





coherence
associates inc

Sara Gilman, MS, LMFT
California Licensed Marriage & Family Therapist
 President, Coherence Associates, Inc.
 EMDR Approved Consultant,
 2010 President EMDR International Association
 Fellow, American Academy of Experts in Traumatic Stress

coherence
associates inc

“Treating 1st Responders in a Culture of Mental Toughness”

- Who are 1st Responders?
- What is 1st Responder PTS/D
- Support Programs – Peer Support & CISM
- Evidence-Based Treatments: HeartMath & EMDR Therapy
- Q & A

A First Responder Commits Suicide
Every 18 Hours

www.safecallnow.org

“In many ways officers are winning the battle of street survival, appear to be fatally losing the battle of emotional survival.”

“Emotional Survival for Law Enforcement” (K.M. Gilmartin, 2002)
 Copyright Coherence Associates, Inc. 2016



Who are 1st Responders? Think of Everyone!

<u>Inside the Departments</u>	<u>Outside the Departments</u>
➤ Officers	➤ Special assignments
➤ Records	➤ Joint Task Forces
➤ Dispatch	➤ Under cover
➤ Evidence Techs	➤ Extended leave
➤ Senior volunteers	➤ Suspensions
➤ Peer Support	➤ Health issues/injuries

Non-sworn admin stress? “I’m fine! ”

- Fill in pictures.
- Feeling helpless to protect.
- “My job/life isn’t that bad, look at what they do.”
- What if...

The International Association of Fire Chiefs' Foundation (1991)

Stress is one of the most serious occupational hazards in the fire service, affecting health, job performance, career decision-making, morale, and family life. Emotional problems, as well as problems with alcohol and drugs, are becoming increasingly evident. High rates of attrition, divorce, occupational disease, and injury continue... [and] suicide is a real and tragic alternative for some." (<http://www.IAFCF.org>)

Code 9: *Officer Needs Assistance*

WE ARE A WORK CULTURE OF
RE-ACTION
MORE
THAN A CULTURE OF
PRO-ACTION!

WHAT HAVE WE LEARNED Are we making progress?

2008-09 National Studies

- Police: suicide rates: 3 times higher than other municipal workers.
- Firefighters: up to 37% met PTSD criteria.
- Male Vets w/ PTSD: 73% alcohol abuse or dependence.
- Female Vets w/ PTSD: 5 fold increase in alcohol abuse or dependence.
- Left untreated – effects generations.
- **TODAY'S HEALING IS TOMORROW'S GENERATION...**

Occupational Critical Incidents Hazardous Stress

- Correlation exists between **exposure** to occupational critical incidents & **traumatic stress disorders**. PTSD is an anxiety disorder occurring subsequent to a critical incident.
- Civilian PTSD prevalence = 3%... **police officers estimated 10% to 30%**. Increases to over 34% following exposure to an occupational critical incident.
- Over 87% of LEO experienced at least one occupational critical incident during their careers, including fear for their life. **68.8% experienced these within the first 2 years of becoming a police officer.**
- **66% of Officer Involved Shooting (OIS) officers experience distress** = a negative, dysfunctional stress reaction that often erodes health & performance; includes persistent & intrusive thoughts, nightmares, anger, guilt, cognitive dysfunction, &/or depression.

Cops Culture “No crying in police work!”

- Military Mindset – responds in operational or survival mode.
- Highly motivated, determined.
- Task oriented – secure the scene!
- Highly screened and consistently trained.
- Resilient, hardy, mentally healthy.
- Action oriented, quick decisions!
- Practical orientation – solve problems.
- Avoid & compartmentalize emotional responses = in control!
- Always ready for danger – “*hours of boredom & seconds of terror!*”
- Conflicting roles: 1 minute = fighting a mugger or rapists, next minute = comforting a traumatized child.
- Forceful with criminal intent then protective & compassionate with victim.
- Maintain control of chaotic situations.

Culture of Stoicism, Depersonalization and Derealization

“Early Mental Health Intervention for First Responders”
Robbie Adler-Tapia, PhD

Common Psychological Defense Mechanisms

Used by 1st Responders

- **STOICISM** - Expected to not be impacted by events. Results in humor that may seem cold/disrespectful by others.
- **DEPERSONALIZATION** – Experiencing an event, feeling like it is happening to someone else.
- **DEREALIZATION** – Experiencing event, feeling like it isn’t real.



