials (2020), there were 1,030,760 licensed emergency medical service professionals (paid and nonpaid) in the United States, including emergency medical responders (EMRs), emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs), and paramedics. This number includes approximately 150,000 full-time professionals and 500,000–830,000 volunteer and part-time professionals.

Emergency medical service professionals range in training and skills and are permitted to offer medical services according to their provider level. EMRs provide basic emergency skills for critical patients and can offer medical interventions while awaiting additional medical providers. EMTs provide basic, noninvasive interventions to reduce the mortality of acute emergency responses. They can perform all the duties assigned to EMRs and have additional skills for patient transport. In the United States, EMTs provide the majority of emergency care, and in some areas the highest level of patient care and transport. AEMTs are trained to perform all the duties of the EMR and EMT and can conduct limited advanced and pharmacological interventions. Paramedics are allied health professionals who are trained in advanced assessment to formulate a field impression and provide invasive and pharmacological interventions (National Association of State EMS Officials, 2020).

Although there may be a difference in the skills and training among the various emergency medical service professionals, they share similar stressors and witness the same emergency situations. Calls involve violent crime victims, burn patients, multiple casualties, suicides, mental health crises, and road traffic accidents. Suicide ideation for emergency medical professionals is higher than the general population. In addition, sleep deprivation, feeling underappreciated, poor nutrition, limited exercise, long shifts, high call volume, and low pay are also elements of stress to this population.

Firefighter Professionals

The National Fire Protection Association (Federal Emergency Management Agency, 2019) estimates there are over 1.2 million firefighters, with 33% serving as career firefighters, 55% as volunteer firefighters, and 12% as paid per call firefighters. As with law enforcement officers, firefighters are more vulnerable to injuries, although not assaults. Because of the unique nature of the profession, many firefighters are also certified and have dual roles as emergency medical service professionals. Therefore, it is important to refer to the section on emergency medical service professionals because many who serve in this dual profession may experience various types of stressors.

Research on the unique stressors of firefighters is limited in comparison to research on other first responders, although it is suspected that many of the stressors affecting emergency medical service professionals and law enforcement officers can be extended to firefighters. Such factors may lead to burnout and increased stress due to exposure to death, line-of-duty injuries, extensive shiftwork, deficient sleep patterns, and physical hardships including pain (SAMHSA, 2018). The actual rates of suicide for all first responder groups are unknown as they do not

include retired groups and off-duty suicides. Retired and volunteer firefighters make the data even more difficult to retrieve. Results indicated that one in four professional firefighters and one in five volunteer firefighters have considered suicide during their firefighter career (National Volunteer Fire Council, 2015).

Culture

Culture represents general information about the functioning and worldview of first responder service members and their families. The following is based on common components that cross over *all* first responder groups. The professional counselor:

1. Is aware that differences in first responder culture exist between each department of service (Alonso, 2018; Coliandris & Rogers, 2008; Kronenberg et al., 2008; Woody, 2005).
2. Is aware that generational differences in experiences may exist between first responders who previously served, those who currently serve, and those who served in different eras (N. A. Cameron et al., 2018; Poston et al., 2014; H. Wright et al., 2013).
3. Acknowledges values, beliefs, traditions, and functions of first responders that influence the client's worldview (Helikson & Gunderson, 2015; Lilley & Hinduja, 2006).
4. Is aware of the mission-first value system of first responders (Morreale & Lambert, 2009).
5. Recognizes the hierarchical nature of first responder culture, which aids organization in crisis situations (Gau & Gaines, 2012; Kniffin et al., 2015; Van Craen & Skogan, 2017).
6. Understands there may be rank differences that impact decisions (Haarr & Morash, 2013; Van Craen & Skogan, 2017).
7. Recognizes that first responders may experience financial constraints (Cowlishaw et al., 2020; Zavala, 2018).
8. Acknowledges sacrifice, honor, and humility as values for first responder members (D. L. Smith et al., 2013).
9. Recognizes the importance of unity within the first responder community, including a desire to limit risk or harm to others (Kniffin et al., 2015).
10. Explores the introjection of first responder culture in the client's personal and professional functioning, including extended family and cultural support systems (Huynh et al., 2013; C. C. Johnson et al., 2019; T. D. Smith et al., 2017).
11. Respects the individual motivations of first responder members to join the force, as well as their individual experiences during their time in service and decision to leave or retire (Elntib & Milincic, 2020; Navarro-Abal et al., 2020; Sandrin et al., 2019).
12. Recognizes the unique within-group cultural differences of first responders, including gender, race, ethnicity, age, education, sexual orientation, socioeconomic status, ability status, and religious/spiritual orientation (Bowler et al., 2010; Prenzler & Sinclair, 2013; Wagner & O'Neill, 2012).
13. Seeks education on the training methods and objectives to be informed about first responder operations, including potential differences among service areas (Rajakaruna et al., 2017; Sebillo et al., 2015).
14. Is aware of the potential for differing worldviews between first responders and civilians (Prenzler, 2004).

15. Seeks to better understand the lived experiences of first responders (Duarte et al., 2006; Haddock et al., 2015; Rutkow, 2011).
16. Seeks to understand the personal and public perception of first responders and how they impact daily living for those serving (Cheema, 2016; Stinson & Liederbach, 2013).
17. Is sensitive to the guarded nature of individuals among first responders and attempt to discern the difference between healthy and unhealthy coping mechanisms (Arble et al., 2018; Lambert et al., 2012).
18. Recognizes the significance that while some consider first responders to experience paranoia, this may be a natural result of hypervigilance required to conduct their jobs well (Fritz et al., 2018; Messinger, 2013).
19. Recognizes the necessity to cross the cultural divide to be included in the culture of first responders in order to be seen as a legitimate member of the community (Groves et al., 2004; C. C. Johnson et al., 2019; Terpstra & Schaap, 2013).
20. Understands that there are differences among training, experience, certifications, and job requirements (Regehr, Hill, Goldberg, et al., 2003; Regehr, Hill, Knott, et al., 2003; Sinden et al., 2013).
21. Recognizes the impact of elongated and varied shift schedules on physical and mental health, including on-call responsiveness (Billings & Focht, 2016; Katsavouni et al., 2016).
22. Acknowledges the role of split-second decision-making and frequent exposure to trauma on the work and personal lives of first responders (Holaday et al., 1995).
23. Understands the stakes are high for making mistakes as a first responder and that people's lives may rest in momentary decisions (Geronazzo-Alman et al., 2017; Weinberger, 2017).
24. Recognizes the impact of public scrutiny and negative perceptions from the community on performance (Leroux & McShane, 2017).
25. Recognizes that many first responders may be hesitant and untrusting of mental health professionals as not understanding their culture and stressors (Allison et al., 2019; Hom et al., 2016; Marmar et al., 2006).
26. Recognizes that first responders may believe that seeking mental health care may make them appear weak and could impact their advancement and ability to perform in their capacities (A. Crowe et al., 2015; Haugen et al., 2017; Patton, 2020).

The following are best practices that are unique to each first responder group regarding culture.

Law Enforcement Officers

The professional counselor:

1. Acknowledges sacrifice, honor, and humility as values for law enforcement members (Varvarigou et al., 2014).
2. Recognizes the culture of loyalty and camaraderie (Holdaway & O'Neill, 2006; Peterson & Uhnoo, 2012).
3. Understands that there is political influence on law enforcement morale and practice from national, regional, and local perspectives (Boudreau et al., 2019; Lewis et al., 2013).

4. Recognizes the impact of being prepared to take another human life if it is needed to save others (Farrell et al., 2018; D. J. Johnson et al., 2018).
5. Understands the tendency for hypervigilance and suspicion to exist (Wangler et al., 1996).
6. Understands that the role of law enforcement officers is not only to protect the public but also to protect themselves and their peers (Griffin & Sun, 2018; Rajaratnam et al., 2011).
7. Understands that law enforcement officers are prepared to sacrifice their lives to help/rescue another person (Beletsky et al., 2020).

Firefighters

The professional counselor:

1. Acknowledges sacrifice, honor, and humility as values for firefighter members (Harrison et al., 2018; Myers, 2005).
2. Recognizes the culture of loyalty and camaraderie (Jouanne et al., 2017).
3. Recognizes that life-saving skills may not be effective in a variety of situations (Scarborough, 2017).
4. Understands that firefighters are prepared to sacrifice their lives to help/rescue another person (Lally, 2015).

Emergency Medical Services (EMS)

The professional counselor:

1. Acknowledges that there may not be a recognizable "EMS culture." This can be specific to the work environment of the EMS personnel. Some EMS personnel see their work as a calling and a culture of helping on par with medical personnel, others see it as a culture in line with fire rescue, while others see it as an occupation (Waugh & Streib, 2006).
2. Understands that independent EMS are companies with small crews (usually in teams of two) that may not have a professional "identity." They are frequently referred to as "ambulance drivers" by the public, and their involvement in emergency services is frequently overshadowed by fire and law enforcement services (National Highway Traffic Safety Administration, 2020b).
3. Understands that EMS is often viewed as an occupation, contrary to law enforcement officers and fire services that may be viewed as a fraternity or family (P. D. Patterson et al., 2010).
4. Recognizes that, generally, a higher level of education is required for AEMT due to a required understanding of pharmacology and medical procedures (Chang et al., 2018; New York State Department of Health, 2000; Unitek EMT, 2022).
5. Understands there is more of a national standard of training for EMTs. With the advent of the National Registry of Emergency Medical Technicians (a national certification system for EMS), EMT/AEMT/Paramedic may be the levels of certification and training, but this does not translate to a national identity as a profession (National Registry of Emergency Medical Technicians, 2022).
6. Understands that EMS embedded with, or that share a workforce (e.g., fire services), may exhibit and identify primarily as the parent service culture. This is especially true if the

parent service (e.g., public safety) fulfills a more expansive role than strictly emergency services (International Association of Fire Chiefs, 2009).

Systems

Systems represent general information about how the families, spouses, and children of first responders experience the nature and structure of the lifestyle including, but not limited to, service, health and wellness, employment, long periods of separation, consequences of injury, and retirement. The following is based on common components that cross over *all* first responder groups. The professional counselor:

1. Is aware that there are unique characteristics of first responder families, including demographics such as age of marriage and blended families, which may vary by type of service (Karaffa et al., 2015; G. T. Patterson, 2003).
2. Is aware that there is a complex nature of stressors faced by first responder families, including factors related to separation and relocation (Duarte et al., 2006).
3. Understands the high level of adaptation and resiliency skills that are beneficial for families to meet the common demands of the lifestyle, including stress, uncertainty, and frequent separations (Miller, 2007).
4. Is aware of the roles and expectations experienced by families, including factors such as separation, career evolution, and transition (Pinna et al., 2017).
5. Is aware that there can be a unique identity developed by children raised in first responder households and challenges placed on first responder families, to include adult children of first responder upbringing (Aranda et al., 2011; Pinna et al., 2017).
6. Is aware of the physical, cognitive, and emotional demands of first responder service and aware of the potential impact, on self and others, of serving in a high-risk occupation (C. C. Johnson et al., 2019).
7. Understands the potential familial impact related to first responder retirement, including the implications of the type of retirement (Bracken-Scally et al., 2016; Brandl & Smith, 2013; Bullock et al., 2019).
8. Respects the unique and sometimes challenging decisions families make in service (Hall et al., 2010; L. B. Johnson et al., 2005; Porter & Henriksen, 2016).
9. Is aware that relational dissatisfaction in first responder marriages/relationships may be associated with exposure to violence, traumatic brain injury, posttraumatic stress, depression, substance use, and infidelity (Anderson & Lo, 2011; Jones, 2017; Karaffa et al., 2015; Roberts et al., 2013; Tuttle et al., 2018).
10. Recognizes service as provided is often in the communities where they work and may have personal connections to families in the communities they serve (Clarke, 2006; Nordberg et al., 2016; Rosenberg et al., 2008).
11. Recognizes it is common to work second jobs to manage family finances (Porter & Henriksen, 2016).

The following are best practices that are unique to each first responder group regarding systems.

Law Enforcement Officers

The professional counselor:

> Understands that there is a very real potential of retaliation on law enforcement families and the fear and uncertainty that occur with these situations. This is prevalent in both uniformed families and clearance-related law enforcement occupations (Miller, 2007; Morman et al., 2020).

Firefighters

The professional counselor:

> Recognizes the complexity and impact of serving within one's community, and the potential of having close relationships with community members with whom they may be called to respond in the line of duty (Cowlishaw et al., 2008).

Emergency Medical Services (EMS)

The professional counselor:

1. Understands that in rural communities, EMS may also work multiple roles with hospitals, firefighter services, funeral homes, and volunteer services (Freeman et al., 2009).
2. Recognizes there may be a similar structured radio communication (e.g., 10 codes) but EMS protocol may not be reflected in law enforcement officer and firefighter services (Advancing EMS Systems, 2017; Bass et al., 2004).
3. Recognizes that due to their medical focus, EMS utilizes medical terminology and may be more aligned with nursing and emergency room language and practices (National Highway Traffic Safety Administration, 2020a).

Assessment of Presenting Concerns

Assessment of presenting concerns represents common areas of clinical concerns that first responders frequently present when seeking mental health services. The following is based on common components that cross over *all* first responder groups. The professional counselor:

1. Understands that first responder–connected clients are often concerned that they will experience stigmatization, which creates barriers to seeking mental health services (Berger et al., 2012; Haugen et al., 2017).
2. Is aware that exposure to violence increases the risk of co-occurring concerns such as substance use disorders and suicidality (Hem et al., 2001; Kohan & O'connor, 2002; Violanti et al., 2016).
3. Understands the importance of assessing trauma in all first responders given service-related injuries are not always related to violence exposure and that secondary trauma, vicarious trauma, and preexisting trauma may exist (Papazoglou & Tuttle, 2018).
4. Recognizes that moral injury is a prevalent concern among the broad range of symptoms that may manifest following critical incident exposure (Armacost, 2004; Norberg, 2013; Rowe, 2007).
5. Recognizes that alcohol is the most prevalent substance misuse and frequently co-occurs with other mental health concerns and suicidality (Ménard & Arter, 2013; Zavala, 2018).

