

THE 10:10 FIRST RESPONDERS PROGRAM

A Peer-Led Recovery Program for Those Who Serve

"The thief comes only to steal and kill and destroy; I came so that they would have life, and have it abundantly." - John 10:10 (NASB)

PROGRAM OVERVIEW

Mission Statement

The 10:10 First Responders Program provides a confidential, peer-led path to healing for firefighters, law enforcement officers, EMS personnel, dispatchers, and other emergency service professionals struggling with the occupational hazards of serving others: PTSD, substance use, moral injury, compassion fatigue, depression, and suicide ideation.

We believe that those who run toward danger while others run away deserve support that honors both their service and their struggles. This program is led by first responders, for first responders - because nobody understands the job like someone who's done it.

Why First Responders Need Specialized Support

The Thief's Unique Attack on First Responders:

STEALS:

- Peace of mind (hypervigilance becomes constant)
- Innocence (you've seen humanity's worst)
- Sleep (shift work, nightmares, intrusive thoughts)
- Joy in life (emotional numbing spreads to good things too)
- Connection with family (you can't talk about what you've seen)
- Trust (when you see evil daily, it's hard to believe in good)

KILLS:

- Compassion (compassion fatigue makes you numb)
- Vulnerability (the job demands toughness, but it isolates)
- Hope (cynicism replaces idealism)
- Health (stress, shift work, poor diet, injury, burnout)
- Relationships (divorce rates 2-3x higher than general population)
- Lives (first responder suicide rates are significantly elevated)

DESTROYS:

- Careers (if you admit struggle, you fear losing your job)
- Marriages (PTSD symptoms damage intimacy and trust)
- Identity (if I'm not the rescuer, who am I?)
- Spiritual life (how can a good God allow what I see?)
- The helper (who helps the helpers?)
- The calling (you wanted to serve, but the cost is too high)

Jesus' Promise: Life - Abundant Life

The same John 10:10 that promises abundant life was written in a context where people knew what it meant to lay down their lives for others. Jesus says, "I am the good shepherd; the good shepherd lays down His life for the sheep" (John 10:11 NASB).

You lay down your life incrementally, shift after shift, call after call. Jesus sees that. He honors that. And He promises that the cost of service doesn't have to destroy you. There is a way to serve AND thrive. That's what we're here to help you discover.

Core Convictions

1. **You Are Not Weak** - Seeking help is tactical, not weakness

2. **The Job Takes a Toll** - It's supposed to affect you (you're human)
3. **Peer Support Works** - Firefighter to firefighter, cop to cop, medic to medic
4. **Confidentiality is Sacred** - What's said here doesn't affect your career
5. **Family Matters** - We support your family too (they deploy with you)
6. **Faith is Personal** - This is spiritually informed, not religiously required
7. **You Can Heal AND Serve** - Recovery doesn't mean leaving the job
8. **Suicide is Not the Answer** - There is hope, even in the darkest watch

Target Population

- Firefighters (career and volunteer)
- Law enforcement officers
- EMS/Paramedics
- Dispatchers/911 operators
- Hospital emergency staff
- Corrections officers
- Military veterans transitioning to civilian first responder roles
- Retired first responders
- **Family members affected by first responder trauma**

What We Address

Primary Issues:

- Post-Traumatic Stress Disorder (PTSD)
- Operational stress injury
- Substance use disorders (alcohol, prescription drugs)

- Depression and anxiety
- Moral injury and survivor guilt
- Compassion fatigue and burnout
- Anger and hypervigilance
- Sleep disorders
- Suicidal ideation
- Relationship problems
- Spiritual crisis

Contributing Factors:

- Critical incident exposure (traumatic calls)
- Cumulative trauma (death of a thousand cuts)
- Shift work disruption
- Organization/administrative stress
- Public scrutiny and criticism
- Feeling unsupported by leadership
- Inability to "turn off" after shift
- Self-medicating with alcohol/substances
- Isolation from non-responder support

Program Structure

Duration: 10 weeks (modified from 12 to accommodate shift work realities)

Format: Hybrid flexible to accommodate 24/48 schedules, Kelly days, court appearances

Three Meeting Options Per Week:

- **Tuesday Evening (7-9pm):** Large group teaching
- **Thursday Morning (10am-12pm) OR Thursday Evening (7-9pm):** Small peer groups
- **Saturday Morning (8am-12pm):** Optional service project/fellowship

Required Attendance:

- Minimum 2 of 3 weekly sessions during 10-week intensive
- Make-up options available for shift conflicts
- Video call-in option for out-of-town shifts

Post-Program Support:

- Monthly ongoing peer support meetings
- 24/7 crisis support line (staffed by program graduates)
- Annual First Responder Retreat
- Family support sessions quarterly

What Makes This Different**NOT:**

- Employee Assistance Program (EAP) reporting
- Fitness-for-duty evaluation
- Departmental program (independent, confidential)
- Mental health treatment (though we refer to professionals)
- Weakness admission (tactical support for operational readiness)

IS:

- Peer-led by retired/active first responders
- Completely confidential (no reporting to departments)
- Trauma-informed and first responder culture-aware
- Spiritually grounded but not preachy
- Free of charge
- Proven effective by those who've gone through it
- Safe to talk about what you can't talk about elsewhere

Language We Use**We Say:**

- Operational stress injury (not "mental illness")
- Tactical support for readiness (not "treatment")
- Battle buddy / peer support (not "accountability partner")
- Debriefing the soul (not "therapy")
- After-action review (not "processing feelings")

We Acknowledge:

- You've seen shit nobody should see
- The job changes you
- You can't unsee what you've seen
- Some calls stay with you
- You're not crazy - you're injured
- This is the cost of serving
- You deserve support as much as the people you help

CURRICULUM STRUCTURE

PHASE ONE: ACKNOWLEDGING THE COST (Weeks 1-3)

The thief comes to steal, kill, and destroy

Week 1: The Cost of Service - What the Job Takes **Week 2:** Operational Stress Injury - Understanding PTSD and Trauma **Week 3:** The Masks We Wear - First Responder Culture and Stigma

PHASE TWO: TACTICAL RECOVERY (Weeks 4-7)

I came so that they would have life

Week 4: Hypervigilance and the Nervous System - Downshifting After Shift
Week 5: Moral Injury and Survivor Guilt - When You Couldn't Save Them **Week 6:** Substance Use and Self-Medication - What Starts as Coping **Week 7:** The Suicide Watch - Addressing the Unspoken Crisis

PHASE THREE: SUSTAINABLE READINESS (Weeks 8-10)

And have it abundantly

Week 8: Marriage Under Fire - Keeping Your Family Intact **Week 9:** Spiritual Wounds and Faith Crisis - Where Was God? **Week 10:** Continuing Mission - Long-Term Peer Support and Purpose

INTAKE AND ASSESSMENT

Initial Contact

How People Find Us:

- Peer referral (most common)
- Chaplain referral
- Self-referral (website, flyer at station)

- Family member encourages
- Crisis intervention follow-up

First Call/Meeting:

- Completely confidential conversation
- No intake forms that go anywhere
- No names recorded without explicit permission
- Meet in neutral location (not their station, not a hospital)
- Peer facilitator (someone from their discipline if possible)
- 30-45 minutes, no pressure

What We Ask:

- "What brought you to reach out?"
- "What's happening that made you think you might need support?"
- "What are you most concerned about?"
- "Have you talked to anyone else about this?"
- "What do you know about this program?"
- "What questions do you have?"
- "What would make this worthwhile for you?"

Assessment Areas

Operational Stress Symptoms:

- Intrusive thoughts/memories of calls
- Nightmares
- Avoidance behaviors
- Hypervigilance (always scanning for threats)

- Exaggerated startle response
- Irritability/anger
- Difficulty concentrating
- Sleep problems
- Emotional numbing
- Sense of foreshortened future

Substance Use:

- Alcohol consumption (frequency, amount, patterns)
- Prescription medication (pain pills, sleep aids)
- Other substances
- When use increased (after specific incident? Gradually?)
- Impact on work, family, health
- Previous attempts to cut back

Suicide Risk:

- Current thoughts of death/suicide
- Previous attempts
- Specific plans
- Access to means (firearms especially)
- Recent losses or stressors
- Feeling like a burden
- Sense of hopelessness
- **IMMEDIATE INTERVENTION if high risk**

Critical Incidents:

- Line of duty deaths (fellow responders)
- Deaths of children
- Mass casualty incidents
- Officer-involved shootings
- Failed resuscitations
- Gruesome scenes
- Incidents involving someone known
- Any call that "stuck" with you

Cumulative Trauma:

- Years in service
- Average call volume
- Types of calls most frequent
- Previous breaks from service
- Resilience factors
- Support system

Family Impact:

- Marital status and quality
- Children (do they understand your job?)
- Family history of first responder service
- Spouse's stress level
- Communication patterns
- Intimacy issues

- Whether family knows you're here

Spiritual Status:

- Faith background
- Current beliefs
- Anger at God
- Feeling abandoned by God
- Questions about suffering and evil
- Church involvement (if any)
- Openness to spiritual conversation

Work Status:

- Currently working or on leave
- Relationship with department/supervisors
- Peer relationships at work
- Pride in the job vs. burnout
- Considering leaving the profession
- Disciplinary issues
- Performance concerns

Risk Assessment**Immediate Safety Concerns:****High Risk = Immediate Intervention:**

- Suicidal with specific plan and means
- Homicidal ideation toward others
- Acute psychosis or dissociation

- Severe substance withdrawal
- Recent violent incident

Action:

- Call crisis services
- Do not leave person alone
- Transport to emergency services if necessary
- Notify emergency contact with permission
- Follow up within 24 hours

Moderate Risk = Intensive Support:

- Suicidal thoughts without current plan
- Severe depression or anxiety
- Heavy substance use
- Relationship crisis
- Recent critical incident

Action:

- Daily check-ins by peer support
- Referral to mental health professional
- Increase meeting attendance
- Connect with battle buddy
- Family involvement if appropriate

Low Risk = Standard Program:

- Manageable symptoms
- Seeking proactive support

- Stable family/work situation
- Support system present
- Motivated for change

Action:

- Regular program participation
- Weekly battle buddy contact
- Professional referral as needed
- Standard monitoring

Confidentiality Agreement

What We Explain:

"Everything you share here is confidential. We will not tell your department, your supervisor, your union, or anyone else unless:

1. You give us specific written permission 2. You report current abuse of a child or vulnerable adult 3. You express intent to harm yourself or someone else AND we believe it's imminent 4. We are subpoenaed by a court (which has never happened in our program)

What happens here doesn't affect your:

- *Job status or fitness for duty*
- *Security clearance*
- *Promotional opportunities*
- *Insurance or benefits*
- *Reputation in the department*

This program is completely independent of your employer. We exist to support you, not to evaluate you."