Habitual use of these defenses can result in delayed PTS/D

What is most important to the 1st Responder? “MY FAMILY”

PERSONAL	PROFESSIONAL
➤ Spouse, children, parents, significant others, friends	➤ Squad, partner, team
➤ Secondary trauma, no training on how to cope	➤ Risk your life for the other
➤ “How do I protect them when I’m not there?”	➤ “They understand me!”
	➤ Goal: “Get myself & them home safely...protect!”

1st Responder’s Cope w/ Traumatic Stress *Hypervigilance Biological Rollercoaster*

- Repeated Exposure
- On Duty: hypervigilance
- Off Duty: tired, detached
- “Nature of the business, just deal with it & shake it off.”
- *No awareness of potential stress problems developing.*

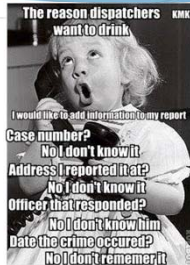



Copyright Coherence Associates, Inc. 2015

Yale University School of Medicine & New Haven Police Union Research Project

- 150 officers surveyed
- 24% reported PTSD
- 9% Depression
- 19% Alcohol abuse
- 46.7% sought MH Services
- 53.3% Why not? *Worried about confidentiality and negative career impact*
- *All Veteran officers said MH services are better than the past!*

911 Telecommunicators: The First 1st Responder!



911 Telecommunicators “Dispatchers”



911 Call Operators: 1st on Scene...last to be recognized.

"I handled the call just like I handle all of them. But when I finished, I went to the bathroom, vomited, & then, I took the next call."

-Anonymous 911 Telecommunicator (2012)



- 2010 no official recognition that 911 dispatchers are also at high risk for PTS/D.
- Have been unidentified & underserved.
- Psychologically on scene!
- 911 Stress Researcher: Roberta Troxell

Copyright Coherence Associates, Inc. 2015

911 Telecommunicators *Often unrecognized & underserved*

Lilly and Allen (2015) found that **24.6% of 808** telecommunicators from throughout the United States acknowledged symptoms consistent with a diagnosis of **posttraumatic stress disorder** (utilizing civilian cut-off scores on self-report measures).

Lilly and Allen (2015) identified that **54.7% of 911 TCs are obese and 24%** acknowledge symptoms consistent with a diagnosis of **major depression**.

Oh, and look where stress is
stored...



(Isn't that just terrific!)

Unique to 911 TC's

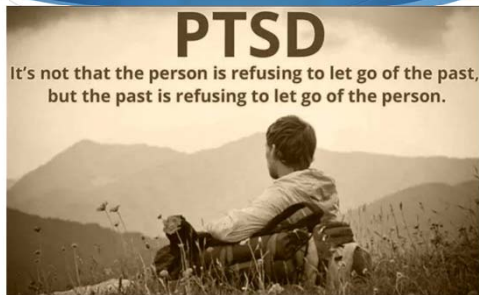
- Memory download — brain must fill in pictures.
- Tense room tone — can't leave confined area.
- Must rely on technology, what if it fails?
- Current life stressors related to calls.
- Officers rely on dispatch for safety & direction.
- Hyper-vigilant listening
- Do I have back up? Team?
- No closure. What happened?
- Rapid calls, back to back
- Never know what to expect

Copyright Coherence Associates, Inc. 2013

STANDARD on Acute, Traumatic & Chronic Stress Management
 All PSAPs "shall develop Comprehensive Stress Management Programs (CSMPs) for all personnel." These CSMPs are required to assure telecommunicators access to 8 types of resources:

1. Training in stress management
2. On-site PSAP educational materials and resources about stress-related risk
3. Information about available local and online resources to manage stress
4. Critical Incident Stress Management services, including diffusing and debriefing sessions
5. Employee Assistance Programs
6. **Identify (and encourage proactive use of) local therapists specializing in treatment of stress and traumatic stress disorders**
7. Peer support delivered by trained personnel
8. Provide comprehensive, ongoing certification training in all emergency call types PSAPs are highly encouraged to implement personal health incentivizing programs (NENA, 2013)

PTS / D
 Exposed to overwhelming situations, often over & over again, & the files of our mind fill up & begin to overreact in uncomfortable ways.
SYSTEM OVERLOAD



The Diagnostic and Statistical Manual of the American Psychiatric Association, Fifth Edition, TR (DSM-5, 2014) defines a traumatic event as a stressor in which:

The person has been exposed to a traumatic event in which both of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
2. The person's response involved intense fear, helplessness, or horror.

1st Responder Job Description?

DSM: Just Remember...