6. Recognizes the increase in suicidal ideation and behaviors among all first responders and so prioritizes risk and utilizes risk assessment tools as many first responders may not volunteer this information (Koch, 2010; Stanley et al., 2019).

The following are best practices that are unique to each first responder group regarding assessment of presenting concerns.

Law Enforcement Officers

The professional counselor:

1. Recognizes the hesitancy for law enforcement officers to voice concerns that may be documented or reported (Cottler et al., 2014; Rothwell & Baldwin, 2007).
2. Understands that moments of high stress and energy exertion (such as "use of force" circumstances) may cause memory of an event to be impaired (Beehr et al., 2004; Chopko, 2010).
3. Recognizes the impact of public scrutiny on responsive behaviors (Boudreau et al., 2019; Cao & Wu, 2019; Hu et al., 2020; Lee et al., 2019; Murphy & Worrall, 1999).

Firefighters

The professional counselor:

1. Understands and as appropriate explores the disrupted sleep patterns characteristic of the firefighter experience and the impact sleep patterns have on their mental health (Abbasi et al., 2018).
2. Recognizes that long shiftwork (which can include multiple days) may have an impact on family relations (Billings & Focht, 2016; T. D. Smith et al., 2018).
3. Understands and as appropriate explores medical issues that may be more prevalent with firefighters (e.g., heart attacks) and utilizes medical professionals as a referral base for prevention health care (P. D. Patterson et al., 2016; Yang et al., 2013).
4. Understands and as appropriate explores stressors that may differ between career and volunteer firefighters (Brown et al., 2002; Sliter et al., 2014; Stanley et al., 2017; Wagner & Waters, 2014).

Emergency Medical Services (EMS)

The professional counselor:

1. Knows that EMS workers may experience higher rates of personal injury due to less backup and support in emergency and work environments (Gray & Collie, 2017; Maguire et al., 2018; Taylor et al., 2015; J. Y. Wright et al., 2019).
2. Understands that EMS workers may have a higher propensity of burnout, secondary traumatic stress, and vicarious traumatization due to a work environment that is heavy with human injury and suffering. This is much more of a continuing concern as opposed to fire services that can be viewed as encountering these things more infrequently, but in more catastrophic circumstances. EMS workers frequently deal with death and dying

situations and are frequently the ones in direct contact with those patients (Baier et al., 2018; Vettor & Kosinski, 2000).
3. Understands that EMS workers may experience higher rates of burnout and vicarious traumatization due to less administrative support systems in work environment (R. P. Crowe et al., 2020; Weaver et al., 2015a, 2015b).

TREATMENT

Treatment represents general information about unique concerns that may arise in the treatment of first responder–affiliated clients and approaches supported by research for first responder populations, including best practices of first responder care systems, as well as holistic wellness-oriented services.

The following is based on common components that cross over *all* first responder groups. The professional counselor:

1. Is aware of evidence-based treatments and effective practices relevant to first responders and their families (Antony et al., 2020; Flannery, 2015).
2. Is aware of the adjunctive interdisciplinary services and lack thereof (e.g., occupational therapy, physical therapy, command consultation, embedded behavioral health, chaplaincy, peer support) available as well as the potential stigma involved in seeking services (Ramchand et al., 2019; Ramey et al., 2016).
3. Understands the potential role and policy consequences of pharmacotherapy and supports appropriate client medication management services as needed (Amaranto et al., 2003; American Addiction Centers, 2022).
4. Supports coping skills development for effective functioning when not on duty (Anshel et al., 2013; Arble et al., 2018; Gershon et al., 2009).
5. Considers inclusion of the first responders' family and social supports in treatment (Page & Jacobs, 2011; Rathi & Barath, 2013).
6. Regularly assesses for the nature, frequency, and severity of trauma exposure, as well as ongoing stressors and protective factors such as social support, substance use, risk-seeking behaviors, and financial stability (Fjeldheim et al., 2014; Papazoglou & Tuttle, 2018).
7. Is aware of the role of holistic, mindfulness-based treatment approaches that are relevant to first responder populations (Kaplan et al., 2017; B. W. Smith et al., 2011).
8. Seeks strategies as needed to improve first responders' access and engagement in mental health services (Kleim & Westphal, 2011; Rutkow et al., 2011).
9. Recognizes that operational tempo (life pace due to work-related scheduling issues or duty-related travel) impacts scheduling for mental health services (Biggs et al., 2014; van der Velden et al., 2010).
10. Is not afraid to talk about life and death issues (Alvarez et al., 2007; Chae & Boyle, 2013; Kunadharaju et al., 2011; Mishara & Martin, 2012).
11. Avoids the use of euphemistic language and instead uses "straight talk" (U.S. Department of Health and Human Services, 2019).
12. As appropriate, explores existential approaches and understands rituals and symbols that are of importance to the first responder (De Camargo, 2019; Kniffin et al., 2015).

13. As appropriate, explores and encourages rituals of transitions to more clearly define changes in professional and personal roles (Bullock et al., 2020; T. M. Cameron & Griffiths, 2017).
14. As appropriate, seeks to create a plan of care for healthy sleep hygiene within the confines of the service schedule (Billings & Focht, 2016; Garbarino et al., 2019).
15. Has an understanding of the stressors of first responders, including lifestyle, sleep, nutrition, general activity and routine in the job, lack of support, and so on (Arble & Arnetz, 2017; Davis & Gregory, 2007).
16. Has an understanding of family stressors (Goodmark, 2015; Landers et al., 2020).
17. Has an understanding of those areas when issues are likely to occur, including drugs/drinking, bad attitude, anger issues, divorce, secondary trauma, and so on (C. C. Johnson et al., 2019; Norwood & Rascati, 2012).

First Responder Organizations and Resources

The following is a non-exhaustive list of organizations available for first responders.

Law Enforcement Organizations

Code 9 Heroes and Families United https://code9.org/
Concerns of Police Survivors (COPS) https://www.concernsofpolicesurvivors.org/
Federal Criminal Investigators Association http://www.fedcia.org/
Federal Law Enforcement Officers Association http://www.fleoa.org/
Fraternal Order of Police http://www.fop.net/
International Association of Chiefs of Police http://www.theiacp.org/
International Association of Women Police http://www.iawp.org/
National Asian Peace Officers' Association http://napoablue.org/
National Association of Police Organizations http://www.napo.org/
National Association of Women Law Enforcement Executives http://www.nawlee.com/
National Black Police Association http://www.blackpolice.org/
National Latino Peace Officers Association http://www.nlpoa.com/
National Organization of Black Women in Law Enforcement http://www.nobwle.org/
National Sheriffs' Association http://www.sheriffs.org/
Park Law Enforcement Association https://myparkranger.com
Same Shield http://www.sameshield.com/
United States Deputy Sheriff's Association https://usdeputy.org/
United States Park Police https://www.nps.gov/subjects/uspp/index.htm
Women in Federal Law Enforcement http://www.wifle.org/

Firefighter Organizations

Congressional Fire Services Institute https://www.cfsi.org/
Fire Department Safety Officers Association https://www.fdsoa.org/
International Association of Black Professional Fire Fighters https://iabpf.org
International Association of Fire Chiefs https://www.iafc.org/

International Association of Fire Fighters https://www.iaff.org/
National Association for Hispanic Firefighters http://nahff.org/
National Fallen Firefighters Foundation https://www.firehero.org/
National Volunteer Fire Council https://www.nvfc.org/
Organization of American Firefighters https://www.bomberosamericanos.org/en/
U.S Fire Administration https://www.usfa.fema.gov/
Wildland Firefighter Foundation https://wffoundation.org/

Emergency Medical Services Organizations

American Ambulance Association https://ambulance.org/
Federal Interagency Committee on EMS https://www.ems.gov/ficems.html
International Association of EMS Chiefs http://www.iaemsc.org/
International Association of EMTs and Paramedics http://www.iaep.org/
National Association of Emergency Medical Technicians http://www.naemt.org/
National Association of EMS Educators http://naemse.org/
National Association of EMS Physicians https://naemsp.org/
National Association of State EMS Officials https://nasemso.org/
National EMS Management Association https://www.nemsma.org/
National Registry of Emergency Medical Technicians
https://www.nremt.org/rwd/public/document/candidates

First Responder Rankings and Levels of Training

EMS Levels of Training/Certifications

Four Tiers from Low to High

Emergency Medical Responder (EMR). Most often assistant advanced medical professionals, help with transport and perform basic lifesaving interventions.

Emergency Medical Technician (EMT). Trained to use emergency medical equipment within the ambulance and assist advanced medical professionals.

Advanced Emergency Medical Technician (AEMT). Courses and education are required to pass an examination and years of service as EMR/EMT.

Paramedic. Have been through a paramedic-specific training program and have years of experience.

Law Enforcement Ranking Levels

Law enforcement agencies at the federal, state, county, and city levels operate with rankings very independently, but many follow similar patterns. Counseling professionals should consider these basic ranking structures when gathering information from their law enforcement officer clients. Some of these ranking structures may not include various other roles within law

enforcement, such as administrative roles, unionized ranks, and volunteers within an agency. The following are several examples of ranking structures.

Los Angeles Police Department Rank and Structure https://www.joinlapd.com/career-ladders

Title	Example of Work Titles
Police Officer I	Academy/Recruit
Police Officer II	Patrol Officer, Desk Officer, Vice Investigator
Police Officer III	K-9 Handler, Mounted Unit, SWAT Officer
Sergeant I	Jail Supervisor, Staff Researcher
Sergeant II	Watch Commander, Training Coordinator
Detective I	Narcotics Officer
Detective II	Detective Supervisor, Auditor
Detective III	Polygraph Unit
Lieutenant I	Division Watch Commander
Lieutenant II	Assistant Commanding Officer
Captain I	Patrol Division Commanding Officer
Captain II	Specialized Division Commanding Officer
Captain III	Area Commanding Officer
Commander	Commanding Officer
Deputy Chief I	Specialized Bureau Commanding Officer
Deputy Chief II	Assistant Chief
Chief of Police	Chief

Chicago Police Department Rank and Structure
http://directives.chicagopolice.org/forms/CPD-61.400.pdf

Pay Scale	Title
D-1	Police Officer
D-2	Police Technician
D-2A	Detective
D-3	Police Legal Officer 1
E-3	Sergeant
E-4	Lieutenant
E-5	Captain
E-6	Commander
E-7	Deputy Chief
E-8	Chief
EX	First Deputy Superintendent
EX	Superintendent of Police

Indiana State Police Rank and Structure https://en.wikipedia.org/wiki/Indiana_State_Police

Title
Trooper Trainee
Probationary Trooper

Trooper
Corporal
Sergeant
First Sergeant
Lieutenant
Captain
Major
Lieutenant Colonel
Colonel

Federal Officer/Agent Rank and Structure https://www.cbp.gov/careers/usbp-pay-and-benefits#CareerProg

Pay Scale	**U.S. Customs and Border Protection**	**U.S. Border Patrol**
GS 5	Entry Level/Officer	Entry Level/Agent
GS 7	Entry Level/Officer	Entry Level/Agent
GS 9	Entry Level/Officer	Entry Level/Agent
GS 11	Journeyman/Officer	Journeyman/Agent
GS 12	Journeyman/Officer	Journeyman/Agent
GS 13	Supervisor	Supervisor
GS 14	Supervisor	Supervisor
GS 15	Supervisor	Supervisor
SES	Executive Assistant	Chief of U.S. Border Patrol Commissioner

Fire Fighter Ranking Levels

As with the other first responder groups, positions and ranks may depend on the geographical location, type of agency, and government leadership. The positions and ranks below may be found within a typical municipal fire department and are listed from entry level to highest ranking. In many municipalities, civil service exams may be used to determine all but the highest two ranks (Assistant Chief and Fire Chief). https://www.firetactics.com/firefighter-ranks

- Volunteer Firefighter
- Probationary Firefighter
- Firefighter/EMT
- Firefighter/Paramedic
- Driver Engineer
- Lieutenant
- Captain
- Battalion Chief
- Assistant Chief
- 10. Fire Chief

Other cities may involve additional ranks and positions to include primary leadership positions. These positions are frequently appointed (e.g., by the mayor or fire commissioner of a municipality). Examples include:

- 1st Deputy Fire
- Commissioner
- Assistant Deputy Chief
- Paramedic
- Assistant Deputy Fire
- Commissioner
- Deputy Chief Paramedic
- Deputy District Chief
- Deputy Fire
- Commissioner
- District Chief
- Fire Commissioner

Some departments may also include additional ranks outside the normal chain of command, such as sergeants, majors, and inspectors.

References

Abbasi, M., Rajabi, M., Yazdi, Z., & Shafikhani, A. A. (2018). Factors affecting sleep quality in firefighters. *Sleep & Hypnosis, 20*(4), 283–289. https://doi.org/10.5350/Sleep.Hypn.2018.20.0163

Advancing EMS Systems. (2017). *National model EMS clinical guidelines* (Version 2.0). https://www.ems.gov/pdf/advancing-ems-systems/Provider-Resources/National-Model-EMS-Clinical-Guidelines-September-2017.pdf

Allison, P., Jenkins, E. N., Mnatsakanova, A., Fekedulegn, D., Violanti, J. M., & Andrew, M. E. (2019). Shiftwork and symptoms of anxiety and depression in police officers. *Annals of Epidemiology, 36*, 76. https://doi.org/10.1016/j.annepidem.2019.06.035

Alonso, J. A. (2018). How police culture affects the way police departments view and utilize deadly force policies under the Fourth Amendment. *Arizona Law Review, 60*(4), 987–1012.