Participant Signs:

- Understanding of confidentiality limits
- Agreement to attend 2 of 3 weekly sessions
- Commitment to honesty in group
- Respect for others' confidentiality
- No substances before or during meetings
- Agreement to crisis plan if needed
- Permission to be contacted by peer support

PHASE ONE: ACKNOWLEDGING THE COST (Weeks 1-3)

WEEK 1: THE COST OF SERVICE - What the Job Takes

Core Concept

You signed up to serve. You knew there would be danger, but nobody told you about the invisible wounds. The job takes a toll that civilians don't see and that departments don't always acknowledge. Recognizing what you've sacrificed is not complaining - it's honoring the reality of your service.

Tuesday Evening: Large Group Teaching (2 hours)

Opening (20 minutes)

Facilitator (retired firefighter/LEO/medic) shares briefly:

"Welcome. My name is [name]. I spent [X] years as a [profession]. I've been where you are. I know what it's like to see things you can't unsee, to carry calls home with you, to wonder if anyone outside this job could possibly understand. I also know what it's like to think seeking help means you're weak, that you should just suck it up and drive on. I'm here to tell you: that's

bullshit. The strongest thing you can do is acknowledge the cost and get the support you need.

This is a safe place. What's said here stays here. Nobody here is judging you. We're all in the same fight."

Ground Rules:

- Confidentiality is absolute
- Respect when others are sharing
- No cross-talk during shares (no fixing, no advice unless asked)
- Your participation level is your choice
- First names only if preferred
- Cell phones on silent (unless you're on call)
- It's okay to step out if you need to

Quick Round: Name, Department/Role, Years of Service

- Everyone introduces briefly
- No details yet, just basics
- Notice: You're not alone in this room

Teaching: The Cost of Service (75 minutes)

1. Why We're Here: John 10:10

"The thief comes only to steal and kill and destroy; I came so that they would have life, and have it abundantly." (John 10:10 NASB)

Jesus is talking about the enemy - the thief - who wants to destroy life. And He's promising abundant life in contrast.

For first responders, the thief operates through:

- The trauma you witness

- The cumulative stress of the job
- The culture that says you can't talk about it
- The substances that promise relief but deliver bondage
- The isolation that grows when you can't share what you carry
- The spiritual questions that have no easy answers

The thief wants to steal your peace, kill your joy, and destroy your life and family. And the job gives him plenty of opportunities.

But Jesus promises abundant life - not a life without struggle, but a life that's full, meaningful, and sustainable even in a hard profession. That's what we're here to pursue together.

2. What Nobody Told You at the Academy

Discussion prompt: "What did you think the job would be like? What has it actually been?"

They told you about:

- Physical danger
- Shift work
- Helping people
- Being a hero

They didn't tell you about:

- Carrying dead children in your mind for years
- The smell of burned human flesh that never quite leaves
- What it's like to work a crash scene and recognize someone's car
- The helplessness of doing CPR when you know it's futile
- Having to tell parents their child is dead

- The nightmares that come years later
- The hypervigilance that makes you scan every restaurant for exits
- How hard it is to be present with your family after a bad shift
- The alcohol that starts as "blowing off steam" and becomes a need
- The marriage problems that come when you can't talk about what you've seen
- The suicide rate in our profession

The job changes you. It's supposed to. You can't witness humanity at its worst and remain unchanged. The question is: Will the change destroy you, or will you learn to carry it in a healthy way?

3. The Invisible Wounds of First Responder Service

Physical Toll:

- Injuries (back, knees, shoulders)
- Cardiovascular disease
- Cancer rates (firefighters especially)
- Sleep disorders
- Chronic pain
- Weakened immune system from chronic stress

Psychological Toll:

- PTSD (30% of first responders vs. 6-8% general population)
- Depression
- Anxiety
- Substance use disorders
- Compassion fatigue

- Burnout

Relational Toll:

- Divorce rates 2-3x higher
- Strained family relationships
- Difficulty with intimacy
- Social isolation
- Trust issues

Spiritual Toll:

- Crisis of faith ("Where was God when that child died?")
- Anger at God
- Loss of meaning
- Moral injury (conflicts with values)
- Existential questions with no answers

Vocational Toll:

- Cynicism replacing idealism
- Going through the motions
- Resentment toward the job
- Considering leaving a career you once loved
- Loss of identity if you do leave

4. The Thief's Inventory: What Has Been Stolen, Killed, Destroyed?

Guided reflection (participants write privately):

STOLEN from me by this job:

- (Peace, innocence, sleep, joy in simple things, ability to relax, trust, etc.)

KILLED in me:

- (Compassion, hope, idealism, vulnerability, etc.)

DESTROYED:

- (My marriage, my faith, my health, relationships, etc.)

Optional sharing: "One thing the job has cost me is..."

5. Naming the Cost is Not Weakness

"So they took away the stone. And Jesus raised His eyes, and said, 'Father, I thank You that You have heard Me.'" (John 11:41 NASB)

Before Jesus raised Lazarus, He acknowledged Lazarus was dead. You can't resurrect what you won't acknowledge has died.

Naming the cost:

- Honors your sacrifice
- Validates your experience
- Allows healing to begin
- Breaks isolation (others feel it too)
- Is the first step toward change

Not naming the cost:

- Keeps you in denial
- Allows wounds to fester
- Maintains isolation
- Prevents help-seeking
- Leads to self-medication
- Can lead to suicide

You're not here because you're weak. You're here because you're wise enough to acknowledge the toll and brave enough to ask for help.

Discussion (15 minutes)

- Small groups of 3-4: "What made you finally reach out? What helped you get here tonight?"
- Whole group debrief: Common themes?

Closing (10 minutes)

"For I am confident of this very thing, that He who began a good work among you will complete it by the day of Christ Jesus." (Philippians 1:6 NASB)

You showed up tonight. That took courage. The fact that you're here means there's something in you that wants to heal, that believes life can be better. That's God at work. Trust the process.

Homework:

- Daily: Morning and evening check-ins (5 min each)
- Read: Provided materials on operational stress
- Reflect: Journal on "The Cost of My Service"
- Connect: Exchange numbers with at least one other participant

Next Session: Thursday morning or evening - small groups

Thursday Morning OR Evening: Small Peer Groups (2 hours)

Groups of 6-8, facilitated by peer (retired responder in recovery)

Opening (15 minutes)

- Check-in: "How are you really doing?"
- Acknowledge: This week's topic was heavy
- Ground rules reminder

Exercise: The Cost Inventory (60 minutes)

Part 1: Personal Inventory (20 minutes)

Write answers to these questions:

Before the job, I was someone who:

- (Laughed easily, trusted people, slept well, had hope, etc.)

The job has changed me. Now I:

- (Am always on guard, can't relax, drink to sleep, struggle to connect, etc.)

The worst cost has been:

- (My marriage, my faith, my sense of safety, etc.)

Specific incidents that marked me: 1. 2. 3.

How I've coped (healthy and unhealthy):

- Healthy:
- Unhealthy:

Part 2: Sharing in Group (30 minutes)

Each person shares (5 minutes each):

- One major cost of the job
- One incident that stays with you
- How you've been coping

Group response:

- "Thank you for sharing"
- "I hear you"
- "Me too" (if applicable)

- No advice, no fixing

Part 3: Processing (10 minutes)

Facilitator asks:

- What did you notice as others shared?
- What themes did you hear?
- How does it feel to know you're not alone in this?

Closing Exercise (30 minutes)

Battle Buddy Pairing:

- Pair up with someone (preferably similar discipline)
- Exchange contact information
- Commit to checking in between sessions
- "I've got your six" commitment

Tactical Plan for the Week:

- What warning signs will you watch for in yourself?
- What will you do if you have a bad shift?
- Who will you call if you need support?
- What self-care will you practice?

Closing (15 minutes)

"Bear one another's burdens, and thereby fulfill the law of Christ." (Galatians 6:2 NASB)

You don't have to carry this alone anymore. You have battle buddies now.

Prayer (optional but encouraged): "God, we've seen things we can't unsee. We carry calls we can't forget. Help us acknowledge what this job has cost without being destroyed by it. Give us strength for the road ahead. Amen."

Homework for Week 2:

- Daily check-ins (morning/evening)
 - Contact battle buddy at least once
 - Read Week 2 materials on PTSD/operational stress
 - Notice: What triggers you? What helps you feel calm?
-

Saturday Morning: Optional Service Project/Fellowship (4 hours)

Purpose:

- Build camaraderie outside formal sessions
- Serve others (gets you out of self-focus)
- Do something physical and productive
- Casual conversation and connection

Format:

- Service project (Habitat for Humanity, food bank, park cleanup, etc.)
 - OR recreational activity (hike, shooting range, fishing)
 - Lunch together afterward
 - No formal curriculum, just connection
 - Attendance optional but encouraged
-

WEEK 2: OPERATIONAL STRESS INJURY - Understanding PTSD and Trauma

Core Concept

What you're experiencing has a name: operational stress injury. It's not weakness, it's not failure, it's not "going crazy." It's a predictable, treatable

response to repeated exposure to trauma. Understanding what's happening in your brain and body helps you realize: this is an injury, not a character flaw.

Tuesday Evening: Large Group Teaching (2 hours)

Opening (15 minutes)

- Welcome back
- Check-in: "How was your week? Anybody have a rough shift?"
- Acknowledge showing up again

Teaching: Understanding Operational Stress Injury (90 minutes)

1. What is PTSD/Operational Stress Injury?

"Be anxious for nothing, but in everything, by prayer and pleading with thanksgiving, let your requests be made known to God." (Philippians 4:6 NASB)

Paul wrote that to people dealing with real danger and stress. Easy to say "don't be anxious," harder to do when your nervous system is stuck in threat mode.

Official Definition: Post-Traumatic Stress Disorder is a psychiatric condition that can occur after exposure to a traumatic event. Symptoms include re-experiencing (flashbacks, nightmares), avoidance, negative changes in thinking/mood, and hyperarousal.

First Responder Reality: You don't have ONE traumatic event. You have dozens, hundreds, maybe thousands depending on how long you've served. It's cumulative trauma - death by a thousand cuts.

Better Term: Operational Stress Injury

- Frames it as an injury, not a mental illness
- Acknowledges the operational realities of your work
- Removes stigma while recognizing the problem
- Suggests it can heal (injuries heal)

2. The Neuroscience: What's Happening in Your Brain

"For God has not given us a spirit of timidity, but of power and love and discipline." (2 Timothy 1:7 NASB)

Your fear responses are not "timidity" or weakness. They're your brain trying to keep you alive. Understanding this helps.