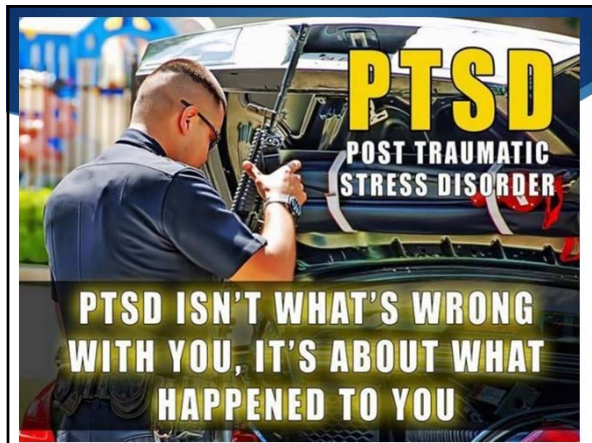
- 0-30 days after the incident "Acute Stress Disorder"
- 31 days later, if symptoms are still acute, it may move into PTS/D.

DISCLAIMER

- PTSD can lie dormant until the climate is right, and the trigger is pulled, and then show up *years* later.

(That's why it's called "**post**" traumatic stress disorder.)

- After about 120 days memories are crystallized into long term memory, so treatment **SOONER IS BETTER**.



Professional Stress



Law Enforcement Officers Stressed Mindset

- *Occupational Suspiciousness* = “shrinks” are outsiders!
- *Clannish* – depend on each other in times of danger, believe others don’t understand, feel misunderstood outside of work.
- Administrative stress = *operate autonomously, split second decisions*...2nd guessed later by Management, Public, Court, Press.

The Parade of Faces



Calls or cases that linger...

- **Kids**
- Suicides
- First and worst calls
- Calls with memorable sounds and/or smells
- Calls that had a personal association
- Calls that were very dangerous/uncertain

(Dr. Robbie Adler-Tapia, 2013)

Feel good calls? *Prevented* Suicides



Administrative Betrayal

When people or institutions upon which a person depends for survival *significantly violates the person's trust or well-being.*

(The trauma *after* the trauma)



Prolonged Stress = Behavioral Changes Who's noticing?

- Alcohol & drug use
- Change in usual behavior
- Withdrawal
- Acting out
- Silence / talkative
- Under / Overeating
- Hypervigilance
- Impulsive



Symptoms that creep up...

- Preoccupation with traumatic events.
- Avoidance and numbing of events.
- Increased negative arousal.
- Lowered frustration tolerance.
- Intrusive thoughts of case material or details.
- Dread of working with certain cases.
- Decrease in subjective sense of personal safety.
- Feelings of impotence.
- Diminished sense of purpose.
- Decreased functioning in a number of areas: can't sleep, can't eat, over eating, apathy, doesn't smile

Super Cop or...Super stressed?

- Volunteer for high risk opportunities
- Don't care if they live or die
- Have thrown out regard for personal safety
- Put others at risk



This may be covert suicidal behavior.

What Is Adaptive Denial?

- You have to minimize the psychological and physical dangers of the job in order to be able to do it.
- Each time you encounter danger, your worldview on this changes, in varying amounts.
- It can be in response to physical danger and/or your feelings about what happened that day.

“What this job has shown me is the depths of human evil & human suffering, over & over.”

"I just can't care anymore" Compassion Fatigue sets in!



Vicarious Traumatization (VT)

- The phenomenon of transmission of traumatic stress by bearing witness to the stories of traumatic events.
- VT can be experienced from once to numerous times.

McCann & Pearlman, 1990

VT: A Natural Process

- It's natural and inevitable.
- It creates a soul weariness that comes with caring.
- "It results from doing business with the handiwork of fear. Sometimes it lives on the edges of one's life...at others, it comes crashing in, overtaking one with its vivid images of another's terror with its profound demands for attention; nightmares, strange fears, and generalized hopelessness."
(Stamm)

Proven methods to help 1st Responders lead a healthy career & life!

- Education & training in stress management: Sleep Hygiene, Mindfulness, HeartMath Tools
- Peer support & CISM
- Early intervention & Counseling: EMDR Therapy

Peer Support has the power to be
proactive!
Saving lives from the inside out!



Benefits of Peer Support

Saving time, money, lives and families

- Mercedes Texas Police Department created an EAP; agency experienced a **decrease in the turnover rate** of sworn officers from 38% to 7% saving the department over **\$53,000** in turnover expenses.
- The San Bernardino Sheriff's Department saw a **decrease in early retirements** resulting in **savings** to the department of approximately **\$12 million** in early retirement funds.
- Research of West Virginia police officers indicated significant proactive finding: anxiety and perceived stress reduction was associated with a **10 hour stress management training program**.
- Research involving almost 1000 police officers in New Zealand & New South Wales, indicated significant reduction of PTS when **organizational peer support was involved**. Findings also demonstrated direct association of **occupational stress and increased sick leave**.