Alvarez, J., Rosen, C., Davis, K., Smith, G., & Corrigan, M. (2007). “Stay connected”: Psychological services for retired firefighters after 11 September 2001. *Prehospital and Disaster Medicine, 22*(1), 49–54. https://doi.org/10.1017/S1049023X00004337

Amaranto, E., Steinberg, J., Castellano, C., & Mitchell, R. (2003). Police stress interventions. *Brief Treatment & Crisis Intervention, 3*(1), 47–53. https://doi.org/10.1093/brief-treatment/mhg001

American Addiction Centers. (2022, September 12). *Substance abuse among police & law enforcement.* https://americanaddictioncenters.org/rehab-guide/police

Anderson, A. S., & Lo, C. C. (2011). Intimate partner violence within law enforcement families. *Journal of Interpersonal Violence, 26*(6), 1176–1193. https://doi.org/10.1177/0886260510368156

Anshel, M. H., Umscheid, D., & Brinthaupt, T. M. (2013). Effect of a combined coping skills and wellness program on perceived stress and physical energy among police emergency dispatchers: An exploratory study. *Journal of Police and Criminal Psychology, 28*(1), 1–14. https://doi.org/10.1007/s11896-012-9110-x

Antony, J., Brar, R., Khan, P. A., Ghassemi, M., Nincic, V., Sharpe, J. P., Straus, S. E., & Tricco, A. C. (2020). Interventions for the prevention and management of occupational stress injury in first responders: A rapid overview of reviews. *Systematic Reviews, 9*(1), 121. https://doi.org/10.1186/s13643-020-01367-w

Aranda, M. C., Middleton, L. S., Flake, E., & Davis, B. E. (2011). Psychosocial screening in children with wartime-deployed parents. *Military Medicine, 176*(4), 402–407. https://doi.org/10.7205/MILMED-D-10-00202

Arble, E., & Arnetz, B. B. (2017). A model of first-responder coping: An approach/avoidance bifurcation. *Stress & Health, 33*(3), 223–232. https://doi.org/10.1002/smi.2692

Arble, E., Daugherty, A. M., & Arnetz, B. B. (2018). Models of first responder coping: Police officers as a unique population. *Stress and Health, 34*(5), 612–621. https://doi.org/10.1002/smi.2821

Armacost, B. E. (2004). Organizational culture and police misconduct. *George Washington Law Review, 72*(3), 453–546.

Baier, N., Roth, K., Felgner, S., & Henschke, C. (2018). Burnout and safety outcomes—A cross-sectional nationwide survey of EMS-workers in Germany. *BMC Emergency Medicine, 18*(1), 24. https://doi.org/10.1186/s12873-018-0177-2

Bass, R., Potter J., McGinnis, K., & Miyahira, T. (2004). Surveying emerging trends in emergency-related information delivery for the EMS profession. *Topics in Emergency Medicine, 26*(2), 93–102.

Beehr, T. A., Ivanitskaya, L., Glaser, K., Erofeev, D., & Canali, K. (2004). Working in a violent environment: The accuracy of police officers' reports about shooting incidents. *Journal of Occupational & Organizational Psychology, 77*(2), 217–235. https://doi.org/10.1348/096317904774202153

Beletsky, L., Abramovitz, D., Arredondo, J., Baker, P., Artamonova, I., Marotta, P., Mittal, M. L., Rocha-Jimenez, T., Cepeda, J. A., Morales, M., Clairgue, E., Patterson, T. A., &

Strathdee, S. A. (2020). Addressing police occupational safety during an opioid crisis: The Syringe Threat and Injury Correlates (STIC) score. *Journal of Occupational and Environmental Medicine*, *62*(1), 46–51. https://doi.org/10.1097/JOM.0000000000001754

Berger, W., Coutinho, E. S. F., Figueira, I., Marques-Portella, C., Luz, M. P., Neylan, T. C., Marmar, C. R., & Mendlowicz, M. V. (2012). Rescuers at risk: A systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers. *Social Psychiatry and Psychiatric Epidemiology, 47*(6), 1001–1011. https://doi.org/10.1007/s00127-011-0408-2

Biggs, A., Brough, P., & Barbour, J. P. (2014). Exposure to extraorganizational stressors: Impact on mental health and organizational perceptions for police officers. *International Journal of Stress Management, 21*(3), 255–282. https://doi.org/10.1037/a0037297

Billings, J., & Focht, W. (2016). Firefighter shift schedules affect sleep quality. *Journal of Occupational and Environmental Medicine, 58*(3), 294–298. https://doi.org/10.1097/JOM.0000000000000624

Boudreau, C., MacKenzie, S. A., & Simmons, D. J. (2019). Police violence and public perceptions: An experimental study of how information and endorsements affect support for law enforcement. *Journal of Politics, 81*(3), 1101–1110. https://doi.org/10.1086/703540

Bowler, R. M., Han, H., Gocheva, V., Nakagawa, S., Alper, H., DiGrande, L., & Cone, J. E. (2010). Gender differences in probable posttraumatic stress disorder among police responders to the 2001 World Trade Center terrorist attack. *American Journal of Industrial Medicine, 53*(12), 1186–1196. https://doi.org/10.1002/ajim.20876

Bracken-Scally, M., McGilloway, S., & Mitchell, J. T. (2016). Retirement policies and support for emergency service personnel: The transition to retirement. *Canadian Journal on Aging/La Revue canadienne du vieillissement, 35*(2), 161–174. https://www.muse.jhu.edu/article/620420

Brandl, S. G., & Smith, B. W. (2013). An empirical examination of retired police officers' length of retirement and age at death: A research note. *Police Quarterly, 16*(1), 113–123. https://doi.org/10.1177/1098611112465611

Brown, J., Mulhern, G., & Joseph, S. (2002). Incident-related stressors, locus of control, coping, and psychological distress among firefighters in Northern Ireland. *Journal of Traumatic Stress, 15*(2), 161–168. https://doi.org/10.1023/A:1014816309959

Bullock, K., Fielding, J., & Hieke, G. (2020). Retiring from the police service in England and Wales: A multi-dimensional perspective. *Ageing and Society, 40*(1), 1–24. https://doi.org/10.1017/S0144686X18000818

Bullock, K., Garland, J., & Coupar, F. (2019). Police officer transitions to retirement in the United Kingdom: Social identity, social support, and (in)justice. *Policing and Society, 30*(10), 1123–1137. https://doi.org/10.1080/10439463.2019.1664522

Cameron, N. A., Shen, J., Rusk, K., Parker, R., Godino, J. G., & Nichols, J. F. (2018). Longitudinal decline in cardiorespiratory fitness with age among male firefighters in San Diego, California, 2005–2015. *American Journal of Public Health, 108*(10), 1388–1393. https://doi.org/10.2105/AJPH.2018.304591

Cameron, T. M., & Griffiths, A. (2017). The impact of involuntary retirement on senior police officers. *Policing: A Journal of Policy and Practice, 11*(1), 52–61. https://doi.org/10.1093/police/paw020

Cao, L., & Wu, Y. (2019). Confidence in the police by race: Taking stock and charting new directions. *Police Practice & Research, 20*(1), 3–17. https://doi.org/10.1080/15614263.2017.1396460

Chae, M. H., & Boyle, D. J. (2013). Police suicide: Prevalence, risk, and protective factors. *Policing: An International Journal, 36*(1), 91–118. https://doi.org/10.1108/13639511311302498

Chang, Y. T., Tsai, K. C., & Williams, B. (2018). Development of new core competencies for Taiwanese emergency medical technicians. *Advances in Medical Education and Practice*, *9*, 147–158. https://doi.org/10.2147/AMEP.S153403

Cheema, R. (2016). Black and blue bloods: Protecting police officer families from domestic violence. *Family Court Review, 54*(3), 487–500. https://doi.org/10.1111/fcre.12226

Chopko, B. A. (2010). Posttraumatic distress and growth: An empirical study of police officers. *American Journal of Psychotherapy, 64*(1), 55–72. https://doi.org/10.1176/appi.psychotherapy.2010.64.1.55

Clarke, C. (2006). Proactive policing: Standing on the shoulders of community-based policing. *Police Practice & Research, 7*(1), 3–17. https://doi.org/10.1080/15614260600579508

Coliandris, G., & Rogers, C. (2008). Linking police culture, leadership and partnership-working. *The Police Journal: Theory, Practice and Principles, 81*(2), 111–125. https://doi.org/10.1350/pojo.2008.81.2.413

Cottler, L. B., O'Leary, C. C., Nickel, K. B., Reingle, J. M., & Isom, D. (2014). Breaking the blue wall of silence: Risk factors for experiencing police sexual misconduct among female offenders. *American Journal of Public Health, 104*(2), 338–344. https://doi.org/10.2105/AJPH.2013.301513

Cowlishaw, S., Evans, L., & McLennan, J. (2008). Families of rural volunteer firefighters. *Rural Society, 18*(1), 17–25. https://doi.org/10.5172/rsj.351.18.1.17

Cowlishaw, S., Little, J., Sbisa, A., McFarlane, A. C., Van Hooff, M., Lawrence-Wood, E., O'Donnell, M., Hinton, M., Sadler, N., Savic, A., Forbes, D., & Metcalf, O. (2020). Prevalence and implications of gambling problems among firefighters. *Addictive Behaviors, 105,* Article 106326. https://doi.org/10.1016/j.addbeh.2020.106326

Crowe, A., Glass, J. S., Lancaster, M., Raines, J. M., & Waggy, M. R. (2015). Mental illness stigma among first responders and the general population. *Journal of Military and Government Counseling, 3*(3), 132–149. https://mgcaonline.org/wp-content/uploads/2013/02/JMGC-Vol-3-Is-3.pdf

Crowe, R. P., Fernandez, A. R., Pepe, P. E., Cash, R. E., Rivard, M. K., Wronski, R., Anderson, S. E., Hogan, T. H., Andridge, R. R., Panchal, A. R., & Ferketich, A. K. (2020). The association of job demands and resources with burnout among emergency medical services professionals. *Journal of the American College of Emergency Physicians Open, 1*(1), 6–16. https://doi.org/10.1002/emp2.12014

Davis, D. L., & Gregory, R. P. (2007). Nutrition 911: The first responders' guide to food and diabetes. *Clinical Diabetes, 25*(3), 101–103. https://doi.org/10.2337/diaclin.25.3.101

De Camargo, C. R. (2019). 'You feel dirty a lot of the time': Policing 'dirty work,' contamination and purification rituals. *International Journal of Police Science & Management, 21*(3), 133–145. https://doi.org/10.1177/1461355719864365

Duarte, C. S., Hoven, C. W., Wu, P., Bin, F., Cotel, S., Mandell, D. J., Nagasawa, M., Balaban, V., Wernikoff, L., & Markenson, D. (2006). Posttraumatic stress in children with first responders in their families. *Journal of Traumatic Stress, 19*(2), 301–306. https://doi.org/10.1002/jts.20120

Elntib, S., & Milincic, D. (2021). Motivations for becoming a police officer: A global snapshot. *Journal of Police and Criminal Psychology, 36,* 211–219. https://doi.org/10.1007/s11896-020-09396-w

Farrell, A. L., Monk-Turner, E., Danner, M. J. E., & Scallon, C. J. A. (2018). "There's no crying in police work": Exploring police shootings with feminist methods. *Gender Issues, 35*(3), 220–235. https://doi.org/10.1007/s12147-017-9198-5

Federal Emergency Management Agency. (2019). *National fire department registry summary.* https://www.usfa.fema.gov/downloads/pdf/registry_summary_2019.pdf

Fjeldheim, C. B., Nothling, J., Pretorius, K., Basson, M., Ganasen, K., Heneke, R., Cloete, K. J., & Seedat, S. (2014). Trauma exposure, posttraumatic stress disorder and the effect of explanatory variables in paramedic trainees. *BMC Emergency Medicine, 14,* Article 11. https://doi.org/10.1186/1471-227X-14-11

Flannery, R. B. (2015). Treating psychological trauma in first responders: A multi-modal paradigm. *Psychiatric Quarterly, 86*(2), 261–267. https://doi.org/10.1007/s11126-014-9329-z

Freeman, V. A., Slifkin, R. T., & Patterson, P. D. (2009). Recruitment and retention in rural and urban EMS: Results from a national survey of local EMS directors. *Journal of Public Health Management and Practice*, *15*(3), 246–252. https://doi.org/10.1097/phh.0b013e3181a117fc

Fritz, C., Hammer, L. B., Guros, F., Shepherd, B. R., & Meier, D. (2018). On guard: The costs of work-related hypervigilance in the correctional setting. *Occupational Health Science*, *2*(1), 67–82. https://doi.org/10.1007/s41542-018-0010-z

Garbarino, S., Guglielmi, O., Puntoni, M., Bragazzi, N., & Magnavita, N. (2019). Sleep quality among police officers: Implications and insights from a systematic review and meta-analysis of the literature. *International Journal of Environmental Research and Public Health, 16*(5), Article 885. https://doi.org/10.3390/ijerph16050885

Gau, J. M., & Gaines, D. C. (2012). Top-down management and patrol officers' attitudes about the importance of public order maintenance: A research note. *Police Quarterly, 15*(1), 45–61. https://doi.org/10.1177/1098611111433010

Geronazzo-Alman, L., Eisenberg, R., Shen, S., Duarte, C. S., Musa, G. J., Wicks, J., Fan, B., Doan, T., Guffanti, G., Bresnahan, M., & Hoven, C. W. (2017). Cumulative exposure to work-related traumatic events and current post-traumatic stress disorder in New York City's first responders. *Comprehensive Psychiatry, 74*, 134–143. https://doi.org/10.1016/j.comppsych.2016.12.003

Gershon, R. R. M., Barocas, B., Canton, A. N., Li, X., & Vlahov, D. (2009). Mental, physical, and behavioral outcomes associated with perceived work stress in police officers. *Criminal Justice and Behavior, 36*(3), 275–289. https://doi.org/10.1177/0093854808330015

Goodmark, L. (2015). Hands up at home: Militarized masculinity and police officers who commit intimate partner abuse. *BYU Law Review, 2015*(5), 1183–1246.