The Amygdala (Threat Detector):

- Scans environment for threats constantly
- When threat detected, activates fight/flight/freeze
- In first responders: OVERACTIVE from constant exposure
- Can't distinguish between real danger and safe situations

The Hippocampus (Memory Center):

- Processes memories and context
- "That was then, this is now" function
- In PTSD: UNDERACTIVE, can't contextualize memories
- Past traumas feel present and immediate

The Prefrontal Cortex (Executive Function):

- Rational thinking, decision-making
- "Turn off" the alarm when danger passes
- In PTSD: IMPAIRED, can't shut down threat response
- Logic doesn't override alarm system

Result:

- Your amygdala is screaming "DANGER!"
- Your hippocampus can't say "No, that was then, we're safe now"
- Your prefrontal cortex can't turn off the alarm

- You're stuck in survival mode even when there's no immediate threat

3. Signs and Symptoms of Operational Stress Injury

Re-Experiencing (Intrusive Memories):

- Flashbacks of specific calls
- Nightmares (often reliving incidents)
- Intrusive thoughts during quiet moments
- Physical reactions to reminders (smells, sounds, sights)
- Anniversary reactions (symptoms worse around dates of incidents)

Avoidance:

- Avoiding conversations about certain calls
- Avoiding places that remind you of incidents
- Emotional numbing (shutting down feelings)
- Detachment from family and friends
- Loss of interest in activities you used to enjoy
- Sense that your future is limited

Negative Changes in Thinking/Mood:

- Persistent negative beliefs about yourself ("I failed them")
- Distorted blame of self or others
- Persistent negative emotional state (fear, anger, guilt, shame)
- Inability to experience positive emotions
- Feeling detached from others
- Memory problems (especially around traumatic events)

Hyperarousal (Stuck in High Alert):

- Hypervigilance (always scanning for threats)
- Exaggerated startle response (jump at sudden noises)
- Irritability or angry outbursts
- Reckless or self-destructive behavior
- Difficulty concentrating
- Sleep disturbance (trouble falling/staying asleep)

First Responder Specific Symptoms:

- Difficulty transitioning from work to home
- Emotional disconnect from family
- Increased alcohol/substance use
- Excessive work involvement (avoiding home)
- Black humor escalating to dark thoughts
- Feeling like you can't do the job anymore
- Suicidal thoughts ("They'd be better off without me")

4. Cumulative Trauma: The Death of a Thousand Cuts

"Therefore we do not lose heart, but though our outer person is decaying, yet our inner person is being renewed day by day." (2 Corinthians 4:16 NASB)

Paul understood that ministry (serving others) takes a toll. He knew about inner renewal being necessary.

The Reality:

- You might not have ONE traumatic event you can point to
- It's the accumulation of dozens, hundreds, thousands of calls
- Each one adds a little more to your stress load
- Eventually, something breaks - often unexpectedly

The Straw That Breaks:

- Often it's not the worst call that tips you over
- It's a "routine" call that suddenly overwhelms you
- You're at capacity, and one more is too much
- Don't minimize this: "It wasn't even that bad, why am I struggling?"
- Answer: Because you were already at capacity

5. Critical Incidents That Mark Us

Facilitator shares their own: "The call I can't forget was..."

Common Critical Incidents for First Responders:

- **Line of Duty Deaths:** Fellow responders killed in the line of duty
- **Children:** Deaths of children, especially if similar age to your own
- **Failure:** CPR that doesn't work, fire you can't control, crime you can't prevent
- **Known Victims:** Calls involving someone you know
- **Mass Casualty:** Multiple victims, overwhelming scene
- **Grotesque:** Scenes that are especially horrific
- **Close Calls:** Near-miss for yourself or partner
- **Moral Injury:** Having to do something that violates your values

Group discussion: "What types of calls stick with you most?"

6. Why You Can't Just "Get Over It"

Things people say that don't help:

- "You should be used to it by now"
- "You chose this job"

- "Just don't think about it"
- "Others have it worse"
- "You need to toughen up"
- "Have a beer and forget about it"

Why these don't work:

- Brain doesn't work that way
- Trauma is stored in the body, not just the mind
- Exposure doesn't make you immune, it accumulates
- Comparison invalidates your pain
- "Toughening up" = suppression = worse outcomes
- Alcohol temporarily numbs but worsens PTSD long-term

What does help:

- Acknowledging the impact
- Professional treatment (therapy, EMDR, medication if needed)
- Peer support (people who get it)
- Spiritual grounding
- Physical stress release (exercise)
- Family support and education
- Time (with active healing work)

7. The Hope: Operational Stress Injury Can Heal

"He heals the brokenhearted and binds up their wounds." (Psalm 147:3 NASB)

God is in the business of healing. This includes psychological wounds.

Evidence-Based Treatments:

- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Prolonged Exposure Therapy
- Medication (SSRIs for some)
- Peer support programs (like this one)

What Healing Looks Like:

- Not forgetting what happened
- But not being controlled by it
- Symptoms decrease in frequency and intensity
- You can think about incidents without being overwhelmed
- You can function at work and home
- You can sleep
- You can connect with loved ones
- You can experience joy again
- You can serve without being destroyed

Healing is possible. You can get better. You're not permanently broken.

Discussion (15 minutes)

- "What symptoms do you recognize in yourself?"
- "What gives you hope that you can heal?"

Closing (10 minutes)

"And after you have suffered for a little while, the God of all grace, who called you to His eternal glory in Christ, will Himself perfect, confirm, strengthen, and establish you." (1 Peter 5:10 NASB)

God sees your suffering. He will strengthen you. This injury doesn't have to define the rest of your life.

Homework:

- Read materials on PTSD treatment options
 - Track your symptoms this week (when, what, intensity)
 - Practice one grounding technique daily (provided handout)
 - Call battle buddy
-

Thursday Small Peer Groups (2 hours)

Opening (15 minutes)

- Check-in
- How did the teaching land for you?

Exercise: Symptom Identification and Management (90 minutes)

Part 1: Personal Symptom Inventory (20 minutes)

Use provided checklist:

Re-Experiencing: ☐ Flashbacks ☐ Nightmares ☐ Intrusive thoughts ☐
Physical reactions to reminders ☐ Anniversary reactions

Avoidance: ☐ Avoiding conversations about certain topics ☐ Avoiding
places/people/activities ☐ Emotional numbing ☐ Detachment from loved
ones ☐ Can't remember parts of traumatic events

Negative Mood/Thinking: ☐ Negative beliefs about self ☐ Blame (self or
others) ☐ Persistent fear, anger, guilt, shame ☐ Loss of interest in activities ☐
Feeling detached/estranged ☐ Can't feel positive emotions

Hyperarousal: ☐ Hypervigilance ☐ Exaggerated startle ☐ Irritability/anger
outbursts ☐ Reckless behavior ☐ Difficulty concentrating ☐ Sleep problems

Part 2: Impact Assessment (20 minutes)

Write answers:

How these symptoms affect my work:

How these symptoms affect my family:

How these symptoms affect my health:

How I've been trying to cope:

- Healthy coping:
- Unhealthy coping:

Part 3: Sharing and Support (30 minutes)

Each person shares (5 min):

- Top 3 symptoms you struggle with most
- How they're affecting your life
- What you've tried that helps or doesn't

Group offers:

- "Me too" (normalization)
- What's worked for them
- Resources (therapist names, techniques)
- Encouragement

Part 4: Grounding Techniques Practice (20 minutes)

Facilitator teaches and group practices:

Box Breathing:

- Breathe in 4 counts
- Hold 4 counts

- Breathe out 4 counts
- Hold 4 counts
- Repeat 4 times

5-4-3-2-1 Grounding:

- Name 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

Physical Grounding:

- Feet flat on floor, feel the ground
- Hold ice in your hand
- Splash cold water on face
- Progressive muscle relaxation

Practice these NOW so you can use them when triggered

Closing (15 minutes)

Action Plans:

- One grounding technique you'll use this week
- One person you'll reach out to if you have a bad shift
- One symptom you're going to address (therapy referral, medication consult, etc.)

Prayer (optional): "God, our minds and bodies are stuck in threat mode. Help us find peace. Help us heal. Give us courage to get professional help if we need it. Amen."

WEEK 3: THE MASKS WE WEAR - First Responder Culture and Stigma

Core Concept

First responder culture has strengths (brotherhood, courage, mission focus) and weaknesses (machismo, stigma, "suck it up" mentality). The culture that makes you effective on the street can kill you at home. Breaking through the stigma and being honest about your struggles might be the bravest thing you ever do.

Tuesday Evening: Large Group Teaching (2 hours)

Opening (15 minutes)

- Welcome to Week 3
- Check-in: "How are the grounding techniques working?"

Teaching: First Responder Culture - Strength and Shadow (90 minutes)

1. The Culture That Makes Us Effective

"Am I now seeking the favor of people, or of God? Or am I striving to please people? If I were still trying to please people, I would not be a bond-servant of Christ." (Galatians 1:10 NASB)

Paul understood the tension between fitting in with culture and living in truth. First responder culture is similar.

Strengths of First Responder Culture:

Brotherhood/Sisterhood:

- Deep bonds forged in danger
- "I've got your back" commitment
- Loyalty and trust
- Sense of family

- Shared mission and identity

Courage and Resilience:

- Run toward danger
- Don't quit under pressure
- Push through adversity
- Get the job done
- Serve despite cost

Dark Humor:

- Coping mechanism for horror
- Creates psychological distance
- Builds camaraderie
- Releases tension
- Helps process the unprocessable

Discipline and Structure:

- Chain of command
- Standard operating procedures
- Training and preparedness
- Accountability
- Excellence in craft

Service Orientation:

- Others before self
- Protect and serve
- Make a difference

- Noble calling
- Meaningful work

These are GOOD things. They make you effective. They save lives.

2. The Shadow Side: When Culture Becomes Toxic

"Therefore, having put aside falsehood, each one of you speak truth with his neighbor, because we are parts of one another." (Ephesians 4:25 NASB)

When we can't speak truth because of cultural expectations, we hurt each other and ourselves.

Toxic Masculinity (affects all genders):

- "Real men don't cry"
- "Suck it up"
- "Don't be a pussy"
- Weakness = failure
- Emotions = weakness
- Asking for help = career suicide

Result: Men (and women trying to fit this mold) suppress emotions, self-medicate, and suffer in silence

Stigma Around Mental Health:

- "He's a headcase"
- "She can't handle the job"
- "They'll take your gun/truck/assignment"
- Fear of fitness-for-duty evaluations
- Fear of being seen as unreliable
- Career concerns override health concerns

Result: People wait until crisis point before seeking help, if at all

Comparison and Competition:

- "I've seen worse"
- Minimizing your own pain
- Competing over who's toughest
- "If I admit I'm struggling, I'm weak compared to others"

Result: Everyone suffers alone, thinking they're the only one

Alcohol Culture:

- "Have a beer and forget about it"
- Shift parties, station drinking
- Expectation to participate in drinking culture
- Alcohol as primary coping mechanism
- "If you don't drink with us, you're not really part of the crew"

Result: Substance abuse normalized, addiction develops unchecked

Hyperindependence:

- "I don't need anyone"
- "I can handle this myself"
- Pride in self-sufficiency
- Shame in needing support
- Isolation disguised as strength

Result: People crash alone instead of asking for help early

Organizational Betrayal:

- Administration doesn't support you

- Scrutinized by public/media
- Disciplined for mental health struggles
- Benefits denied for PTSD
- "We support our people" (in words but not actions)

Result: Trust erodes, cynicism grows, silence seems safer than honesty

3. The Masks We Wear

Facilitator shares: "The mask I wore was... Behind it, I was really..."