PTS/D is **not** an automatic outcome of traumatic stress.
Levels of stress over time cause wear & tear, decreases resiliency

Make these initial recommendations:

- Recognized signs of stress & how to de-stress. **Education!**
- Check on sleep. PTS/Sleep/D = Disruption in REM cycles. **Hygiene!**
- Talk to friend/family. **Peer Support!**
- Can't shake it or it just isn't passing?
- Just feel 'off,' lack of "umph?"
- Time to reboot! **Counseling!**



Don't ask me how I "feel"

Approaching the 1st Responder

Remember:

- Don't feel...just take action. "It's all part of the job, I'm fine."
- "Shrinks" = Outsiders, not part of the clan, unlikely to open up.
- Administrative stress – operate autonomously, within policy, scrutinized, make split decisions that are 2nd guessed later by management, public, court, press...

How to approach:

- "Tell me what happened"
- "How is this experience impacting you?"
- "What kinds of reactions are you having?"
- Normalize reactions: validate these are normal reactions to intense events!
- Support LEO & roles of crime fighter & peace officer.

Assessment for Personal Life Stressors

Personal

Scale of 1 to 10

- _____
- _____
- _____
- _____
- _____

Total _____

Professional

Scale of 1 to 10

- _____
- _____
- _____
- _____
- _____

Total _____

Physical

Scale of 1 to 10

- _____
- _____
- _____
- _____
- _____

Total _____

Cumulative

- Professional _____
- Personal _____
- Physical _____

Total _____

No Bother
Bothersome
Worst Imaginable

PTS/D Brief Screen

Have you ever had an experience that was so frightening, horrible or upsetting that you...

- Had nightmares or thought about it when you didn't want to?
YES NO
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
YES NO
- Were constantly on guard, watchful or easily startled?
YES NO
- Felt numb or detached from others, activities or your surroundings?
YES NO

(Prins & Kimerling, 1999)

The HEART Matters! Teach Stress Management Tools



Mental Toughness Begins in the Heart! *Heart-Brain Connection*

HEARTMATH

Building resiliency through the heart!

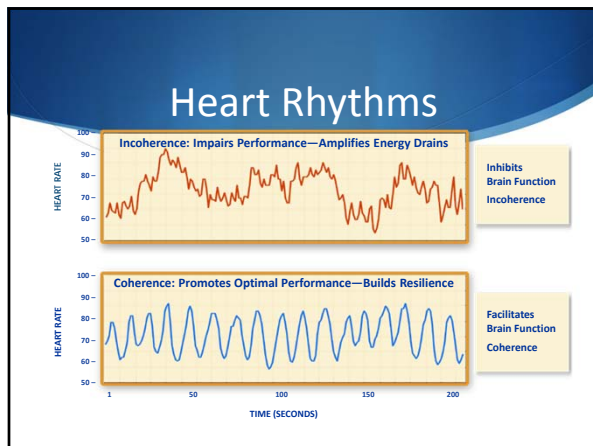
- Heart sends 60x electrical voltage to brain.
- Heart regulates emotional responses not brain.
- Heart Rate Variability = mental toughness, stress management, & **RESILIENCY!**



WHY IS HEART RATE VARIABILITY IMPORTANT IN STRESS MANAGEMENT?

- Scientists and physicians consider HRV to be an important indicator of health and fitness.
- As a marker of physiological resilience and behavioral flexibility.
- *Reflects our ability to adapt effectively to stress and environmental demands.*
- BRAIN OBEYS THE HEART = effects **reaction times, perception, ability to push limits...**

Copyright Coherence Associates, Inc. 2013



Positive emotions= Key to HRC & MENTAL TOUGHNESS!

- HeartMath techniques incorporate a breathing element. Paced breathing is not the primary focus.
- HM tools' focus on *intentional generation of a heartfelt positive emotional state*.
- **This emotional shift is a key element of the techniques' effectiveness.**
- Positive emotions appear to excite the system at its natural resonant frequency enabling coherence to emerge and to be maintained naturally, without conscious mental focus on one's breathing rhythm.

Copyright Coherence Associates, Inc. 2013

Heart Focus, Heart Breath, Positive Felt Sense

"Shooting is a sport where heart rate is very important. While aiming the rifle the sportsman focuses on firing between heartbeats. With HeartMath tools and training and the emWave, I become extremely quiet and able to focus. After a few weeks I had a remarkable breakthrough and won several competitions."