Gray, S. E., & Collie, A. (2017). The nature and burden of occupational injury among first responder occupations: A retrospective cohort study in Australian workers. *Injury, 48*(11), 2470–2477. https://doi.org/10.1016/j.injury.2017.09.019

Griffin, J. D., & Sun, I. Y. (2018). Do work-family conflict and resiliency mediate police stress and burnout: A study of state police officers. *American Journal of Criminal Justice, 43*, 354–370. https://doi.org/10.1007/s12103-017-9401-y

Groves, W. A., Ramani, R. V., Radomsky, M. C., & Flick, J. P. (2004). Protecting first responders. *Professional Safety, 49*(11), 31–41.

Haarr, R. N., & Morash, M. (2013). The effect of rank on police women coping with discrimination and harassment. *Police Quarterly, 16*(4), 395–419. https://doi.org/10.1177/1098611113489888

Haddock, C., Jahnke, S., Poston, W., Jitnarin, N., & Day, R. (2015). Marriage and divorce among firefighters in the United States. *Journal of Family Issues*, *37*(16). https://doi.org/10.1177/0192513X15583070

Hall, G. B., Dollard, M. F., Tuckey, M. R., Winefield, A. H., & Thompson, B. M. (2010). Job demands, work-family conflict, and emotional exhaustion in police officers: A longitudinal test of competing theories. *Journal of Occupational and Organizational Psychology*, 83(1), 237–250. https://doi.org/10.1348/096317908X401723

Harrison, T. R., Muhamad, J. W., Yang, F., Morgan, S. E., Talavera, E., Caban-Martinez, A., & Kobetz, E. (2018). Firefighter attitudes, norms, beliefs, barriers, and behaviors toward post-fire decontamination processes in an era of increased cancer risk. *Journal of Occupational & Environmental Hygiene, 15*(4), 279–284. https://doi.org/10.1080/15459624.2017.1416389

Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. *Journal of Psychiatric Research*, *94*, 218–229. https://doi.org/10.1016/j.jpsychires.2017.08.001

Helikson, C., & Gunderson, S. (2015). Workplace medical emergency responders: An EMT license is not an advanced first-aid card. *Professional Safety, 60*(10), 32–38.

Hem, E., Berg, A. M., & Ekeberg, Ø. (2001). Suicide in police—a critical review. *Suicide and Life-Threatening Behavior, 31*(2), 224–233. https://doi.org/10.1521/suli.31.2.224.21513

Holaday, M., Warren-Miller, G., Smith, A., & Yost, T. E. (1995). A preliminary investigation of on-the-scene coping mechanisms used by disaster workers. *Journal of Mental Health Counseling, 17*(3), 347–359.

Holdaway, S., & O'Neill, M. (2006). Ethnicity and culture: Thinking about 'police ethnicity.' *The British Journal of Sociology, 57*(3), 483–502. https://doi.org/10.1111/j.1468-4446.2006.00121.x

Hom, M. A., Stanley, I. H., Ringer, F. B., & Joiner, T. E. (2016). Mental health service use among firefighters with suicidal thoughts and behaviors. *Psychiatric Services, 67*(6), 688–691. https://doi.org/10.1176/appi.ps.201500177

Hu, X., Dai, M., DeValve, M. J., & Lejeune, A. (2020). Understanding public attitudes towards the police: Co-variates of satisfaction, trust, and confidence. *Canadian Journal of Criminology & Criminal Justice, 62*(1), 26–49. https://doi.org/10.3138/cjccj.2019-0011

Huynh, J. Y., Xanthopoulou, D., & Winefield, A. H. (2013). Social support moderates the impact of demands on burnout and organizational connectedness: A two-wave study of volunteer firefighters. *Journal of Occupational Health Psychology, 18*(1), 9–15. https://doi.org/10.1037/a0030804

International Association of Fire Chiefs. (2009). *Fire-based emergency medical services.* https://www.iafc.org/about-iafc/positions/position/iafc-position-fire-based-emergency-medical-services

Jackson-Cherry, L., & Erford, B. (Eds.). (2016). *Crisis assessment, intervention, and prevention* (3rd ed.). Pearson.

Johnson, C. C., Vega, L., Kohalmi, A. L., Roth, J. C., Howell, B. R., & Van Hasselt, V. B. (2019). Enhancing mental health treatment for the firefighter population: Understanding fire culture, treatment barriers, practice implications, and research directions. *Professional Psychology: Research and Practice. 51*(3), 304–311. https://doi.org/10.1037/pro0000266

Johnson, D. J., Cesario, J., & Pleskac, T. J. (2018). How prior information and police experience impact decisions to shoot. *Journal of Personality and Social Psychology, 115*(4), 601–623. https://doi.org/10.1037/pspa0000130

Johnson, L. B., Todd, M., & Subramanian, G. (2005). Violence in police families: Work-family spillover. *Journal of Family Violence*, 20(1), 3–12. https://doi.org/10.1007/s10896-005-1504-4

Jones, S. (2017). Describing the mental health profile of first responders: A systematic review. *Journal of the American Psychiatric Nurses Association, 23*(3), 200–214. https://doi.org/10.1177/1078390317695266

Jouanne, E., Charron, C., Chauvin, C., & Morel, G. (2017). Correlates of team effectiveness: An exploratory study of firefighter's operations during emergency situations. *Applied Ergonomics*, *61*, 69–77. https://doi.org/10.1016/j.apergo.2017.01.005

Kaplan, J. B., Bergman, A. L., Christopher, M., Bowen, S., & Hunsinger, M. (2017). Role of resilience in mindfulness training for first responders. *Mindfulness, 8*(5), 1373–1380. https://doi.org/10.1007/s12671-017-0713-2

Karaffa, K., Openshaw, L., Koch, J., Clark, H., Harr, C., & Stewart, C. (2015). Perceived impact of police work on marital relationships. *The Family Journal, 23*(2), 120–131. https://doi.org/10.1177/1066480714564381

Katsavouni, F., Bebetsos, E., Malliou, P., & Beneka, A. (2016). The relationship between burnout, PTSD symptoms and injuries in firefighters. *Occupational Medicine*, *66*(1), 32–37. https://doi.org/10.1093/occmed/kqv144

Kleim, B., & Westphal, M. (2011). Mental health in first responders: A review and recommendation for prevention and intervention strategies. *Traumatology, 17*(4), 17–24. https://doi.org/10.1177/1534765611429079

Kniffin, K. M., Wansink, B., Devine, C. M., & Sobal, J. (2015). Eating together at the firehouse: How workplace commensality relates to the performance of firefighters. *Human Performance,* 28(4), 281–306. https://doi.org/10.1080/08959285.2015.1021049

Koch, B. J. (2010). The psychological impact on police officers of being first responders to completed suicides. *Journal of Police and Criminal Psychology, 25*(2), 90–98. https://doi.org/10.1007/s11896-010-9070-y

Kohan, A., & O'connor, B. P. (2002). Police officer job satisfaction in relation to mood, well-being, and alcohol consumption. *The Journal of Psychology, 136*(3), 307–318. https://doi.org/10.1080/00223980209604158

Kronenberg, M., Osofsky, H. J., Osofsky, J. D., Many, M., Hardy, M., & Arey, J. (2008). First responder culture: Implications for mental health professionals providing services following a natural disaster. *Psychiatric Annals, 38*(2), 114–118. https://doi.org/10.3928/00485713-20080201-05

Kunadharaju, K., Smith, T. D., & DeJoy, D. M. (2011). Line-of-duty deaths among U.S. firefighters: An analysis of fatality investigations. *Accident Analysis & Prevention, 43*(3), 1171–1180. https://doi.org/10.1016/j.aap.2010.12.030

Lally, S. (2015). NIOSH recommends OSH programs to prevent firefighter deaths. *Professional Safety, 60*(5), 20.

Lambert, J., Benight, C., Harrison, E., & Cieslak, R. (2012). The Firefighter Coping Self-Efficacy Scale: Measure development and validation. *Anxiety, Stress & Coping, 25*(1), 79–91. https://doi.org/10.1080/10615806.2011.567328

Landers, A. L., Dimitropoulos, G., Mendenhall, T. J., Kennedy, A., & Zemanek, L. (2020). Backing the blue: Trauma in law enforcement spouses and couples. *Family Relations, 69*(2), 308–319. https://doi.org/10.1111/fare.12393

Lee, H. D., Kim, D., Woo, Y., & Reyns, B. W. (2019). Determinants of citizen support for community-oriented policing. *Police Practice & Research, 20*(1), 34–47. https://doi.org/10.1080/15614263.2017.1396459

Leroux, E. J., & McShane, K. (2017). Changing youth attitudes toward the police through community policing programming. *Journal of Community Psychology, 45*(6), 810–822. https://doi.org/10.1002/jcop.21894

Lewis, P., Provine, D., Varsanyi, M., & Decker, S. (2013). Why do (some) city police departments enforce federal immigration law? Political, demographic, and organizational

influences on local choices. *Journal of Public Administration Research and Theory, 23*(1), 1–25. https://doi.org/10.1093/jopart/mus045

Lilley, D., & Hinduja, S. (2006). Organizational values and police officer evaluation: A content comparison between traditional and community policing agencies. *Police Quarterly, 9*(4), 486–513. https://doi.org/10.1177/1098611105281628

Maguire, B. J., O'Meara, P., O'Neill, B. J., & Brightwell, R. (2018). Violence against emergency medical services personnel: A systematic review of the literature. *American Journal of Industrial Medicine, 61*(2), 167–180. https://doi.org/10.1002/ajim.22797

Marmar, C. R., McCaslin, S. E., Metzler, T. J., Best, S., Weiss, D. S., Fagan, J., Liberman, A., Pole, N., Otte, C., Yehuda, R., Mohr, D., & Neylan, T. (2006). Predictors of posttraumatic stress in police and other first responders. *Annals of the New York Academy of Sciences, 1071*(1), 1–18. https://doi.org/10.1196/annals.1364.001

Ménard, K. S., & Arter, M. L. (2013). Police officer alcohol use and trauma symptoms: Associations with critical incidents, coping, and social stressors. *International Journal of Stress Management, 20*(1), 37–56. https://doi.org/10.1037/a0031434

Messinger, S. D. (2013). Vigilance and attention among U.S. service members and veterans after combat. *Anthropology of Consciousness, 24*(2), 191–207. https://doi.org/10.1111/anoc.12013

Miller, L. (2007). Police families: Stresses, syndromes, and solutions. *The American Journal of Family Therapy, 35*(1), 21–40. https://doi.org/10.1080/01926180600698541

Mishara, B. L., & Martin, N. (2012). Effects of a comprehensive police suicide prevention program. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 33*(3), 162–168. https://doi.org/10.1027/0227-5910/a000125

Morman, M. T., Schrodt, P., & Adamson, A. (2020). Firefighters' job stress and the (un)intended consequences of relational quality with spouses and firefighter friends. *Journal of Social and Personal Relationships*, *37*(4), 1092–1113. https://doi.org/10.1177/0265407519886355

Morreale, S. A., & Lambert, D. (2009). Homeland security and the police mission. *Journal of Homeland Security and Emergency Management, 6*(1). https://doi.org/10.2202/1547-7355.1618

Murphy, D. W., & Worrall, J. L. (1999). Residency requirements and public perceptions of the police in large municipalities. *Policing, 22*(3), 327–342.

Myers, K. K. (2005). A burning desire: Assimilation into a fire department. *Management Communication Quarterly*, *18*(3), 344–384.

National Association of State EMS Officials. (2020). *2020 national emergency medical services assessment.* https://www.ruralcenter.org/sites/default/files/2020%20National%20EMS%20Assessment.pdf

National Highway Traffic Safety Administration. (2020a). *EMS education standards.* https://www.ems.gov/projects/ems-education-standards.html

National Highway Traffic Safety Administration. (2020b). *What is EMS?* https://www.ems.gov/whatisems.html

National Law Enforcement Officers Memorial Fund. (2020). *Law enforcement facts.* https:// https://nleomf.org/facts-figures/law-enforcement-facts

National Registry of Emergency Medical Technicians. (2022). *National EMS certification.* https://www.nremt.org

National Volunteer Fire Council. (2015). *Suicide in the fire and emergency services: Adopting a proactive approach to behavioral health awareness and suicide prevention.* https://www.nvfc.org/wp-content/uploads/2015/09/ff_suicide_report.pdf

Navarro-Abal, Y., López-López, M. J., Gómez-Salgado, J., & Climent-Rodríguez, J. A. (2020). Becoming a police officer: Influential psychological factors. *Journal of Investigative Psychology and Offender Profiling, 17*(2), 118–130. https://doi.org/10.1002/jip.1544

New York State Department of Health. (2000). *Emergency medical technician–basic (EMT-B)/advanced emergency medical technician (AEMT).* https://www.health.ny.gov/professionals/ems/policy/00-10.htm

Norberg, K. (2013). Legislation vs. morality—a police officer's ethical dilemma. *Police Practice and Research, 14*(1), 35–44. https://doi.org/10.1080/15614263.2011.627741

Nordberg, A., Crawford, M. R., Praetorius, R. T., & Hatcher, S. S. (2016). Exploring minority youths' police encounters: A qualitative interpretive meta-synthesis. *Child and Adolescent Social Work Journal, 33*(2), 137–149. https://doi.org/10.1007/s10560-015-0415-3

Norwood, P. J., & Rascati, J. (2012, December). Recognizing and combating firefighter stress. *Fire Engineering, 165*, 87–90.