Common Masks:

"I'm Fine" Mask:

- Everything's good
- No problems here
- Coping just fine
- Behind it: Drowning

"Tough Guy/Gal" Mask:

- Nothing bothers me
- I've seen worse
- I can handle anything
- Behind it: Terrified and exhausted

"Funny Guy" Mask:

- Always joking
- Life of the party
- Dark humor
- Behind it: Using humor to avoid pain

"Angry Guy" Mask:

- Quick to anger
- Irritable
- "Everyone's an idiot"
- Behind it: Hurt, fear, helplessness

"Workaholic" Mask:

- Always picking up shifts
- Never taking time off
- Obsessed with the job
- Behind it: Avoiding home and feelings

"Drunk/High" Mask:

- Party animal
- "Just blowing off steam"
- "I can handle my alcohol"
- Behind it: Medicating pain

The problem with masks:

- They protect you short-term
- They isolate you long-term
- They prevent real connection
- They allow problems to worsen
- They drain energy (exhausting to maintain fake fronts)
- Nobody knows the real you (lonely even in a crowd)

4. The Cost of Silence

"Death and life are in the power of the tongue, and those who love it will eat its fruit." (Proverbs 18:21 NASB)

What you don't speak about has power over you. Silence about struggles gives them power to grow.

What Happens When We Stay Silent:

Personally:

- Symptoms worsen
- Isolation increases
- Self-medication escalates
- Depression deepens
- Suicidal thoughts develop
- Identity tied to facade, not reality

Relationally:

- Marriage suffers (spouse doesn't know real you)
- Kids don't understand your behavior
- Friends drift away
- Superficial relationships only
- No one to call in crisis

Professionally:

- Performance declines
- Mistakes increase
- Safety compromised
- Burnout accelerates
- Career ends abruptly (crisis termination vs. planned transition)

Culturally:

- Stigma reinforced
- Others stay silent too
- Problems remain invisible
- Change doesn't happen
- More first responders die by suicide than in the line of duty

5. Breaking the Silence: The Bravest Thing You'll Ever Do

Facilitator story: "When I finally asked for help..."

Why It's Brave:

- Goes against every cultural message
- Risks judgment and rejection
- Admits vulnerability
- Chooses health over image
- Could cost you respect (from some)
- But could save your life

What Breaking Silence Looks Like:**Small Steps:**

- "I'm not okay"
- "I need help"
- "I can't do this alone"
- Reaching out to peer support
- Calling this program
- Showing up tonight

Bigger Steps:

- Seeing a therapist
- Taking medication if recommended
- Taking leave if needed
- Going to rehab if needed
- Being honest with spouse
- Addressing suicidal thoughts

Biggest Step:

- Being honest about your struggles publicly
- Helping others by sharing your story
- Changing the culture by modeling vulnerability
- "I'm [name], and I struggled with PTSD/addiction/suicidal thoughts, and I got help, and I'm better now"

6. Creating New Culture: Peer Support and Brotherhood in Truth

"Two are better than one because they have a good return for their labor; for if either of them falls, the one will lift up his companion. But woe to the one who falls when there is not another to lift him up!" (Ecclesiastes 4:9-10 NASB)

New Cultural Norms We're Building:

Honesty Over Image:

- Real talk about struggles
- "How are you really?"
- Checking on each other
- Calling out when someone's off

Vulnerability as Strength:

- Asking for help is tactical, not weak
- Admitting struggles is brave
- Getting treatment is smart
- Taking care of yourself enables you to serve better

Support Over Judgment:

- "Been there" instead of "Suck it up"
- Connecting instead of competing
- Compassion instead of criticism
- Help instead of shame

Professional Help is Normal:

- Therapy is as normal as going to the doctor
- Medication is a tool, not a weakness
- Treatment is proactive, not reactive
- Career doesn't end because you get help

Sobriety is Respectable:

- Not drinking doesn't make you less of a responder
- Choosing health over partying is admirable
- Recovery is a strength, not a failure

Life Beyond the Job:

- Your identity is not just your badge/patch
- Family matters as much as the job
- Retirement/transition is possible and healthy
- You are a whole person, not just your role

This program is creating new culture. You're part of changing the profession for the better.

Discussion (15 minutes)

- "What masks do you wear?"
- "What would change if you could take off the mask?"
- "What new cultural norm do you most want to see?"

Closing (10 minutes)

"If we say that we have no sin, we are deceiving ourselves and the truth is not in us. If we confess our sins, He is faithful and righteous, so that He will forgive us our sins and cleanse us from all unrighteousness." (1 John 1:8-9 NASB)

Honesty is the beginning of healing. Confession (even just to yourself and trusted others) breaks the power of shame.

You don't have to wear the mask anymore. Not here. Not with us.

Homework:

- Identify one mask you wear
- Practice taking it off with one safe person (spouse, battle buddy, therapist)
- Read materials on building healthy first responder peer support
- Notice: When do you put on the mask? What triggers it?

Thursday Small Peer Groups (2 hours)

Opening (15 minutes)

- Check-in
- "What mask did you identify this week?"

Exercise: Mask Removal and Truth-Telling (90 minutes)

Part 1: My Masks (20 minutes)

Private reflection, then sharing:

The mask I wear most often is:

It looks like: (How do I present myself?)

Behind the mask, the truth is: (What I'm really feeling/experiencing)

I wear this mask because: (What am I protecting? What am I afraid of?)

The cost of wearing this mask is: (Relationships? Health? Authenticity?)

Part 2: Vulnerability Practice (40 minutes)

Each person practices "mask removal" with group:

Format: Person stands/sits in center of group and completes these sentences:

"The mask I wear is... [describe]"

"Behind this mask, the truth is... [be honest]"

"What I'm most afraid of if I take off this mask is... [name fear]"

"What I need from you all is... [support, no judgment, understanding, etc.]"

Group Response:

- Listen without interrupting
- No fixing, no advice
- Respond: "Thank you for trusting us. We see you. We're with you."

Go around circle - this is powerful and will take time

Part 3: Cultural Change Commitment (20 minutes)

Group discusses and writes:

Old Cultural Messages We Reject:

- "Suck it up"
- "Real men don't cry"
- [Add others]

New Cultural Messages We Embrace:

- "Asking for help is strength"
- "Getting treatment is tactical"
- [Add others]

How We'll Support Each Other:

- Check-ins (not just "How are you?" but "How are you REALLY?")
- Call out concerning behavior (with love)
- Normalize therapy and treatment
- Celebrate recovery and growth
- Challenge stigma when we hear it

Part 4: Peer Support Covenant (10 minutes)

Group creates and signs covenant:

"We commit to:

- Honesty over image
- Vulnerability over posturing
- Support over judgment
- Truth over silence
- Brotherhood/Sisterhood in reality, not just in crisis

We will not let each other suffer alone. We will check on each other. We will speak truth even when it's hard. We will get help when we need it and

encourage others to do the same. We are changing the culture, starting with us."

Everyone signs

Closing (15 minutes)

"Let us not lose heart in doing good, for in due time we will reap if we do not grow weary. So then, while we have opportunity, let us do good to all people, and especially to those who are of the household of the faith." (Galatians 6:9-10 NASB)

Don't give up on each other. Don't give up on yourself. Keep showing up. Keep being honest. Keep taking off the mask.

Prayer: "God, we've hidden behind masks for so long. Give us courage to be real. Help us trust each other. Change this culture through us. Amen."

[Continuing with PHASE TWO and PHASE THREE...]

PHASE TWO: TACTICAL RECOVERY (Weeks 4-7)

WEEK 4: HYPERVIGILANCE AND THE NERVOUS SYSTEM - Downshifting After Shift

Core Concept

Your nervous system is stuck in high gear. Hypervigilance keeps you alive on the job but destroys your life at home. Learning to downshift - transitioning from tactical readiness to peaceful presence - is essential for sustainable service and healthy relationships.

Tuesday Evening: Large Group Teaching (2 hours)

Opening (15 minutes)

- Welcome
- Check-in: "How's the mask removal going?"
- Acknowledge: Halfway through program

Teaching: The Nervous System and Hypervigilance (90 minutes)

1. Tactical Readiness vs. Peaceful Presence

"You will keep him in perfect peace, whose mind is stayed on You, because he trusts in You." (Isaiah 26:3 NASB)

Perfect peace sounds impossible when your nervous system won't let you relax. But God promises it's possible. Understanding your nervous system is the first step.

On the Job - Tactical Readiness:

- Scan environment constantly for threats
- Quick reactions to danger
- Heightened awareness
- Rapid decision-making
- Controlled aggression
- Emotional control
- Physical preparedness

This is GOOD. This keeps you alive. This makes you effective.

The Problem: Can't Turn It Off

At Home - Still in Tactical Mode:

- Scanning restaurant for exits and threats
- Sitting with back to wall
- Jumping at unexpected sounds

- Irritable when interrupted
- Can't relax or be present
- Always "on duty" mentally
- Emotionally disconnected

This is EXHAUSTING. This destroys relationships. This prevents rest.

2. Understanding Your Autonomic Nervous System

Sympathetic Nervous System (Gas Pedal):

- Fight or flight response
- Increases heart rate, blood pressure
- Releases adrenaline and cortisol
- Sharpens focus, dulls pain
- Prepares body for action
- **Your job requires this to be activated frequently**

Parasympathetic Nervous System (Brake Pedal):

- Rest and digest response
- Decreases heart rate, blood pressure
- Promotes healing and recovery
- Allows relaxation and sleep
- Enables connection and intimacy
- **First responders struggle to activate this**

The Problem:

- Your sympathetic system is OVERACTIVE (chronic stress)
- Your parasympathetic system is UNDERACTIVE (can't rest)

- Gas pedal stuck, brake pedal broken
- Body and mind stuck in threat mode 24/7

3. Signs You're Stuck in Hypervigilance

Physical:

- Muscle tension (especially neck, shoulders, jaw)
- Headaches
- Digestive issues (stress affects gut)
- High blood pressure
- Difficulty sleeping (can't "turn off")
- Exhaustion but can't rest
- Chronic pain

Mental:

- Racing thoughts
- Difficulty concentrating (ironically, from too much alertness)
- Memory problems
- Obsessive thinking
- Catastrophic thinking (always imagining worst case)

Emotional:

- Irritability (quick to anger)
- Anxiety (constant sense of threat)
- Emotional numbing (shut down to cope)
- Feeling "revved up" all the time
- Unable to experience joy or relaxation

Behavioral:

- Always scanning environment
- Checking doors/windows repeatedly
- Needing to control surroundings
- Road rage
- Difficulty sitting still
- Can't enjoy leisure activities
- Drinking/drugs to "come down"

Relational:

- Snapping at family members
- Can't be emotionally present
- Avoiding intimacy (too vulnerable)
- Controlling behavior with loved ones
- Withdrawing from social activities

4. Why You Can't Just "Calm Down"

"Be anxious for nothing" is easy to say, hard to do when your nervous system is dysregulated.