Page, K. S., & Jacobs, S. C. (2011). Surviving the shift: Rural police stress and counseling services. *Psychological Services, 8*(1), 12–22. https://doi.org/10.1037/a0021796

Papazoglou, K., & Tuttle, B. M. (2018). Fighting police trauma: Practical approaches to addressing psychological needs of officers. *SAGE Open, 8*(3). https://doi.org/10.1177/2158244018794794

Patterson, G. T. (2003). Examining the effects of coping and social support on work and life stress among police officers. *Journal of Criminal Justice*, *31*(3), 215–226. https://doi.org/10.1016/S0047-2352(03)00003-5

Patterson, P. D., Huang, D. T., Fairbanks, R. J., Simeone, S., Weaver, M., & Wang, H. E. (2010). Variation in emergency medical services workplace safety culture. *Prehospital Emergency Care, 14*(4), 448–460. https://doi.org/10.3109/10903127.2010.497900

Patterson, P. D., Smith, K. J., & Hostler, D. (2016). Cost-effectiveness of workplace wellness to prevent cardiovascular events among US firefighters. *BMC Cardiovascular Disorders*, *16*(1), Article 229. https://doi.org/10.1186/s12872-016-0414-0

Patton, J. (2020, September 3). *'Stop being afraid to be judged' about your reactions to on-the-job experiences.* https://www.ems1.com/health-and-wellness/articles/stop-being-afraid-to-be-judged-about-your-reactions-to-on-the-job-experiences-Qus31uow7ftub5R3/

Peterson, A., & Uhnoo, S. (2012). Trials of loyalty: Ethnic minority police officers as 'outsiders' within a greedy institution. *European Journal of Criminology, 9*(4), 354–369. https://doi.org/10.1177/1477370812447266

Pinna, K. L. M., Hanson, S., Zhang, N., & Gewirtz, A. H. (2017). Fostering resilience in National Guard and Reserve families: A contextual adaptation of an evidence-based parenting program. *American Journal of Orthopsychiatry, 87*(2), 185–193. https://doi.org/10.1037/ort0000221

Porter, K. L., & Henriksen, R. C. (2016). The phenomenological experience of first responder spouses. *The Family Journal, 24*(1), 44–51. https://doi.org/10.1177/1066480715615651

Poston, W. S. C., Haddock, C. K., Jahnke, S. A., Jitnarin, N., Day, R. S., & Daniels, I. D. (2014). Health disparities among racial and ethnic minority firefighters. *Journal of Health Disparities Research & Practice, 7*(5), Article 8. https://digitalscholarship.unlv.edu/jhdrp/vol7/iss5/8

Prenzler, T. (2004). Stakeholder perspectives on police complaints and discipline: Towards a civilian control model. *Journal of Criminology, 37*(1), 85–113. https://doi.org/10.1375/000486504323020292

Prenzler, T., & Sinclair, G. (2013). The status of women police officers: An international review. *International Journal of Law, Crime and Justice, 41*(2), 115–131. https://doi.org/10.1016/j.ijlcj.2012.12.001

Rajakaruna, N., Henry, P. J., Cutler, A., & Fairman, G. (2017). Ensuring the validity of police use of force training. *Police Practice and Research, 18*(5), 507–521. https://doi.org/10.1080/15614263.2016.1268959

Rajaratnam, S. M. W., Barger, L. K., Lockley, S. W., Shea, S. A., Wang, W., Landrigan, C. P., O'Brien, C. S., Qadri, S., Sullivan, J. P., Cade, B. E., Epstein, L. J., White, D. P., Czeisler, C. A. (2011). Sleep disorders, health, and safety in police officers. *JAMA, 306*(23), 2567–2578. https://doi.org/10.1001/jama.2011.1851

Ramchand, R., Saunders, J., Osilla, K. C., Ebener, P., Kotzias, V., Thornton, E., Strang, L., & Cahill, M. (2019). Suicide prevention in U.S. law enforcement agencies: A national survey of current practices. *Journal of Police and Criminal Psychology, 34*(1), 55–66. https://doi.org/10.1007/s11896-018-9269-x

Ramey, S., Perkhounkova, Y., Hein, M., Chung, S., Franke, W. D., Anderson, A. A. (2016). Building resilience in an urban police department. *Journal of Occupational & Environmental Medicine, 58*, 796–804. https://doi.org/10.1097/JOM.0000000000000791

Rathi, N., & Barath, M. (2013). Work-family conflict and job and family satisfaction. *Equality, Diversity and Inclusion, 32*(4), 438–454. https://doi.org/10.1108/EDI-10-2012-0092

Regehr, C., Hill, J., Goldberg, G., & Hughes, J. (2003). Postmortem inquiries and trauma responses in paramedics and firefighters. *Journal of Interpersonal Violence, 18*(6), 607–622. https://doi.org/10.1177/0886260503251131

Regehr, C., Hill, J., Knott, T., & Sault, B. (2003). Social support, self-efficacy and trauma in new recruits and experienced firefighters. *Stress and Health, 19*(4), 189–193. https://doi.org/10.1002/smi.974

Roberts, N. A., Leonard, R. C., Butler, E. A., Levenson, R. W., & Kanter, J. W. (2013). Job stress and dyadic synchrony in police marriages: A preliminary investigation. *Family Process, 52*(2), 271–283. https://doi.org/10.1111/j.1545-5300.2012.01415.x

Rosenberg, H., Sigler, R., & Lewis, S. (2008). Police officer attitudes toward community policing: A case study of the Racine Wisconsin Police Department. *Police Practice & Research, 9*(4), 291–305. https://doi.org/10.1080/15614260802354569

Rothwell, G. R., & Baldwin, J. N. (2007). Ethical climate theory, whistle-blowing, and the code of silence in police agencies in the state of Georgia. *Journal of Business Ethics, 70*(4), 341–361. https://doi.org/10.1007/s10551-006-9114-5

Rowe, M. (2007). Tripping over molehills: Ethics and the ethnography of police work. *International Journal of Social Research Methodology, 10*(1), 37–48. https://doi.org/10.1080/13645570600652792

Rutkow, L., Gable, L., & Links, J. M. (2011). Protecting the mental health of first responders: Legal and ethical considerations. *Journal of Law, Medicine & Ethics, 39*(S1), 56–59. https://doi.org/10.1111/j.1748-720X.2011.00567.x

Sandrin, É., Gillet, N., Fernet, C., Leloup, M., & Depin-Rouault, C. (2019). Effects of motivation and workload on firefighters' perceived health, stress, and performance. *Stress and Health, 35*(4), 447–456. https://doi.org/10.1002/smi.2873

Scarborough, R. C. (2017). Risk a lot to save a lot: How firefighters decide whose life matters. *Sociological Forum, 32*(S1), 1073–1092. https://doi.org/10.1111/socf.12363

Sebillo, M., Vitiello, G., Paolino, L., & Ginige, A. (2015). Training emergency responders through augmented reality mobile interfaces. *Multimedia Tools and Applications, 75*(16), 9609–9622. https://doi.org/10.1007/s11042-015-2955-0

Sinden, K., MacDermid, J., Buckman, S., Davis, B., Matthews, T., & Viola, C. (2013). A qualitative study on the experiences of female firefighters. *Work, 45*(1), 97–105. https://doi.org/10.3233/WOR-121549

Sliter, M., Kale, A., & Yuan, Z. (2014). Is humor the best medicine? The buffering effect of coping humor on traumatic stressors in firefighters. *Journal of Organizational Behavior, 35*(2), 257–272. https://doi.org/10.2307/26610896

Smith, B. W., Ortiz, J. A., Steffen, L. E., Tooley, E. M., Wiggins, K. T., Yeater, E. A., Montoya, J. D., & Bernard, M. L. (2011). Mindfulness is associated with fewer PTSD symptoms, depressive symptoms, physical symptoms, and alcohol problems in urban firefighters. *Journal of Consulting and Clinical Psychology, 79*(5), 613–617. https://doi.org/10.1037/a0025189

Smith, D. L., Barr, D. A., & Kales, S. N. (2013). Extreme sacrifice: Sudden cardiac death in the US Fire Service. *Extreme Physiology & Medicine, 2*(1), Article 6. https://doi.org/10.1186/2046-7648-2-6

Smith, T. D., DeJoy, D. M., Dyal, M.-A., & Huang, G. (2017). Impact of work pressure, work stress and work-family conflict on firefighter burnout. *Archives of Environmental & Occupational Health, 74*(4), 215–222. https://doi.org/10.1080/19338244.2017.1395789

Smith, T. D., Hughes, K., DeJoy, D. M., & Dyal, M.-A. (2018). Assessment of relationships between work stress, work-family conflict, burnout and firefighter safety behavior outcomes. *Safety Science, 103*, 287–292. https://doi.org/10.1016/j.ssci.2017.12.005

Stanley, I. H., Boffa, J. W., Hom, M. A., Kimbrel, N. A., & Joiner, T. E. (2017). Differences in psychiatric symptoms and barriers to mental health care between volunteer and career firefighters. *Psychiatry Research, 247*, 236–242. https://doi.org/10.1016/j.psychres.2016.11.037

Stanley, I. H., Boffa, J. W., Tran, J. K., Schmidt, N. B., Joiner, T. E., & Vujanovic, A. A. (2019). Posttraumatic stress disorder symptoms and mindfulness facets in relation to suicide risk among firefighters. *Journal of Clinical Psychology, 75*(4), 696–709. https://doi.org/10.1002/jclp.22748

Stinson, P., & Liederbach, J. (2013). Fox in the henhouse: Study of police officers arrested for crimes associated with domestic and/or family violence. *Criminal Justice Policy Review, 24*(5), 598–622. https://doi.org/10.1177/0887403412453837

Substance Abuse and Mental Health Services Administration. (2018). *Disaster technical assistance center supplemental research bulletin—First responders: Behavioral health concerns, emergency response, and trauma.* https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf

Taylor, J. A., Davis, A. L., Barnes, B., Lacovara, A. V., & Patel, R. (2015). Injury risks of EMS responders: Evidence from the National Fire Fighter Near-Miss Reporting System. *BMJ Open, 5*(6), e007562. https://doi.org/10.1136/bmjopen-2014-007562

Terpstra, J., & Schaap, D. (2013). Police culture, stress conditions and working styles. *European Journal of Criminology*, *10*(1), 59–73. https://doi.org/10.1177/1477370812456343

Tuttle, B. M., Giano, Z., & Merten, M. J. (2018). Stress spillover in policing and negative relationship functioning for law enforcement marriages. *The Family Journal, 26*(2), 246–252. https://doi.org/10.1177/1066480718775739

U.S. Department of Health and Human Services. (2019, April 12). *First responder communication strategies.* https://www.phe.gov/Preparedness/planning/abc/Pages/crisis-factsheet.aspx

Unitek EMT. (2022, September 21). *The 3 levels of EMT certification.* https://www.unitekemt.com/blog/the-difference-between-emt-certification-levels/

Van Craen, M., & Skogan, W. G. (2017). Officer support for use of force policy: The role of fair supervision. *Criminal Justice and Behavior, 44*(6), 843–861. https://doi.org/10.1177/0093854817696341

van der Velden, P. G., Kleber, R. J., Grievink, L., & Yzermans, J. C. (2010). Confrontations with aggression and mental health problems in police officers: The role of organizational stressors, life-events and previous mental health problems. *Psychological Trauma: Theory, Research, Practice, and Policy, 2*(2), 135–144. https://doi.org/10.1037/a0019158

Varvarigou, V., Farioli, A., Korre, M., Sato, S., Dahabreh, I., & Kales, S. (2014). Law enforcement duties and sudden cardiac death among police officers in United States: Case distribution study. *British Medical Journal, 349,* Article g6534. https://doi.org/10.1136/bmj.g6534

Vettor, S. M., & Kosinski, F. A., Jr. (2000). Work-stress burnout in emergency medical technicians and the use of early recollections. *Journal of Employment Counseling, 37*(4), 216–228. https://doi.org/10.1002/j.2161-1920.2000.tb01028.x

Violanti, J. M., Andrew, M. E., Mnatsakanova, A., Hartley, T. A., Fekedulegn, D., & Burchfiel, C. M. (2016). Correlates of hopelessness in the high suicide risk police occupation. *Police Practice & Research, 17*(5), 408–419. https://doi.org/10.1080/15614263.2015.1015125

Wagner, S., & O'Neill, M. (2012). Job, life, and relationship satisfaction for paid-professional firefighters. *Journal of Loss & Trauma, 17*(5), 423–438. https://doi.org/10.1080/15325024.2011.650129

Wagner, S., & Waters, C. (2014). An initial investigation of the factor-analytic structure of the Impact of Event Scale–Revised with a volunteer firefighter sample. *Journal of Loss & Trauma, 19*(6), 568–583. https://doi.org/10.1080/15325024.2013.810443

Wangler, J. A., Brewster, J., & Echterling, L. (1996). Hypervigilance and cynicism in police officers. *Journal of Police and Criminal Psychology, 11*(1), 2–4.