Common Unhelpful Advice:

- "Just relax" (Can't. Brain won't let me.)
- "Leave work at work" (Wish I could.)
- "Don't be so on edge" (Not a choice.)
- "Why are you always angry?" (Because I'm always in threat mode.)

Why It Doesn't Work:

- This is physiological, not just mental
- Willpower can't override nervous system
- You need specific techniques to engage parasympathetic system
- Takes practice and time

5. Tactical Tools for Downshifting

The Transition Ritual: Between Shift and Home

Create a deliberate ritual to shift from tactical to peaceful mode:

Physical Transition:

- Change out of uniform BEFORE going home (physical marker of role change)
- Shower (wash off the shift)
- Exercise (burn off adrenaline and cortisol)
- Drive different route home (breaks pattern)
- Sit in driveway 5 minutes before going inside

Mental Transition:

- Debrief shift (alone or with partner) - process what happened
- Write down lingering thoughts (get them out of your head)
- Practice gratitude (3 things from the shift, even small)
- Set intention: "I am off duty now. I am home."
- Visualization: "Leaving the shift at the station door"

Emotional Transition:

- Name emotions from the shift (angry, sad, frustrated, whatever)
- Let yourself feel them briefly, then consciously release

- Practice self-compassion: "That was hard. I did my best."
- Remind yourself: "My family needs me present, not perfect."

Practical Examples:

Firefighter:

- Shower at the station before leaving
- Listen to specific "coming home" playlist in the car
- Do 20 push-ups in the driveway
- Deep breaths before opening door
- "I am Dad now, not Captain"

LEO:

- Change clothes in car or at gym
- Physical workout on the way home
- Call battle buddy to debrief rough calls
- Park at end of street, walk to house (physical transition)
- "I am off duty. My family is safe."

EMS:

- Journal in the ambulance bay before leaving
- Stop at park for 10 minutes of quiet
- Stretch routine in garage
- Look at family photos on phone (reconnect to "why")
- "The shift is over. I am present now."

6. Nervous System Regulation Techniques

Breathwork (Activates Parasympathetic):

4-7-8 Breathing:

- Breathe in for 4 counts
- Hold for 7 counts
- Breathe out for 8 counts
- Repeat 4 times
- Scientifically proven to activate rest response

Box Breathing (Already Taught):

- 4 in, 4 hold, 4 out, 4 hold

Physiological Sigh:

- Double inhale through nose (two quick inhales)
- Long exhale through mouth
- Fastest way to calm nervous system

Physical Movement:

- Exercise (burns off stress hormones)
- Yoga (combines breath and movement)
- Walking (especially in nature)
- Heavy lifting (satisfying, grounds you)
- Martial arts (controlled aggression outlet)

Cold Exposure:

- Cold shower (resets nervous system)
- Splash cold water on face (activates dive reflex - immediately calms)
- Ice pack on neck or chest

Bilateral Stimulation:

- Cross-lateral movements (march in place, swing arms across body)
- Tapping (alternate tapping on thighs)
- EMDR techniques (can do with therapist)

Grounding in Present Moment:

- 5-4-3-2-1 technique (already taught)
- Feel your feet on the ground
- Name what you see, hear, touch right now
- "I am safe in this moment"

Sleep Hygiene:

- Consistent sleep schedule (hard with shifts, but try)
- Dark, cool room
- No screens 1 hour before bed
- Avoid alcohol (disrupts sleep quality)
- Consider melatonin or prescribed sleep aids
- White noise or fan

7. Bringing Presence Home

"But seek first His kingdom and His righteousness, and all these things will be provided to you." (Matthew 6:33 NASB)

When you seek God first (peaceful presence) rather than being controlled by threat mode, other things fall into place.

What Your Family Needs:

- Not a perfect person
- Not someone who has all the answers
- Not someone who never struggles

- **Just YOUR PRESENCE**

Practical Presence:

- Put phone away when you get home (first 30 minutes at least)
- Make eye contact with spouse and kids
- Physical affection (even if you don't feel like it - touch reconnects)
- Ask questions and actually listen to answers
- Play with kids (gets you out of your head)
- Help with dinner/chores (physical activity, connection)
- Be in the room, not just physically present but mentally present

When You Can't Be Present:

- "I had a hard shift. I need 20 minutes alone, then I'll be with you."
- Better to acknowledge than to pretend and be irritable
- Then actually come back and engage

Discussion (15 minutes)

- "What helps you downshift after a hard shift?"
- "What would your family say about how you are when you get home?"

Closing (10 minutes)

"Come to Me, all who are weary and burdened, and I will give you rest. Take My yoke upon you and learn from Me, for I am gentle and humble in heart, and you will find rest for your souls." (Matthew 11:28-29 NASB)

Jesus invites you to rest. Not just physical rest, but soul rest. Nervous system rest. You were not designed to be in threat mode 24/7.

Homework:

- Create your personal transition ritual

- Practice one nervous system regulation technique daily
 - Track: When are you most hypervigilant? What helps?
 - Battle buddy check-in about downshifting
-

Thursday Small Peer Groups (2 hours)

Opening (15 minutes)

- How did your transition ritual go this week?

Exercise: Building Your Transition Ritual (90 minutes)

Part 1: Current Pattern Awareness (20 minutes)

Write honestly:

What I currently do between end of shift and arriving home:

How I currently feel when I walk in the door:

What my family experiences when I get home:

Problems with my current pattern:

Part 2: Design Your Ritual (30 minutes)

Physical Transition:

- Where will I change clothes?
- What physical activity will I do? (shower, workout, walk)
- What will signal "I'm off duty now"?

Mental Transition:

- How will I debrief the shift? (journaling, call partner, sit quietly)
- What will I write/say to get it out of my head?
- What will I intentionally leave at the station?

Emotional Transition:

- How will I check in with my emotions?
- What will I do with hard emotions from the shift?
- What self-compassion statement will I use?

Spiritual Transition:

- What prayer/scripture/meditation will help?
- How will I reconnect to "why I serve"?
- What will help me shift from tactical to peaceful?

Part 3: Nervous System Practice (30 minutes)

Group practices together:

Breathwork:

- 4-7-8 breathing (4 rounds)
- Notice how your body feels after

Physiological Sigh:

- Double inhale, long exhale (5 times)
- Notice the immediate calming

Grounding:

- 5-4-3-2-1 technique together
- Feel feet on floor, weight in chair

Bilateral Stimulation:

- Cross-lateral marching in place
- Alternate tapping

Discussion:

- Which technique was most effective for you?
- When/where will you use these?

Part 4: Family Presence Commitment (10 minutes)

What I commit to when I get home:

- First 30 minutes phone-free
- Greet spouse/kids with eye contact and affection
- Ask "How was your day?" and actually listen
- [One specific action]

What I'll say when I can't be present yet:

- "I had a rough shift. I need [X time] to transition, then I'll be with you."

Who I'll ask for accountability:

- Spouse? Battle buddy? Both?

Closing (15 minutes)

"I will lie down and sleep in peace, for You alone, O Lord, make me dwell in safety." (Psalm 4:8 NASB)

Practice lying down and being still for 2 minutes (guided relaxation)

Notice: It's possible to be still. Your nervous system can calm.

Prayer: "God, help us learn to downshift. Help us be present with our families. Calm our nervous systems. Give us rest. Amen."

WEEK 5: MORAL INJURY AND SURVIVOR GUILT - When You Couldn't Save Them

Core Concept

Some wounds aren't from what you've seen - they're from what you couldn't prevent. Moral injury happens when you violate your values or when you fail to save someone despite your best efforts. Survivor guilt asks "Why them and not me?" These wounds are deep, spiritual, and require specific healing.

Tuesday Evening: Large Group Teaching (2 hours)

Opening (15 minutes)

- Welcome
- Check-in: "How's the downshifting practice going?"

Teaching: Moral Injury and Survivor Guilt (90 minutes)

1. What is Moral Injury?

"For the good that I want, I do not do, but I practice the very evil that I do not want." (Romans 7:19 NASB)

Paul understood the anguish of failing to live up to your own standards. Moral injury is similar but more acute.

Definition: Moral injury occurs when you:

- **Witness acts that violate your moral code** (seeing evil you can't stop)
- **Are forced to do things against your values** (following orders that feel wrong)
- **Fail to prevent harm despite your best efforts** (couldn't save them)
- **Make decisions where all options are bad** (impossible choices)
- **Survive when others died** (survivor guilt)

This is Different from PTSD:

- PTSD = fear-based (threat to your safety)
- Moral Injury = guilt/shame-based (violation of your values or failure to save)

- Can have both simultaneously
- Moral injury has more spiritual dimension

2. Common Moral Injury Scenarios for First Responders

For Firefighters:

- Child dies despite your efforts
- Have to leave someone in a building (too dangerous to go back)
- Can't get to someone fast enough
- Equipment failure leads to death
- Fellow firefighter dies
- "I should have done more"

For Law Enforcement:

- Officer-involved shooting (even if justified)
- Can't prevent crime/violence you witness
- Have to enforce laws you disagree with
- Witness child abuse and can only do so much
- Partner killed in line of duty
- "I should have seen it coming"

For EMS:

- CPR fails on child
- Can't save overdose victim you've helped before
- Triage decisions (who to help first)
- Protocols prevent you from doing what you think is right
- Pronouncing death of someone you know

- "I should have done something different"

For All:

- Seeing human evil repeatedly
- Witnessing preventable deaths
- System failures that cost lives
- Being second-guessed by people who weren't there
- Making life-or-death decisions in seconds
- Living with consequences of those decisions

3. Symptoms of Moral Injury

Guilt:

- "It's my fault"
- "I should have done more"
- "I made the wrong call"
- Self-blame even when logically you know you did everything possible

Shame:

- "I'm a bad person"
- "I don't deserve to be called a [firefighter/cop/medic]"
- "If people knew what I did/didn't do, they'd reject me"
- Identity-level wound

Anger:

- At self ("Why didn't I...")
- At victim ("Why did you put yourself in that situation?")
- At system ("Why wasn't there better equipment/backup/resources?")

- At God ("Where were You?")

Spiritual Crisis:

- Loss of faith
- Anger at God
- "How can there be a God when I see this evil?"
- Loss of meaning and purpose
- "What's the point?"

Withdrawal:

- Can't face people
- Leave the profession
- Isolate from family and friends
- "I don't deserve to be happy"

Self-Destructive Behavior:

- Reckless behavior (seeking danger)
- Substance abuse (self-punishment)
- Suicidal thoughts ("I don't deserve to live when they died")

4. Survivor Guilt: "Why Them and Not Me?"

"But the Lord said to Samuel, 'Do not look at his appearance or at the height of his stature, because I have rejected him; for God does not see as man sees, since man looks at the outward appearance, but the Lord looks at the heart.'"
(1 Samuel 16:7 NASB)

God's purposes are often beyond our understanding. Survivor guilt tries to make sense of the senseless.

The Questions:

- "Why did my partner die and I survived?"
- "Why did that child die when I have healthy kids at home?"
- "Why am I still here when better people are gone?"
- "What right do I have to be happy when they're dead?"

The Burden:

- Feel obligated to suffer because they suffered
- Can't enjoy life without guilt
- Feel like your survival is undeserved
- Driven to "earn" your survival through excessive service

The Truth:

- You didn't choose to survive - it's not your fault
- Your death wouldn't bring them back
- You living fully honors their memory better than you dying slowly
- God's purposes in life and death are beyond our understanding
- Your life still has meaning and purpose

5. The Spiritual Wound: Where Was God?

"My God, my God, why have You forsaken me? Far from my help are the words of my groaning." (Psalm 22:1 NASB)

Even Jesus felt forsaken by God. Your spiritual crisis is not faithlessness - it's honest anguish.

The Questions Moral Injury Raises:

- "How can God be good when He allows this evil?"
- "Where was God when that child died?"
- "Why does God let innocent people suffer?"

- "If God is all-powerful, why didn't He intervene?"
- "Am I being punished?"

These are Ancient Questions:

- Job asked them
- David asked them
- Jesus asked them from the cross
- Asking these questions is not lack of faith - it's wrestling with reality

Possible Responses (Not Easy Answers):

1. God Grieves with Us:

- *"Jesus wept."* (John 11:35 NASB)
- God is not detached - He suffers with us
- The cross shows God enters into suffering

2. Evil is Real:

- We live in a fallen world
- Human free will includes capacity for evil
- Natural disasters happen in a broken world
- God doesn't cause every bad thing that happens

3. God's Purposes are Beyond Our Understanding:

- *"For My thoughts are not your thoughts, nor are your ways My ways," declares the Lord. 'For as the heavens are higher than the earth, so are My ways higher than your ways and My thoughts than your thoughts.'"* (Isaiah 55:8-9 NASB)
- Some things we won't understand this side of eternity
- Trust doesn't require understanding

4. God Can Redeem Even Tragedy:

- *"And we know that God causes all things to work together for good to those who love God, to those who are called according to His purpose."* (Romans 8:28 NASB)
- Doesn't mean everything is good
- Means God can bring good even from evil

5. God is with Us in the Darkness:

- *"Even though I walk through the valley of the shadow of death, I fear no evil, for You are with me."* (Psalm 23:4 NASB)
- God doesn't promise to prevent all suffering
- He promises to be WITH us in it

You don't have to have answers. You're allowed to be angry, confused, hurt. God is big enough to handle your questions.

6. Healing Moral Injury

Acknowledge the Wound:

- Name it: "I feel guilty about..."
- Don't minimize: "It wasn't that bad"
- Honor your values: "I care deeply about protecting people, so when I couldn't, it wounded me"

Challenge Irrational Thoughts:

- "I should have..." (Based on what you knew then, not what you know now)
- "It's my fault..." (Were you actually responsible for the outcome?)
- "I don't deserve..." (Says who? Based on what standard?)

Self-Compassion:

- *"The Lord is compassionate and merciful, slow to anger and abounding in faithfulness." (Psalm 103:8 NASB)*
- Talk to yourself the way God talks to you
- "I did the best I could in an impossible situation"
- "I'm human. I have limits."
- "I can't control everything."

Confession and Forgiveness:

- If you violated your values, confess it (to God, to safe person)
- Accept forgiveness (from God, from yourself)
- *"If we confess our sins, He is faithful and righteous, so that He will forgive us our sins and cleanse us from all unrighteousness." (1 John 1:9 NASB)*
- Forgiveness doesn't erase consequences, but it releases guilt

Spiritual Direction:

- Talk to chaplain, pastor, or spiritual mentor
- Process your anger at God (He can handle it)
- Explore faith questions in safe space
- Read lament psalms (Psalms 13, 22, 44, 88)

Professional Help:

- Trauma therapist who understands moral injury
- Consider EMDR, CPT, or specialized moral injury treatment
- Medication if depression is severe
- Peer support (people who've been there)

Memorial and Meaning:

- Honor those lost (memorial service, tribute)
- Find meaning in their death (advocacy, policy change, training others)
- Live well as a way of honoring them
- "I will live in a way that honors their memory"

7. You Are Not Disqualified

Facilitator shares: "The call I can't forgive myself for is..."

Moral injury makes you feel disqualified from:

- Being a good responder
- Being a good person
- Being loved
- Being forgiven
- Being happy

But the Gospel says:

- You are loved despite your failures
- You are forgiven even when you can't forgive yourself
- You are still called to serve (if you choose)
- Your value doesn't depend on perfect performance
- God uses broken people (see: every character in the Bible)

**You made a decision in seconds that you've second-guessed for years.
Give yourself grace. You did the best you could.**

Discussion (15 minutes)

- "What moral injury are you carrying?"
- "What do you need to forgive yourself for?"

Closing (10 minutes)

"The Lord is near to the brokenhearted and saves those who are crushed in spirit." (Psalm 34:18 NASB)

God sees your broken heart over the ones you couldn't save. He's near to you in that pain.

Homework:

- Write letter to yourself offering the grace you'd give a rookie in the same situation
 - OR write letter to person who died (what you wish you could say)
 - Practice self-compassion statements
 - Consider: Do you need to see a therapist specializing in moral injury?
-

Thursday Small Peer Groups (2 hours)

Opening (15 minutes)

- Check-in
- "How did this week's teaching land?"

Exercise: Processing Moral Injury (90 minutes)

NOTE: This is heavy. Facilitators be ready for tears, anger, deep pain. Have tissues. Have backup support available if someone goes into crisis.

Part 1: Naming the Wound (20 minutes)

Private writing first:

The call/incident I can't forgive myself for:

What happened: (Factual account)

What I did: (Your actions)

The outcome:

What I tell myself: ("I should have...")

What I feel: (Guilt, shame, anger, grief)

Part 2: Confession and Witness (40 minutes)

This is powerful, sacred space

Format: Each person (who is ready - no pressure) shares:

- Briefly: what happened
- What they can't forgive themselves for
- What they need to hear

Group practices "absolution" (declaration of forgiveness):

After each person shares, facilitator says:

"[Name], you did the best you could in an impossible situation.

You are not God. You could not control the outcome.

You are human. You have limits.

What happened was tragic, but it was not your fault.

You are forgiven. God forgives you.

We forgive you.

Now you must forgive yourself.

You are not disqualified. You are still called. You are still loved.

May you find peace."

Group responds: "You are forgiven. You are loved. You are not alone."

This will take time. This will be emotional. This is healing.

Part 3: Challenge Irrational Guilt (20 minutes)

For each person's situation, group helps challenge irrational thoughts:

Irrational: "I should have saved them" **Challenge:** "Based on what information? What resources? What were the actual circumstances?"

Irrational: "It's my fault they died" **Challenge:** "Were you actually responsible for what killed them? Or are you taking responsibility for things outside your control?"

Irrational: "I don't deserve to be happy when they're dead" **Challenge:** "How does your suffering bring them back? How does your misery honor them?"

Irrational: "I'm a failure as a [responder]" **Challenge:** "One outcome doesn't define your entire career. How many people HAVE you helped?"

Part 4: Self-Compassion Practice (10 minutes)

Each person writes and reads aloud:

"[My name], you were in an impossible situation. You did the best you could with the information and resources you had. You are human, not God. You have limits. You are allowed to be imperfect. You are forgiven. You are loved. You are still called to serve, if you choose. Your life has meaning and purpose."

Closing (15 minutes)

"Therefore there is now no condemnation at all for those who are in Christ Jesus." (Romans 8:1 NASB)

NO condemnation. Not from God. Not from us. Now, not from yourself.

Prayer: "God, we bring you our moral injuries. We bring you the guilt we can't shake, the calls we can't forget, the decisions we second-guess. Forgive us. Heal us. Help us forgive ourselves. Give us peace. Amen."

If anyone needs additional support, connect them with therapist or chaplain immediately.

WEEK 6: SUBSTANCE USE AND SELF-MEDICATION - What Starts as Coping

Core Concept

Alcohol and substances often start as a way to manage the stress, the nightmares, the hypervigilance. But what begins as coping becomes captivity. The thief offers temporary relief that leads to destruction. Recovery is possible, and getting help is not weakness - it's tactical readiness.

Tuesday Evening: Large Group Teaching (2 hours)

Opening (15 minutes)

- Welcome
- Acknowledge: This topic hits close to home for many
- "No judgment. Many of us have been here."

Teaching: From Coping to Captivity (90 minutes)

1. Why First Responders and Substance Use

"All things are permitted for me, but not all things are of benefit. All things are permitted for me, but I will not be mastered by anything." (1 Corinthians 6:12 NASB)

Paul understood the difference between use and mastery. When substances master you, you lose freedom.

First Responder Culture and Alcohol:

- Drinking is normalized ("blow off steam after shift")
- Station culture often includes drinking
- Peer pressure to participate
- "If you don't drink with us, you're not part of the crew"
- Alcohol is legal, available, socially acceptable

The Perfect Storm:

- High stress job

- Trauma exposure
- Shift work (disrupts sleep and routines)
- Hypervigilance (need to "come down")
- Limited healthy coping mechanisms
- Cultural acceptance of drinking
- Stigma against seeking mental health help
- Result: Substance use as primary coping mechanism

Statistics:

- First responders 2x more likely to have substance use disorder than general population
- Alcohol is most common, but prescription drugs (pain pills, sleep aids) and other substances also
- Firefighters: High rates of alcohol use disorder
- LEO: Alcohol, prescription opioids
- EMS: All of the above
- Many hide it successfully for years until crisis hits

2. The Progression: How It Starts, How It Develops

Facilitator shares their own story: "For me, it started..."

Stage 1: Social/Recreational Use

- Having drinks with crew after shift
- Parties, celebrations
- "Just blowing off steam"
- Still in control
- No negative consequences (yet)

Stage 2: Instrumental Use (Using for Purpose)

- Drinking to sleep
- Drinking to calm nerves
- Drinking to numb emotions
- "I need this to cope"
- Still functioning but increasingly dependent

Stage 3: Problem Use

- Drinking alone
- Drinking more than intended
- Family complaining
- Performance affected
- Hiding consumption
- Lying about amounts
- Tolerance building (need more to feel effects)

Stage 4: Dependence/Addiction

- Physical withdrawal symptoms
- Can't function without it
- Drinking/using despite consequences
- Loss of control
- Life revolves around substance
- Career, family, health suffering
- Denial: "I can stop anytime"

3. Self-Medication: The Thief's Trap

"The thief comes only to steal and kill and destroy" (John 10:10 NASB)

Substances promise relief. They deliver captivity.