Waugh, W. L., & Streib, G. (2006). Collaboration and leadership for effective emergency management. *Public Administration Review, 66*(S1), 131–140. https://doi.org/10.1111/j.1540-6210.2006.00673.x

Weaver, M. D., Patterson, P. D., Fabio, A., Moore, C. G., Freiberg, M. S., & Songer, T. J. (2015a). The association between weekly work hours, crew familiarity, and occupational injury and illness in emergency medical services workers. *American Journal of Industrial Medicine, 58*(12), 1270–1277. https://doi.org/10.1002/ajim.22510

Weaver, M. D., Patterson, P. D., Fabio, A., Moore, C. G., Freiberg, M. S., & Songer, T. J. (2015b). An observational study of shift length, crew familiarity, and occupational injury and illness in emergency medical services workers. *Occupational and Environmental Medicine, 72*(11), 798–804. https://doi.org/10.1136/oemed-2015-102966

Weinberger, L. (2017). Making mistakes about the law: Police mistakes of law between qualified immunity and lenity. *University of Chicago Law Review, 84*(3), 1561–1601. https://chicagounbound.uchicago.edu/uclrev/vol84/iss3/11

Woody, R. H. (2005). The police culture: Research implications for psychological services. *Professional Psychology: Research and Practice, 36*(5), 525–529. https://doi.org/10.1037/0735-7028.36.5.525

Wright, H., Larose, J., McLellan, T., Miller, S., Boulay, P., & Kenny, G. (2013). Do older firefighters show long-term adaptations to work in the heat? *Journal of Occupational & Environmental Hygiene, 10*(12), 705–715. https://doi.org/10.1080/15459624.2013.821574

Wright, J. Y., Davis, A. L., Brandt-Rauf, S., & Taylor, J. A. (2019). "Felony assault should stick": Assaulted EMS responders' frustration and dissatisfaction with the legal system.

American Journal of Industrial Medicine, 62(11), 938–950. https://doi.org/10.1002/ajim.23036

Yang, J., Teehan, D., Farioli, A., Baur, D. M., Smith, D., & Kales, S. N. (2013). Sudden cardiac death among firefighters ≤45 years of age in the United States. *The American Journal of Cardiology, 112*(12), 1962–1967. https://doi.org/10.1016/j.amjcard.2013.08.029

Zavala, E. (2018). Assessing the role of gambling on problematic alcohol consumption by police officers. *Journal of Gambling Studies, 34*(3), 659–672. https://doi.org/10.1007/s10899-017-9725-z

Additional Resources

Alexander, D. A., & Klein, S. (2001). Ambulance personnel and critical incidents: Impact of accident and emergency work on mental health and emotional well-being. *The British Journal of Psychiatry, 178*(1), 76–81. https://doi.org/10.1192/bjp.178.1.76

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

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision).

Barger, L. K., Rajaratnam, S. M. W., Wang, W., O'Brien, C. S., Sullivan, J. P., Qadri, S., Lockley, S. W., & Czeisler, C. A. (2015). Common sleep disorders increase risk of motor vehicle crashes and adverse health outcomes in firefighters. *Journal of Clinical Sleep Medicine, 11*(3), 233–240. https://doi.org/10.5664/jcsm.4534

Beaton, R., & Murphy, S. A. (1995). Working with people in crisis: Research implications. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* (pp. 51–81). Brunner/Mazel.

Beaton, R., Murphy, S., Johnson, C., Pike, K., & Corneil, W. (1998). Exposure to duty-related incident stressors in urban firefighters and paramedics. *Journal of Traumatic Stress, 11*(4), 821–828. https://doi.org/10.1023/A:1024461920456

Benedek, D. M., Fullerton, C., & Ursano, R. J. (2007). First responders: Mental health consequences of natural and human-made disasters for public health and public safety workers. *Annual Review of Public Health, 28*, 55–68. https://doi.org/10.1146/annurev.publhealth.28.021406.144037

Buchanan, M., Anderson, J. O., Uhlemann, M. R., & Horwitz, E. (2006). Secondary traumatic stress: An investigation of Canadian mental health workers. *Traumatology, 12*(4), 272–281. https://doi.org/10.1177/1534765606297817

Chamberlin, M. J. A., & Green, H. J. (2010). Stress and coping strategies among firefighters and recruits. *Journal of Loss and Trauma, 15*(6), 548–560. https://doi.org/10.1080/15325024.2010.519275

Faber, A. J., Willerton, E., Clymer, S. R., Macdermid, S. M., & Weiss, H. M. (2008). Ambiguous absence, ambiguous presence: A qualitative study of military reserve families in wartime. *Journal of Family Psychology, 22*(2), 222–230. https://doi.org/10.1037/0893-3200.22.2.222

Faircloth, P. K. (2011). *Gender, identity, and career: An investigation of gender role conflict and job satisfaction with police officers* (UMI No. 1466333115) [Doctoral disseration, Oakland University]. ProQuest Dissertations and Theses Global.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* (pp. 1–20). Brunner/Mazel.

Fisher, P., & Etches, B. (2003, October). *A comprehensive approach to workplace stress & trauma in fire-fighting: A review document prepared for the International Association of Firefighters 17th Redmond Symposium*. https://www.tendacademy.ca/wp-content/uploads/2017/08/IAFF_Redmond_03.pdf

Gist, R., Taylor, V. H., & Raak, S. (2011). *Suicide surveillance, prevention, and intervention measures for the U.S. fire service* [White paper]. National Fallen Firefighters Foundation.

Heinrichs, M., Wagner, D., Schoch, W., Soravia, L. M., Hellhammer, D. H., & Ehlert, U. (2014). Predicting posttraumatic stress symptoms from pretraumatic risk factors: A 2-year prospective follow-up study in firefighters. *American Journal of Psychiatry, 162*(12), 2276–2286. https://doi.org/10.1176/appi.ajp.162.12.2276

Hirshkowitz, M., Whiton, K., Albert, S. M., Alessi, C., Bruni, O., DonCarlos, L., Hazen, N., Herman, J., Katz, E. S., Kheirandish-Gozal, L., Neubauer, D. N., O'Donnell, A. E., Ohayon, M., Peever, J., Rawding, R., Sachdeva, R. C., Setters, B., Vitiello, M. V., Ware, J. C., & Adams Hillard, P. J. (2015). National Sleep Foundation's sleep time duration recommendations: Methodology and results summary. *Sleep Health*, *1*(1), 40–43. https://doi.org/10.1016/j.sleh.2014.12.010

Jahnke, S. A., Gist, R., Poston, W. S. C., & Haddock, C. K. (2014). Behavioral health interventions in the fire service: Stories from the firehouse. *Journal of Workplace Behavioral Health, 29*(2), 113–126. https://doi.org/10.1080/15555240.2014.898568

Jahnke, S. A., Poston, W. S. C., Haddock, C. K., & Murphy, B. (2016). Firefighting and mental health: Experiences of repeated exposure to trauma. *Work, 53*(4) 737–744. https://doi.org/10.3233/wor-162255

Kirby, R., Shakespeare-Finch, J., & Palk, G. (2011). Adaptive and maladaptive coping strategies predict posttrauma outcomes in ambulance personnel. *Traumatology, 17*(4), 25–34. https://doi.org/10.1177/1534765610395623

Lanza, A., Roysircar, G., & Rodgers, S. (2018). First responder mental healthcare: Evidence-based prevention, postvention, and treatment. *Professional Psychology: Research and Practice, 49*(3), 193–204. https://doi.org/10.1037/pro0000192

Lee, S. H., & Olshfski, D. (2002). Employee commitment and firefighters: It's my job. *Public Administration Review, 62*(S1), 108–114. https://doi.org/10.1111/1540-6210.62.s1.19

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

McFarlane, A. C., & Bookless, C. (2001). The effect of PTSD on interpersonal relationships: Issues for emergency service workers. *Sexual & Relationship Therapy, 16*(3), 261–267. https://doi.org/10.1080/14681990120064496

Meyer, E. C., Zimering, R., Daly, E., Knight, J., Kamholz, B. W., & Gulliver, S. B. (2012). Predictors of posttraumatic stress disorder and other psychological symptoms in trauma-exposed firefighters. *Psychological Services, 9*(1), 1–15. https://doi.org/10.1037/a0026414

Milen, D. (2009). The ability of firefighting personnel to cope with stress. *Journal of Social Change, 3*(1), 38–56.

Paton, D. (2006). Critical incident stress risk in police officers: Managing resilience and vulnerability. *Traumatology, 12*(3), 198–206. https://doi.org/10.1177/1534765606296532

Paton, D., & Violanti, J. M. (1996). *Traumatic stress in critical occupations: Recognition, consequences, and treatment*. Charles C. Thomas.

Patterson, P. D., Huang, D. T., Fairbanks, R. J., Simeone, S., Weaver, M., & Wang, H. E. (2010). Variation in emergency medical services workplace safety culture. *Prehospital Emergency Care, 14*(4), 448–460. https://doi.org/10.3109/10903127.2010.497900

Pearlman, L. A., & Saakvitne, K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150–177). Brunner/Mazel.

Prati, G., & Pietrantoni, L. (2010). The relation of perceived and received social support to mental health among first responders: A meta-analytic review. *Journal of Community Psychology, 38*(3), 403–417. https://doi.org/10.1002/jcop.20371

Prati, G., Pietrantoni, L., & Cicognani, E. (2010). Self-efficacy moderates the relationship between stress appraisal and quality of life among rescue workers. *Anxiety, Stress and Coping, 23*(4), 463–470. https://doi.org/10.1080/10615800903431699

Regehr, C. (2001). Crisis debriefing groups for emergency responders: Reviewing the evidence. *Brief Treatment and Crisis Intervention, 1*(2), 87–100. https://doi.org/10.1093/brief-treatment/1.2.87

Regehr, C. (2005). Bringing the trauma home: Spouses of paramedics. *Journal of Loss and Trauma, 10*(2), 97–114. https://doi.org/10.1080/15325020590908812

Regehr, C. (2009). Social support as a mediator of psychological distress in firefighters. *The Irish Journal of Psychology, 30*(1–2), 87–98. https://doi.org/10.1080/03033910.2009.10446300

Regehr, C., & Bober, T. (2005). *In the line of fire: Trauma in the emergency services*. Oxford University Press.

Regehr, C., Dimitropoulos, G., Bright, E., George, S., & Henderson, J. (2005). Behind the brotherhood: Rewards and challenges for wives of firefighters. *Family Relations, 54*(3), 423–435. https://doi.org/10.1111/j.1741-3729.2005.00328.x

Regehr, C., Goldberg, G., Glancy, G. D., & Knott, T. (2002). Posttraumatic symptoms and disability in paramedics. *Canadian Journal of Psychiatry, 47*(10), 953–958. https://doi.org/10.1177/070674370204701007

Rowe, A., & Regehr, C. (2010). Whatever gets you through today: An examination of cynical humor among emergency service professionals. *Journal of Loss and Trauma, 15*(5), 448–464. https://doi.org/10.1080/15325024.2010.507661

Shakespeare-Finch, J., Smith, S. G., Gow, K. M., Embelton, G., & Baird, L. (2003). The prevalence of post-traumatic growth in emergency ambulance personnel. *Traumatology, 9*(1), 58–71. https://doi.org/10.1177/153476560300900104

Soeters, J. L. (2000). Culture in uniformed organizations. In N. M. Ashkanasy, C. P. Wilderom, & M. F. Peterson (Eds.), *The handbook of organizational culture and climate* (pp. 465–481). Sage.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010). The interpersonal theory of suicide. *Psychological Review, 117*(2), 575–600. https://doi.org/10.1037/a0018697

Varvel, S. J., He, Y., Shannon, J. K., Tager, D., Bledman, R. A., Chaichanasakul, A., Mendoza, M. M., & Mallinckrodt, B. (2007). Multidimensional, threshold effects of social support in firefighters: Is more support invariably better? *Journal of Counseling Psychology, 54*(4), 458–465. https://doi.org/10.1037/0022-0167.54.4.458

Wee, D. F., & Myers, D. (2002). Stress responses of mental health workers following disaster: The Oklahoma City bombing. In C. R. Figley (Ed.), *Treating compassion fatigue.* (pp. 57–83). Brunner-Routledge.

Williams, B., Boyle, M., Brightwell, R., Devenish, S., Hartley, P., McCall, M., McMullen, P., Munro, G., O'Meara, P., & Webb, V. (2012). Paramedic empathy levels: Results from seven Australian universities. *International Journal of Emergency Services, 1*(2), 111–121. https://doi.org/10.1108/20470891211275902

[This article is reprinted without from the *Journal of Military and Government Counseling*, Vol. 6, No. 2, 2018]

Introduction to the *Competencies for Counseling Military Populations*

ELIZABETH A. PROSEK
University of North Texas

JOSEPH D. WEHRMAN
University of Colorado-Colorado Springs

The publication of the *Competencies for Counseling Military Populations* is the culmination of vision and research supported by the Military and Government Counseling Association (MGCA) Board of Directors. The Board of Directors appointed a Task Force in October 2016 to develop the CCMPs after the advocacy efforts of three MGCA members (see Burgin, Prosek, & Atkins, 2017 for abbreviated version). However, the need for competencies in the counseling profession long precedes the recent advocacy efforts (see Fenell, 2008). Often, military researchers cite the recent inclusion of licensed professional counselors as employable in VA hospitals and related health centers as a catalyst for counselors' education on military cultural and clinical interventions. And while this is true, in actuality, counselors have long served military populations in community and private practice settings as military connected individuals and families impact all communities. A significant landmark for counselors who provide services to military connected families was the Congress mandated requirement of the Department of Defense to create rules for independent services provided through TRICARE (Federal Register, 2011). The study by the Institute of Medicine titled, Provision of Mental Health Counseling Services under TRICARE (2010) helped support the primary rule changes allowing counselors to be independent practitioners. These efforts involved significant advocacy from organizations such as but not limited to the National Board for Certified Counselors, Council for Accreditation of Counseling and Related Educational Programs, the American Counseling Association, and the American Mental Health Counselors Association. Counselors understand that the need for highly qualified practitioners is essential given the scope and ongoing nature of current global conflicts. The increased inclusion of counselors in VA hospitals and clinics coupled with limited long-term funding to support mental health needs of those receiving VA services creates a necessity for guidelines to effectively counsel military populations.