What Substances Temporarily Provide:

- **Alcohol:**
 - Sedation (helps you "come down" from hypervigilance)
 - Sleep (though quality is poor)
 - Emotional numbing (don't have to feel)
 - Social lubricant (easier to connect)
 - Escape from intrusive thoughts
- **Prescription Drugs:**
 - Pain relief (physical pain from injuries)
 - Sleep (prescribed for insomnia)
 - Anxiety reduction (prescribed for PTSD symptoms)
- **Other Substances:**
 - Stimulants (stay awake for shifts)
 - Marijuana (relax, sleep)
 - Harder drugs (rare but happens)

What Substances Actually Do:

- Worsen PTSD symptoms long-term
- Disrupt sleep architecture (REM sleep)
- Damage relationships
- Impair job performance
- Create physical dependence

- Lead to worse mental health
- Increase suicide risk
- Steal, kill, destroy

The Progression Trap:

- Stress → Drink → Temporary relief → More stress → Drink more → Build tolerance → Need more → Dependence → Addiction → Destruction

4. Signs You've Crossed the Line

Honest self-assessment:

Ask Yourself:

- Do I drink/use more than I intend to?
- Have I tried to cut back and couldn't?
- Do I need substances to sleep or relax?
- Am I drinking/using alone?
- Am I hiding my use from family?
- Has anyone expressed concern about my use?
- Am I lying about how much I consume?
- Do I feel guilty about my use?
- Have I had blackouts or memory lapses?
- Am I experiencing withdrawal symptoms (shakes, sweats, anxiety when not using)?
- Has my use affected my work, family, health, or legal status?
- Do I keep using despite negative consequences?

If you answered yes to several: You have a problem. Getting help is not optional - it's essential.

5. First Responder Specific Concerns

Career Fears:

- "If I admit I have a problem, I'll lose my job"
- "They'll take my gun/truck"
- "I'll lose my security clearance"
- "I'll never promote"
- "My crew will lose respect for me"

The Truth:

- Untreated addiction WILL cost you your career (eventually)
- Getting help MAY save your career
- Many departments have peer support and treatment programs
- Seeking help proactively is better than being caught
- Your sobriety is more important than any job

Operational Impact:

- Impaired judgment (could cost lives)
- Slower reactions (dangerous)
- Poor decision-making
- Safety hazard to yourself and partners
- If you're using, you're not fit for duty (even if you think you're fine)

"I've been doing this for years and no one's noticed"

- They've noticed. They just haven't said anything yet.
- Or: You've been lucky. Luck runs out.
- Your performance is affected even if you don't realize it.

6. Recovery is Possible

"For I am confident of this very thing, that He who began a good work among you will complete it by the day of Christ Jesus." (Philippians 1:6 NASB)

Recovery Options:

Outpatient Treatment:

- Counseling
- Support groups (AA, Celebrate Recovery, First Responder specific)
- Peer support programs
- Continued work (with monitoring if required)

Intensive Outpatient (IOP):

- Several hours/day, several days/week
- More intensive than standard counseling
- Can usually continue working (modified duty)

Inpatient/Residential Treatment:

- 28-90 days typically
- 24/7 support and structure
- Away from triggers
- Intensive therapy
- Medical detox if needed
- For severe addiction or multiple failed outpatient attempts

Medication-Assisted Treatment (MAT):

- Naltrexone (blocks alcohol/opioid effects)
- Acamprosate (reduces cravings)

- Disulfiram (makes you sick if you drink)
- Supervised by physician
- Combined with counseling

Peer Support:

- Programs like this one
- First Responder specific support groups
- Sponsorship
- Battle buddies

The Path:

- Admit you have a problem (hardest step)
- Ask for help (second hardest)
- Get into treatment (whatever level you need)
- Work the program (honesty, meetings, tools)
- Build sober support system
- Develop new coping skills
- One day at a time
- **It works if you work it**

7. Supporting Someone with Substance Use

If you suspect a partner/crew member has a problem:

Do:

- Express concern privately, compassionately
- Use specific examples: "I noticed you..."
- Offer support: "I'm here to help"

- Provide resources
- Follow up
- Set boundaries (won't cover for dangerous behavior)

Don't:

- Confront publicly
- Shame or judge
- Enable (cover up, make excuses)
- Try to control their use
- Give up on them

If they're your riding partner and they're impaired:

- You have a responsibility to address it
- Your life and public safety depend on their sobriety
- Talk to supervisor if necessary (not snitching - safety)

Tough love is still love.

Discussion (15 minutes)

- "How has substance use affected you or someone you know?"
- "What barriers exist to getting help?"

Closing (10 minutes)

"So if the Son sets you free, you will be free indeed." (John 8:36 NASB)

Freedom is possible. Recovery is possible. The thief wants you to believe you're stuck. Jesus says you can be free.

If you need help with substance use:

- Talk to facilitator after (confidentially)

- Call the number provided (peer support 24/7)
- Consider professional assessment
- Don't wait for rock bottom - get help now

Homework:

- Honest substance use self-assessment
- If you have a problem: Make plan to get help
- If you're sober: How do you maintain it? What helps?
- Support battle buddy if they're struggling with this

Thursday Small Peer Groups (2 hours)

[Content continues...]

[Would you like me to continue with the complete curriculum including Week 7-10, Family Support sections, and all remaining materials?]

Thursday Small Peer Groups (2 hours)

Opening (15 minutes)

- Check-in: "How are you with substances honestly?"

Exercise: Honest Assessment and Action Planning (90 minutes)

Part 1: Private Assessment (20 minutes)

Complete honestly - no one will see unless you share:

CAGE Assessment:

- Have you ever felt you should **C**ut down?
- Have people **A**nnoyed you by criticizing your use?

- Have you ever felt bad or **G**uilty about your use?
- Have you ever had a drink/**E**ye opener first thing in the morning?

If 2 or more yes: Likely problem

Detailed Inventory:

- What substances do I use? (alcohol, prescriptions, other)
- How often?
- How much?
- When? (after shifts, before bed, all day)
- Why? (to sleep, to relax, to numb, to cope)
- Has it increased lately?
- Consequences so far? (family, work, health, legal)
- Have I tried to quit or cut back? What happened?

Part 2: Sharing (If Ready) (30 minutes)

No pressure, but honesty saves lives

If you're comfortable, share:

- Where you are with substance use
- If you need help
- If you're in recovery, how you maintain it

Group offers:

- No judgment
- Support
- Resources
- Accountability

Part 3: Action Planning (30 minutes)

If You Have a Problem:

Write:

1. I admit I have a problem with: [substance]
2. I will get help by: [date]
3. Specific steps: [call EAP, make therapy appointment, attend AA, enter treatment]
4. Who I'm telling: [spouse, supervisor if necessary, battle buddy]
5. What support I need: [from this group, from family]

If You're in Recovery:

Write:

1. I am [X days/months/years] sober
2. What helps me maintain sobriety:
3. My triggers are:
4. My relapse prevention plan:
5. How I'll support others:

If You're Not Struggling:

Write:

1. How I currently cope with stress:
2. Warning signs I'd watch for in myself:
3. Healthy alternatives I practice:
4. How I can support others:

Part 4: Accountability Commitments (10 minutes)

If seeking help:

- Share your plan with battle buddy
- Give them permission to check on you
- Agree to follow through

If supporting someone:

- Commit to checking in
- Hold them accountable with love
- Don't enable, but don't shame

Closing (15 minutes)

"No temptation has overtaken you except something common to mankind; and God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will provide the way of escape also, so that you will be able to endure it." (1 Corinthians 10:13 NASB)

There is a way out. Recovery is possible. Freedom is real.

Prayer: "God, we've tried to numb our pain with substances. We've sought relief in things that ultimately destroy. Give us courage to get help. Give us strength to stay sober. Give us hope that freedom is possible. Amen."

Resources distributed:

- Local treatment centers
- AA/NA meetings
- First responder specific programs
- 24/7 crisis line
- Therapist referrals specializing in addiction

WEEK 7: THE SUICIDE WATCH - Addressing the Unspoken Crisis

Core Concept

More first responders die by suicide than in the line of duty. This is the crisis nobody talks about, but we must. If you're thinking about it, you're not alone. If you've lost someone to it, we grieve with you. Suicide is a permanent solution to temporary problems. There is hope. There is help. You matter.

CRITICAL NOTE FOR FACILITATORS: This session requires:

- Crisis protocols in place
- Mental health professionals on standby
- Suicide hotline numbers available
- Follow-up plans for at-risk participants
- Extra facilitators present
- Be prepared for disclosures of suicidal ideation

Tuesday Evening: Large Group Teaching (2 hours)

Opening (20 minutes)

Facilitator speaks directly:

"Tonight we're talking about suicide. Some of you are thinking about it. Some of you have attempted it. Some of you have lost someone to it. This is the hardest conversation we'll have.

Before we start, I need to tell you: If you're having thoughts of suicide, you don't have to suffer alone. We have crisis resources. We will help you get help. Your life matters.

Crisis Numbers on Screen:

- National Suicide Prevention Lifeline: 988
- Crisis Text Line: Text BLUE to 741741
- First Responder Support: [Local number]

If at any point you need to step out and talk to someone, do it. We have counselors available."

Ground rules for tonight:

- This is life and death - take it seriously
- If you're struggling, tell someone tonight
- If you know someone who's struggling, speak up
- We will not minimize this
- We will not shame anyone
- We will offer hope

Moment of silence for first responders lost to suicide

Teaching: The Suicide Crisis Among First Responders (90 minutes)

1. The Statistics We Can't Ignore

"The Lord is near to the brokenhearted and saves those who are crushed in spirit." (Psalm 34:18 NASB)

God promises to be near. But sometimes the darkness feels so overwhelming we can't sense His presence.

The Reality:

- More police officers die by suicide than in the line of duty
- Firefighter suicide rates significantly elevated
- EMS/paramedics highest rates of all first responders
- Male first responders: 2-3x higher than general population
- Female first responders: 6-10x higher than general female population

Why First Responders?

- Cumulative trauma exposure

- PTSD, moral injury, survivor guilt
- Access to lethal means (firearms)
- Reluctance to seek help (stigma)
- Alcohol/substance abuse
- Relationship problems
- Organizational stress
- Sleep deprivation
- Feeling like a burden
- "I've seen too much"
- Loss of meaning and purpose

2. Warning Signs: Recognizing Risk in Yourself and Others

Immediate Warning Signs (Crisis - Act Now):

- Talking about wanting to die or kill oneself
- Looking for ways to kill oneself (researching methods, acquiring means)
- Talking about feeling hopeless or having no reason to live
- Talking about being a burden to others
- Increased substance use
- Acting anxious, agitated, or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Giving away possessions

- Saying goodbye to people
- Putting affairs in order (will, insurance, etc.)

If you see these: INTERVENE IMMEDIATELY

Longer-Term Warning Signs (Elevated Risk):

- Talking about feeling trapped
- Persistent feelings of hopelessness
- Unmanageable anxiety or depression
- Significant changes in behavior or mood
- Increased isolation
- Statements like "They'd be better off without me"
- Loss of interest in previously enjoyed activities
- Decline in work performance
- Reckless behavior (seeking dangerous calls, taking unnecessary risks)
- Dark humor escalating to concerning statements

3. The Thoughts That Lead There

Facilitator shares (if applicable): "When I was in that dark place, I thought..."

Common Suicidal Thoughts:

- "I can't do this anymore"
- "The pain won't ever end"
- "I'm a burden to my family"
- "They'd be better off without me"
- "I've seen too much - I can't unsee it"
- "I failed - I couldn't save them"

- "I don't deserve to live when they died"
- "There's no way out"
- "No one understands"
- "I'm alone in this"
- "I'm too far gone"
- "Death is the only relief"

The Lies Behind These Thoughts:

- **Lie:** "It won't ever get better" **Truth:** Pain is temporary, even when it feels permanent. Treatment works.
- **Lie:** "I'm a burden" **Truth:** Your death would devastate those who love you. Your presence is a gift, not a burden.
- **Lie:** "They'd be better off without me" **Truth:** Your family, friends, crew would be destroyed by your death. They want YOU, struggling and all.
- **Lie:** "There's no way out" **Truth:** There are always options. Death is permanent; problems are temporary.
- **Lie:** "No one understands" **Truth:** Others have felt this and survived. You're not alone.

4. Why First Responders Don't Ask for Help

The Barriers:

- **Stigma:** "I'll look weak"
- **Career concerns:** "They'll take my gun/badge/assignment"
- **Pride:** "I should be able to handle this myself"
- **Shame:** "I help others; I shouldn't need help"
- **Denial:** "I'm fine; it's not that bad"
- **Hopelessness:** "Nothing will help anyway"

- **Isolation:** "No one would understand"
- **Access to means:** "I have a gun; it would be easy"

Breaking Through:

- Asking for help is the strongest thing you can do
- Your career is not more important than your life
- You can't help others if you're dead
- Everyone needs help sometimes
- Treatment works - this is treatable
- Others DO understand - reach out
- Remove access to means (give gun to trusted person temporarily)

5. Intervention: How to Help Someone Who's Suicidal

ASK Directly:

- Don't dance around it
- "Are you thinking about suicide?"
- "Do you have a plan?"
- "Do you have access to means?"
- **Asking does NOT plant the idea - it opens the door to help**

LISTEN Without Judgment:

- Take them seriously
- Don't minimize: "It's not that bad"
- Don't argue: "You have so much to live for"
- Just listen: "Tell me what's going on"
- Validate: "That sounds incredibly painful"

SAFETY Plan:

- Remove access to lethal means (firearms, pills, etc.)
- Don't leave them alone
- Get professional help (988, crisis services, hospital)
- Stay with them until help arrives

FOLLOW UP:

- Don't assume one conversation fixed it
- Check in regularly
- Make sure they're getting professional help
- Stay connected

If You're Worried About Someone:

- Better to overreact than ignore warning signs
- If in doubt, call for help
- Don't keep suicidal thoughts secret "because they asked you not to tell"
- Confidentiality does not apply when life is at risk

6. If You're Thinking About Suicide

Facilitator looks directly at group:

"If you're thinking about suicide right now, I'm talking directly to you.

You're in pain. Real, overwhelming, unbearable pain. You want the pain to stop, and death seems like the only way. I get it. I've been there / Others here have been there.

But here's the truth: **You don't really want to die. You want the pain to stop. Those are not the same thing.**

There are other ways to stop the pain:

- Treatment (therapy, medication)
- Support (people who care)
- Time (pain lessens with help)
- Hope (things can be different)

Suicide is a permanent solution to temporary problems.

Your pain is real. But your death would cause irreversible pain to everyone who knows you.

Your family would never be the same. Your crew would carry guilt forever. Your friends would wonder what they missed. Your children (if you have them) would grow up without you.

You matter. Your life has value. You are needed.

The thoughts telling you otherwise are lies from depression, PTSD, exhaustion, trauma, and darkness.

Please, tell someone tonight. Don't leave here alone with these thoughts."

7. Hope and Resources

"For I know the plans that I have for you,' declares the Lord, 'plans for prosperity and not for disaster, to give you a future and a hope.'" (Jeremiah 29:11 NASB)

Treatment Works:

- Depression is treatable (90% success rate with treatment)
- PTSD is treatable
- Suicidal thoughts can be overcome
- People recover and go on to live full lives
- You can get better

Immediate Resources:

- **988 Suicide & Crisis Lifeline:** Call or text, 24/7, trained counselors
- **Crisis Text Line:** Text BLUE to 741741
- **First Responder specific:** [provide local resources]
- **Hospital emergency room:** If you're in immediate danger
- **This program:** Peer support 24/7

Safety Planning: If you're struggling, create a crisis plan:

1. Warning signs I notice in myself:
2. Internal coping strategies: (breathe, walk, call someone)
3. People I can contact: (names and numbers)
4. Professionals I can contact: (therapist, crisis line, hospital)
5. Ways to make environment safer: (remove guns, pills)
6. Reasons to live: (family, friends, purpose, hope)

Discussion (15 minutes)

Facilitator asks carefully:

- "Has suicide touched your life? (As someone who thought about it, attempted it, or lost someone)"
- "What do you want to say to someone who's thinking about it?"
- "What gives you hope?"

Closing (10 minutes)

"I have told you these things, so that in Me you may have peace. In the world you have tribulation, but take courage; I have overcome the world." (John 16:33 NASB)

Jesus acknowledges tribulation is real. But He offers peace and courage. He has overcome. You can too.

If you're struggling with suicidal thoughts:

- Tell someone tonight before you leave
- Call 988 when you get home
- Don't be alone tonight
- Your life matters
- We will help you

Homework:

- If you're struggling: Create safety plan, tell someone, get professional help
 - If you're not: Check on someone you're worried about
 - All: Memorize crisis numbers, be prepared to intervene
 - Read provided materials on suicide prevention
-

Thursday Small Peer Groups (2 hours)**FACILITATOR PREPARATION:**

- Have crisis counselors on site
- Know who your at-risk participants are (from assessments)
- Be ready for disclosures
- Have follow-up plan for each at-risk person

Opening (15 minutes)

- Check-in: "How are you after Tuesday's session?"
- "If anyone is in crisis, let's talk privately right now"

Exercise: Safety Planning and Peer Support (90 minutes)

Part 1: Personal Safety Plan (If You're Struggling) (30 minutes)

Private writing - facilitator available for individual help:

MY SAFETY PLAN

Warning signs I'm in crisis: 1. 2. 3.

Internal coping strategies:

- Breathe:
- Ground:
- Move:
- Self-talk:

People I can call (write numbers):

1. Battle buddy:
2. Sponsor/friend:
3. Family:

Professionals I can call:

- Therapist:
- Crisis line: 988
- Local first responder support:

Making environment safer:

- Remove firearms: Give to [name]
- Remove pills: Give to [name]
- Where I'll go if I can't be alone:

Reasons I have for living: 1. 2. 3. 4. 5.

What I need to remember when I feel hopeless: "This feeling is temporary. Treatment works. People care. My life matters. I am not alone."

If completing this plan, share with facilitator and one trusted person

Part 2: If You've Attempted Suicide in Past (20 minutes)

Optional sharing - no pressure:

If you're willing:

- What brought you to that point?
- What saved you?
- What's different now?
- What do you want others to know?

Part 3: If You've Lost Someone to Suicide (20 minutes)

Safe space to process:

If you're willing:

- Who did you lose?
- What do you want to say about them?
- What do you carry?
- What do you wish they had known?
- How has it affected you?

Group holds space - no fixing, just witnessing

Part 4: Peer Support Covenant (20 minutes)

As a group, we commit:

- To ask directly if we're worried about someone
- To take all talk of suicide seriously

- To not keep secrets about suicidal thoughts
- To check on each other regularly
- To be available 24/7 for crisis calls
- To remove guns/means if asked
- To go with someone to hospital if needed
- To follow up after crisis passes
- To not give up on each other

We will not let each other die alone in the dark.

Each person commits specifically: "I commit to calling [name] if I'm in crisis" "I commit to checking on [name] regularly"

Closing (15 minutes)

"The Lord is my light and my salvation; whom should I fear? The Lord is the defense of my life; whom should I dread?" (Psalm 27:1 NASB)

Even in the darkest darkness, God is light. Hold on.

Prayer: "God, some of us are in the darkness. Some of us have been. Some of us have lost people we love. Give us hope. Give us courage. Keep us alive. Use us to save each other. Amen."

FOLLOW-UP REQUIRED:

- Facilitators check in personally with anyone who disclosed suicidal ideation
- Ensure safety plan is in place
- Confirm professional help is being sought
- Daily check-ins until crisis passes

PHASE THREE: SUSTAINABLE READINESS (Weeks 8-10)

WEEK 8: MARRIAGE UNDER FIRE - Keeping Your Family Intact

Core Concept

First responder marriages face unique challenges: shift work, trauma exposure, emotional unavailability, hypervigilance at home, and secondary trauma for spouses. Your family deploys with you every shift - they need support too. Saving your marriage might be the most important call you ever run.

[Content continues with marriage, spiritual wounds, and continuing mission sections, plus facilitator resources, crisis protocols, and family support materials...]

PROGRAM RESOURCES

Crisis Protocols

[Detailed intervention procedures]

Facilitator Training Manual

[Comprehensive guide for peer facilitators]

Family Support Program

[Materials for spouses and families]

Alumni Support Structure

[Long-term peer support framework]

CONCLUSION

You showed up. That took courage. You've faced topics most first responders never talk about: trauma, moral injury, addiction, suicide, marriage problems, faith crisis.

You're not the same person who walked in Week 1. You've taken off masks. You've told truth. You've asked for help. You've supported each other.

This is not the end - it's the beginning.

The 10:10 First Responders Program continues through:

- Monthly peer support meetings
- 24/7 crisis line (staffed by program graduates)
- Annual First Responder Retreat
- Ongoing battle buddy relationships
- Professional referral network

You are not alone. You will never be alone again.

The thief came to steal, kill, and destroy. He wanted to take everything from you.

But Jesus came that you would have life - abundant life.

Life that serves AND thrives. Life that sees darkness but isn't consumed by it. Life that suffers but finds meaning. Life that struggles but doesn't quit. Life that's real, honest, connected, purposeful.

That's what we're building together.

Keep showing up. Keep telling truth. Keep asking for help. Keep giving back. Keep believing you matter.

Welcome to the brotherhood/sisterhood of recovered first responders.

Welcome to abundant life.

"Be strong and courageous! Do not be terrified nor dismayed, for the Lord your God is with you wherever you go." (Joshua 1:9 NASB)

10:10 First Responders Program
Metro Community Chaplaincy
For Those Who Serve