The authors of the CCMPs were intentional with their vision to respect the unique clinical needs of military populations, while also representing the philosophical foundations of counseling: prevention, development, empowerment, and wellness (Remley & Herlihy, 2016).

Elizabeth A. Prosek is an Associate Professor in the Department of Counseling and Higher Education at the University of North Texas; Joseph D. Wehrman is the Department Chair and Associate Professor of Counseling and Human Services in the College of Education Center at the University of Colorado-Colorado Springs. *Address correspondence to Elizabeth A. Prosek, The University of North Texas, Department of Counseling and Higher Education, 1155 Union Circle #310829, Denton, TX 76203. E-mail: Elizabeth.Prosek@unt.edu.*

During Task Force meetings, members often brought the discussions back to providing counselors with competencies that respected the strength-based perspectives of counselors, a perspective Task Force members foresee service members and their families will appreciate, given the values of military culture. Additionally, Task Force members continually worked toward writing competencies that provided general guidelines, allowing space for the individual experiences of military populations. For example, the Task Force, when applicable, denotes potential for different needs based on military status: Active Duty, Reserve Components, Veterans, retired military members, and military families. However, the commonalities shared among military populations are far greater and competencies were written to reflect a counselor's ability to interpret based on the individual military-connected client.

Congruent with other competency documents published by American Counseling Association divisions, the CCMPs support ethical decision-making in counseling and supervision, guide the development of curriculum in counselor education, and serve as a resource for research in counseling with military populations. While the Task Force created these competencies with longevity in mind, similar to other competency documents, the CCMPs will be evaluated in the future for relevance and context within the military culture and the counseling profession. It is important to note that the intent of the competencies is to provide a broad overarching framework vs. a specific prescriptive requirement. When implemented by counselors, they should be viewed through this lens.

In conclusion, we, as authors and leaders on the Task Force, thank the MGCA Board of Directors for their continued support to bring this document to counselors at-large, as well as the many reviewers who provided feedback to improve the scope and readability of the ocmpetencies. Finally, we must acknowledge the counselors, supervisors, and educators who are already "serving those who serve" (MGCA, n.d.) and the future counselors who will proudly and competently follow.

References

Burgin, E. E., Prosek, E. A., & Atkins, K. M. (2017). Mental health and the U.S. military: The need for counselor competencies. *Journal of Military and Government Counseling, 5,* 2-19. Retrieved from http://acegonline.org/wp-content /uploads/2013/02/JMGC-Vol-5-Is-1.pdf

Federal Register. (2010). TRICARE: Certified Mental Health Counselors. Office of the Secretary, Department of Defense. 32 CFR Part 199 [DOD–2011–HA–0134; RIN 0720–AB55]. Retrieved from https://www.gpo.gov/fdsys/pkg/FR-2011-12-27/pdf/2011-33109.pdf

Fenell, D. L. (2008). A distinct culture. *Counseling Today.* Retrieved from https://ct.counseling.org/2008/06/a-distinct-culture/

Institute of Medicine. (2010). Provision of Mental Health Counseling Services under TRICARE. Retrieved from http://nationalacademies.org/hmd/~/media/Files/Report

%20Files/2010/Provision-of-Mental-Health-Counseling-Services-Under-TRICARE/Provision%20of%20Mental%20Health%20Counseling%20Services%20Under%20Tricare%202010%20%20Report%20Brief.pdf

Military and Government Counseling Association. (n.d.). *Welcome to MGCA!* Retrieved from www.mgcaonline.org

Remley Jr., T. P., & Herlihy, B. P. (2016). *Ethical, legal, and professional issues in counseling* (6th ed.). Upper Saddle River, NJ: Merrill.

[This article is reprinted without from the *Journal of Military and Government Counseling*, Vol. 6, No. 2, 2018]

Competencies for Counseling Military Populations

ELIZABETH A. PROSEK
University of North Texas

ELIZABETH E. BURGIN
University of North Texas

KATHERINE M. ATKINS
Governor's State University

JOSEPH D. WEHRMAN
University of Colorado-Colorado Springs

DAVID L. FENELL
University of Colorado-Colorado Springs

CHEYENNE CARTER
Wake Forest University

LEIGH GREEN
West Texas A&M University

ACKNOWLEDGEMENTS: The Competencies for Counseling Military Populations Task Force was appointed by the Military and Government Counseling Association (MGCA) Board of Directors in 2016. These competencies were approved on April 28, 2018 by the MGCA Executive Committee and Board of Directors. As MGCA is a division of the American Counseling Association, these competencies will be forwarded to the Governing Council for approval. The authors acknowledge additional Task Force Members Larry Ashley and Benjamin V. Noah, liaison to the MGCA Board; the MGCA board members for supporting the initiative to create the Task Force; and the MGCA reviewers: Neil Duchac, Judith Mathewson, Melinda Paige, Elizabeth Parins, Jennifer Sztalkoper, and Thomas I. Watson.

Elizabeth A. Prosek is an Associate Professor in the Department of Counseling and Higher Education at the University of North Texas; Elizabeth E. Burgin is an doctoral student in the Counseling Program at the University of North Texas; Katherine M. Atkins is an Assistant Professor in the Counseling Program at Governors State University; Joseph D. Wehrman is the Department Chair and Associate Professor of Counseling and Human Services in the College of Education Center at the University of Colorado Colorado Springs; David L. Fenell is a Professor of Counseling and Human Services in the College of Education Center at the University of Colorado Colorado Springs; Cheyenne Carter is an Assistant Teaching Professor in the Department of Counseling at Wake Forest University; Leigh Green is an Assistant Professor of Education in the College of Education and Social Science at West Texas A&M University. *Address correspondence to Elizabeth A. Prosek, The University of North Texas, Department of Counseling and Higher Education, 1155 Union Circle #310829, Denton, TX 76203. E-mail: Elizabeth.Prosek@unt.edu.*

The Competencies for Counseling Military Populations (CCMP) offers counselors a framework of foundational principles and practice for working with military-connected clients. CCMP represents all military populations including Active Duty, Reserve Components, Veterans, retired military members, and military families; and counselors should interpret each competency with understanding of foundational differences in experiences among these military populations. Counselors working with military populations can use the CCMP as a resource in their clinical and ethical decision-making processes, as well as for training and supervision purposes. In October 2016, the Military and Government Counseling Association (MGCA) appointed a Task Force to develop the competencies. The Task Force member composition was intentional to capture the diverse experiences of military-connected counselors and counselor educators. The Task Force followed a structured process in the development of the competencies including: review of previous counselor competencies endorsed by the American Counseling Association (ACA), review of the current research related to counseling military populations, conceptualization for a framework of competencies, formulation of competencies, and feedback with MGCA board members and reviewers representative of MGCA members at-large.

The intention of the CCMP is to provide a research-based set of guidelines that represent military considerations through the lens of a counselor professional identity: a strength-based philosophy grounded in principles of empowerment, wellness, prevention, and development. The framework for the CCMP is organized by seven core components: military culture, ethics, system features, assessment of presenting concerns, identity development, treatment, and advocacy. Additionally, to encourage counselors' competence and understanding of military structure and language, an overview of military key terms are defined.

1. **Military Culture** represents general information about the functioning and worldview of military service members and their families.

   The professional counselor:
   a. Can identify the Active Duty service branches of the U.S. armed forces, and understands that each branch adheres to specialized structures, roles, ranks, and terms.
   b. Is aware that differences in military culture exist between each branch of service.
   c. Is aware that differences in experiences may exist between Veterans who previously served and Service members/Veterans who currently serve, as well as Veterans who served in different eras.
   d. Acknowledges values, beliefs, traditions, and functions of the military that influence the client's worldview.
   e. Is aware of the mission-first value system of the military.
   f. Acknowledges sacrifice, honor, and humility as values for Service members.
   g. Recognizes the importance of collectivism within the military culture, including a desire to limit risk or harm to others.
   h. Explores the introjection of military culture in the client's personal and professional functioning.
   i. Respects the individual motivations of Service members to enlist or commission in the military, as well as their individual experiences during their time in service and decision to leave or retire from the military.

j. Recognizes the unique within group cultural differences of Service members including gender, race, ethnicity, age, education, sexual orientation, socio-economic status, ability-status, and religious/spiritual orientation.
k. Understands the potential for variance in the resources and support systems available to Reserve Component Service members.
l. Seeks education on the training methods and objectives of military operations, including potential differences among combat zones.
m. Is aware of the potential for differing worldviews between Service members and civilians.

When working in military employment settings, the professional counselor:

n. Is aware of, respects, and adheres to military base policy, protocol, and standard etiquette practices.

2. **Identity Development** represents the whole person concept of military life including one's personal identity as a Service member and connection to mission and core values of working as a military Service member across the lifespan.

The professional counselor:

a. Understands that the military experience may be fused into all aspects of self, including cognitive, behavioral, affective, social, and spiritual components.
b. Respects that Service members may integrate their core sense of self with military service identity such as style of dress and methods of communicating and relating to others.
c. Understands the mental toughness and physical preparation required to make the choice to put self in harm's way in service of others.
d. Understands the fusion of one's sense of self may be related to specific occupational roles and connection to specific units, jobs, positions, roles, deployments, and key training experiences.
e. Understands how military rank, structure, and career progression influence sense of self.
f. Respects Service members' perceptions of their military experiences, positive or negative, and regardless of societal or political opinions.
g. Understands the professional career lifecycle experienced by Service members may have unique requirements for career progression and that roles, perspectives, limitations, and expectations may vary.
h. Understands identity development related to transitions to civilian life such as ending of enlistment, retirement, separation, and physical or psychological injury.
i. Has awareness of potential for grief and loss associated with transitions across the military career lifespan.
j. Is aware of potential transition concerns associated with health resources, including continuity of care relative to health insurance.
k. Understands that Service members may vary and exhibit unique characteristics based on generational affiliation.
l. Understands the emphasis Service members may place on physical fitness related to self-concept.

m. Has awareness of the role that aggression and targeted violence have related to self-identity and membership in a warrior culture.

3. **Systems** represents general information about how Service members' families, spouses, and children experience the nature and structure of the military lifecycle including, but not limited to, deployment, health and wellness, employment, long periods of separation, consequences of injury, and retirement.

   The professional counselor:
   a. Can identify the stages of military deployments and the unique interpersonal and intrapersonal factors of each; and recognizes the variable of length and types of deployments.
   b. Is aware of unique characteristics of military families including demographics such as age of marriage and blended families, which may vary by branch and type of service.
   c. Is aware of the complex nature of stressors faced by military families including factors related to separation and relocation.
   d. Understands that Reserve Component families must often negotiate the complexities of two worlds, both civilian and military, with varying degrees for structural support from both worlds.
   e. Understands the high level of adaptation and resiliency skills are beneficial for military families to meet the common demands of military lifestyle including stress, uncertainty, and frequent separations.
   f. Is aware of the roles and expectations experienced by military families including factors such as separation, career evolution, and transition.
   g. Is aware that dual-military marriages may be characterized by unique challenges such as the de-synchronization of training, deployment, and advancement opportunities, given the need to balance the goals and duties of both military careers and familial obligations.
   h. Is aware of the unique identity developed by children raised in military households and challenges placed on military families, to include adult children of military upbringing.
   i. Is aware of the potential physical, cognitive, and emotional demands of military service and the resulting impact, on self and others, of serving in a high-risk occupation.
   j. Understands potential of familial impact related to military retirement including the implications of the type of discharge from the military as well as medical retirement.
   k. Respects the unique and sometimes challenging decisions military families make in service of their fellow Service members, community, state, and country.
   l. Is aware that relational dissatisfaction in military marriages/relationships may be associated with combat exposure, traumatic-brain injury (TBI), posttraumatic stress disorder (PTSD), depression, substance use, and infidelity.
   m. Understands that the custody or conservatorship of children in military families may be impacted by training and deployment of military caregivers.

4. **Assessment of Presenting Concerns** represents common areas of clinical concerns that Service members frequently present when seeking mental health services.

The professional counselor:

a. Understands that military-connected clients are often concerned that they will experience stigmatization, which creates barriers to seeking mental health services.
b. Recognizes the prevalence of TBIs and head injuries during military service and is aware that TBIs are associated with higher rates of other mental health and physical symptoms.
c. Is aware that the number of Veterans seeking and receiving treatment for PTSD continues to increase in congruence with continued military missions.
d. Is aware that combat exposure increases the risk of co-occurring concerns such as substance use disorders and suicidality.
e. Understands the importance of assessing trauma in all military personnel given service-related injuries are not always combat-exposure related, and that secondary trauma, vicarious trauma, and preexisting trauma may exist.
f. Recognizes that moral injury is a prevalent concern among the broad range of symptoms that may manifest following traumatic exposure.
g. Recognizes that alcohol is the most prevalent substance Veterans misuse and frequently co-occurs with other mental health concerns and suicidality.
h. Is aware that the unique stressors and differences in each branch of service results in significant differences in the levels of at-risk behaviors among Service members.
i. Has awareness of current military sexual trauma (MST) rates among women and men Service members and recognizes that increased mental health disorders are often observed in those who have experienced MST.
j. Becomes knowledgeable of the variances in current suicide statistics among Active Duty, Reserve Components, Veterans, retired military members, and military families when compared to national statistics.

5. **Treatment** represents general information about unique concerns that may arise in the treatment of military-affiliated clients and approaches supported by research for military populations, including best practices of military care systems, as well as holistic, wellness-oriented services.

The professional counselor:

a. Is aware of evidence-based treatments utilized by the U.S. Department of Defense and U.S. Department of Veterans Affairs.
b. Recognizes that treatment needs may include a range of presenting concerns prevalent among Service members (e.g., sensory impairment, decreased memory/concentration, headaches, sleep disturbance, physical symptoms, and interpersonal isolation).
c. Is aware of the adjunctive interdisciplinary services (e.g., occupational therapy, physical therapy, command consultation, embedded behavioral health, chaplaincy, and peer support) available within the U.S. Department of Defense (DoD) and U.S. Department of Veterans Affairs (VA).
d. Understands the effects of pharmacotherapy and supports appropriate client medication management services as needed.
e. Supports coping skills development for effective functioning within several areas including career, recreation, housing, justice involvement, financial solvency, and

interpersonal relationships.
f. Considers inclusion of the military member's family and social supports in treatment.
g. Continually assesses for the nature, frequency, and severity of trauma exposure, as well as ongoing stressors and protective factors, such as social support, substance use, risk-seeking behaviors, and financial stability.
h. Is aware of holistic, mindfulness-based treatment approaches that are supported by research for military populations.
i. Seeks strategies to improve military members' access and engagement in mental health services.
j. Recognizes that operational tempo impacts scheduling for mental health services.

When working in military employment settings, the professional counselor:
k. Recognizes that a limited number of Veterans eligible for services are enrolled for care with a Veteran Health Administration (VHA) provider.

6. Ethics represents counselors' self-awareness and motivation to serve military-connected clients, as well as ethical considerations working with military populations.

The professional counselor:
a. Maintains competence by completing formal training for working with military personnel; and when possible, the training is experiential in nature.
b. Identifies personal and professional motivations to counsel military populations.
c. Brackets personal values and attitudes of war policies; addresses potential prejudices about military service or war; and recognizes their own political opinions of current and previous combat operations.
d. Seeks consultation and supervision when ethical challenges arise specific to military populations.
e. Remains mindful of legal requirements (see Federal Regulations and U.S. Department of Defense disclosure laws) in documentation and disclosure of records to service members' commands, medical board, or military court.
f. Actively adheres to a self-care routine to prevent burnout, depersonalization, compassion fatigue, and impairment.
g. Who also identifies as military-connected, assesses for and addresses potential countertransference.

When working in military employment settings, the professional counselor:
h. Considers the potential impact to power differentials when taking leadership or administrative duties.
i. Clarifies multiple-relationships in informed consent documentation and develops a collaborative plan with Service members for handling boundary crossings.
j. Is prepared to discontinue personal relationships with colleagues when clinical services are required.
k. Adheres to minimum disclosure requirements and need-to-know policies developed by Federal Regulations and the U.S. Department of Defense with attention to permissive language.
l. Accepts the implications of determining fitness for duty status, honoring the client-

counselor relationship in the process.
m. Adheres to the clinical practice guidelines of employment setting with attention to flexibility within the protocols when in the best interest of the client.
n. Considers community referrals when in the best interest of the client.

7. **Advocacy** represents counselors' ability to understand and influence individual, system, and public policy efforts to increase access to mental health resources for military-connected clients and promote the role of counseling professionals working with military populations.

   The professional counselor:
   a. Advocates for strength-based, wellness approaches when counseling military-connected clients.
   b. Advocates for the development and accessibility of mental health care for military populations, with specific attention to family members, such as children.
   c. Forms collaborations among agencies serving military-connected clients.
   d. Compiles reputable non-VA resources to provide military-connected clients.
   e. Understands the complexity associated with VA Benefits programs and advocates with clients to receive the assistance to which they are entitled, as appropriate.
   f. Supports initiatives for trainings to decrease stigma associated with mental health within military populations.
   g. Supports initiatives for diversity trainings to generate positive cultural change, including the decrease of cultural stigmas of diverse individuals within military populations.
   h. Considers training opportunities to increase counselor competence among trainees and professionals working with military-connected clients.
   i. Supports prevention programs that connect military family members to the community.
   j. Advocates to change laws that conflict with counselors' ethical codes.
   k. Advocates to maintain the inclusion of counselors as mental health providers for military populations.
   l. Actively assists Active Duty, Reserve Components, Veterans, retired military members, and military families in self-advocacy strategies.

Military Definitions

Military Employment

Twelve Types of Military Service include five Active Duty service branches and seven part-time service branches. Part-time duty includes five Reserve forces and two Guard branches.

Active Duty service branches refer to the Air Force, Army, Coast Guard, Marine Corps, and Navy.

Reserve Forces refers to the Air Force Reserve, Army Reserve, Coast Guard Reserve, Marine Corps Reserve, and Navy Reserve. Members of the Reserve are citizens who combine a military role or career with a civilian career. They are not normally kept under arms and their main role is

to be available to fight when the nation mobilizes for war or to defend against invasion. Members of the Reserve forces are civilians who maintain military skills by training, typically one weekend a month and two weeks a year.

National Guard consists of two separate entities: the Air National Guard and the Army National Guard. The National Guard are Reserve components belonging to a particular state. State governors or territorial adjutant generals hold the authority to call National Guard members to Active Duty for state missions such as responding to natural disasters. However, during times of war or national emergencies the National Guard can be called to Active Duty at the behest of Congress, the President, or the Secretary of Defense, thus they are a dual state-federal force.

Reserve Components of the Armed Forces are the Reserve forces and National Guard entities collectively referenced.

Enlisted Service members are those who joined the service and signed a contract of enlistment for a specific period of time. They are assigned to specific occupations within their service branch and can be considered the "workforce" of the military. Enlisted service members follow the orders of officers and tend to have specific jobs within the projects assigned.

Noncommissioned Officers (NCOs) are enlisted Service members who obtain their positions of authority by promotion. They are the primary leaders for most of the military personnel. They are in charge or control as opposed to command their units. They insure their subordinates are properly trained and cared for and can do their assigned jobs proficiently.

Warrant Officers (WOs) are initially appointed to the rank of officer by a warrant from the Secretary of a Service as opposed to by a commission from the President of the United States. Warrant officers are technical experts in specific, critical fields such as pilot or imagery interpretation. Warrant officers are higher ranking than enlisted members, but lower ranking than the lowest commissioned officer rank. The Air Force no longer uses the warrant officer grade.

Commissioned Officers (Cos) hold commissions from the President of the United States and are confirmed by the Senate. They have completed a college bachelor's degree and have either completed Officer Candidate School (OCS), Reserve Officer Training Corps (ROTC), graduated from a service academy for their branch of service, or received a direct commission. Commissioned officers are considered leaders of those who have enlisted status and may be viewed as managers of projects.

Pay grade is an administrative organization system to create standards for salary compensation, in which higher pay grade numbers represent higher pay.

Rank is an organization system that denotes the level of responsibility or authority of the individual. Rank corresponds with pay grade; therefore, also follows the ascending order in

which a higher pay grade number indicates a ranking with more responsibility. (See Appendices A and B for rank structures.)

Military Occupation Specialty code (MOS) references the specific job a service member is assigned to in the Army and Marines. In the Navy and Coast Guard the term is *rate* and the Air Force uses the term *specialty*.

Military Discharge denotes the way in which Service members are released from their obligation to the military. Many, but not all, discharged individuals may be eligible for benefits. Eligibility for benefits is assessed by the U.S. Department of Veterans Affairs. For example, Service members with a service-related injury may be entitled to a degree of disability pay.

DD214 is a Report of Separation issued by the Department of Defense upon a Service member's discharge, separation, or retirement. The DD214 provides information needed to verify benefits, retirement, and employment.

Honorable discharge indicates that a Service member has met or exceeded conduct or performance standards and will be eligible for all benefits upon discharge.

General discharge under honorable conditions indicates that a Service member is considered to have satisfactorily met conduct or performance standards and will be eligible for most benefits upon discharge.

General discharge under other than honorable conditions indicates that a Service member is considered to have fallen below conduct or performance standards and will be eligible for benefits pending review from the U.S. Department of Veterans Affairs.

Dishonorable discharge is a punitive discharge which indicates that a Service member has been convicted by a court-martial conducted by the military and is not eligible for benefits upon sentencing.

Honorable retired indicates that a Service member has met or exceeded conduct or performance standards and will retire after more than 20 qualifying years of service. These individuals are eligible for all benefits and retirement pay.

Retired service-connected disability discharge indicates that a Service member developed a disability due to injury or illness incurred or aggravated during active military service and is unable to continue to serve. These individuals are eligible for benefits, but also additional disability pay.

Military Lifestyle

Base refers to a Department of Defense installation, also known as a camp, post, station, yard, center, or homeport where military members and their families may live, train, or conduct service-related duties.

Basic Allowance for Housing (BAH) is a standardized amount of the money distributed to Service members for housing costs. The allowance is based on several factors including geographical location, pay grade, and number of dependents. The allowance is subject to increases each year, similar to a cost-of-living raise.

Basic Allowance for Subsistence (BAS) is a standardized amount of money distributed to assist Service members for partial food costs. The allowance is based on the cost of food by geographical location. Adjustments are made annually based on the average cost of food.

Commissary is the grocery store located on base. **Exchanges** are the base department store. Service members, dependents, and retirees are allowed to shop at these facilities.

Dependents are the spouse and children of the Service member. Children can include step-children and adopted children.

Family Support Groups refers to a formalized network of spouses to provide support to other spouses and families in the service branch. The Army and Navy have the Family Readiness Group (FRG). The Air Force has the Key Spouse program, Marines have the Family Readiness program, and Coast Guard has the Work-Life program. All programs share similar purpose to relay information from the command to the families.

Permanent Change of Station (PCS) refers to the relocation or transfer of a Service member to a new geographical assignment (e.g., duty station, base). Service members usually have opportunity to rank preferences for the new assignments, often referred to as a *dream sheet*. The amount of years at each assignment varies based on the service branch.

Operational References

Combat Zone is an area the President has designated for combat or engagement by the armed forces through an Executive Order. Other terms used include *in theater* or *operation*. Examples of combat zones include, but are not limited to World War II (American, Asiatic-Pacific, and European–African–Middle East theaters), Korean War, Vietnam, Iraq, and Afghanistan.

Deployment refers to the process of moving forces into an area of operation. Areas of operation include active-combat zones and regions identified in multinational partnerships.

Hazardous Duty Incentive Pay (HDIP) is paid to Service members who perform flight duties and meet operational requirements. Examples include demolition of explosives, parachute jumping, or experimental stress duty.
Hostile Fire/Imminent Danger Pay (HFP/IDP) is paid when commanders certify that Service members are subjected to hostile fire or explosions, or are at risk of being exposed to those dangers.

Operation is used to reference organized military action or a military mission, for example Operation Enduring Freedom (OEF).

Operational Tempo is used to reference the sequence and timeframe of a unit's training exercises and deployments.

Redeployment references the return of Service members from a deployment, it represents their reintegration. The term may also be used to reference the transfer of forces to a command.

Rest and Recuperation (R&R) describes leave time afforded to Service members in combat.

Appendix A. Uniformed Service Ranks: Enlisted

Pay Grade	Army	Marines	Air Force	Navy	Coast Guard
E-1	Private	Private	Airman Basic	Seaman Recruit	Seaman Recruit
E-2	Private	Private First Class	Airman	Seaman Apprentice	Seaman Apprentice
E-3	Private First Class	Lance Corporal	Airman First Class	Seaman	Seaman
E-4	Specialist/Corporal	Corporal	Senior Airman	Petty Officer Third Class	Petty Officer Third Class
E-5	Sergeant	Sergeant	Staff Sergeant	Petty Officer Second Class	Petty Officer Second Class
E-6	Staff Sergeant	Staff Sergeant	Technical Sergeant	Petty Officer First Class	Petty Officer First Class
E-7	Sergeant First Class	Gunnery Sergeant	Master Sergeant/First Sergeant	Chief Petty Officer	Chief Petty Officer
E-8	Master Sergeant/First Sergeant	Master Sergeant/First Sergeant	Senior Master Sergeant/First Sergeant	Senior Chief Petty Officer	Senior Chief Petty Officer
E-9	Sergeant Major/Command Sergeant Major	Master Gunnery Sergeant/Sergeant Major	Chief Master Sergeant/First Sergeant/Command Chief Master Sergeant	Master Chief Petty Officer/ /Fleet or Command Master Chief Petty Officer	Master Chief Petty Officer/Command Master Chief
Senior Enlisted Advisor	Sergeant Major of the Army	Sergeant Major	Chief Master Sergeant of the Air Force	Master Chief Petty Officer of the Navy	Master Chief Petty Officer of the Coast Guard

Appendix B. Uniformed Service Ranks: Officers

Pay Grade	Army	Marines	Air Force	Navy	Coast Guard
O-1	Second Lieutenant	Second Lieutenant	Second Lieutenant	Ensign	Ensign
O-2	First Lieutenant	First Lieutenant	First Lieutenant	Lieutenant (junior grade)	Lieutenant (junior grade)
O-3	Captain	Captain	Captain	Lieutenant	Lieutenant
O-4	Major	Major	Major	Lieutenant Commander	Lieutenant Commander
O-5	Lieutenant Colonel	Lieutenant Colonel	Lieutenant Colonel	Commander	Commander
O-6	Colonel	Colonel	Colonel	Captain	Captain
O-7[1]	Brigadier General	Brigadier General	Brigadier General	Rear Admiral (lower half)	Rear Admiral (lower half)
O-8	Major General	Major General	Major General	Rear Admiral (upper half)	Rear Admiral (upper half)
O-9	Lieutenant General	Lieutenant General	Lieutenant General	Vice Admiral	Vice Admiral
O-10	General	General	General	Admiral	Admiral
Special[2]	General of the Army	N/A	General of the Air Force	Fleet Admiral	Fleet Admiral

Note. With the exception of the Air Force, there are also levels of warrant officers.
[1]Starting with O-7, a star system is used. For example, a one-star general in the Army refers to a Brigadier General.
[2]The Special five-star rankings are rarely used and reserved for times of war.