Nynke Pereboom, Olympic Athlete, The Netherlands

Heart Rate Coherence Easy as 1, 2, 3!

1. HEART FOCUS
2. HEART BREATH
3. GENERATE A POSITIVE
FEELING – GET THE FELT
SENSE!

Best Calls...Make a list!
Most grateful for in life?





1st Responder Mental Health 3 Steps – all important!

1. Education & Training on Stress Management tools & Mental Health throughout the career. Family education.
2. Peer Support Team & Wellness Programs – CISM training, Peer Support training, Fitness programs.
3. Mental Health Resources – Clinicians - EMDR Therapy

Currently Recommended Treatments for PTSD

(VA/DOD, 2004, APA, ISTSS, NICE)

- EMDR
- CBT / Cognitive Processing Therapy
- Exposure Therapy
- Stress Inoculation Therapy



56

Treating the First Responder with EMDR Research & Real Life



EMDR Therapy: What is it?

Eye Movement, Desensitization & Reprocessing

Treatment approach **which targets past targets, present triggers and potential future challenges**. Results in alleviation of presenting symptoms and decrease in distress from disturbing memory.

What is EMDR Therapy? Eye Movement Desensitization & Reprocessing

- A comprehensive, integrative treatment approach.....not a “technique”
- Founded by Dr. Francine Shapiro – 1986 first research article.
- Based on the “Adaptive Information Processing” model.
- Conducted by licensed, fully trained EMDR therapists....’safe’

EMDR 25 years later... Global Impact

- 70 Worldwide EMDR professional organizations; over 100,000 therapists trained, over 3 million people helped.
- EMDR International Association - U.S. professionals, standards trainings & research (www.emdria.org).
- Francine Shapiro Library (www.emdria.org)
- EMDR HAP: Trauma Recovery Network / Humanitarian Assistance Program - needs of under-served & victims of disasters. (www.emdrhap.org)
- Major cities: EMDR – TRN (Sandiegotrn@emdrhap.org)

International Treatment Guidelines Recommending EMDR

- American Psychiatric Association (2004).
- U.S. Department of Veterans Affairs & Department of Defense (2004, 2010) Tri-care approved (2010).
- SAMHSA National Registry of Evidence Based Programs and Practices (NREPP: 2011).
- U.S. Dept. of Health & Human Services
- California Evidence-based Clearinghouse for Child Welfare (2010).
- World Health Organization (2013).
- National Institute for Clinical Excellence, London(NICE; 2005).
- United Kingdom Department of Health (2001).
- Dutch National Committee, Guidelines Mental Health Care (2003).
- International Society for Traumatic Stress Studies (2009).

61

Adaptive Information Processing Model - “AIP” Foundational Theoretical Model of EMDR

- Brain has intrinsic healing & filing capability, activated through REM sleep cycles (Stickgold, 2002).
- Adverse experiences/trauma disrupts the natural processing system (Van der Kolk & Fisher, 1995).
- AIP = unprocessed trauma/disturbing events lays the foundation for pathology (Shapiro, 2001).
- Unprocessed – intrusive thoughts, avoidance, negative beliefs, distressing body sensations = PTSD
- EMDR Therapy facilitates normal processing & integration of information.

EMDR: How does it work?

- Fear circuits in the brain are said to block linkages for survival & coping reasons. By activating the information processing mechanism, EMDR processing frees up the logjam that fear creates, and allows *spontaneous* memory linkages. EMDR enhances linkages by desensitizing fear circuits.
- EMDR does not produce false memories.
- EMDR is *very* efficient & *not* a quick fix.

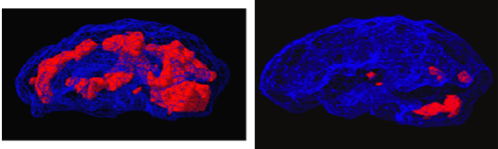
EMDR: How does it work?

8 phases

<ol style="list-style-type: none"> 1. Client History & treatment planning. Identify problems. 2. Preparation – discuss EMDR, establish safety & stabilization, soothing skills. 3. Assessment Phase - identify target/issue, current response, identify Negative belief (NC), Positive belief (PC) & sensory/somatic experience when focused on target. 4. Desensitization – Bilateral stimulation (eye movements, audio, tappers) Arousal management. Sets 	<ol style="list-style-type: none"> 5. Installation Phase – check for any new positive belief. Continuation of BLS. 6. Body Scan phase – with target memory in mind what is being noticed in the body sensations, continues BLS. 7. Closure Phase – techniques to bring closure to the session, restoring client to balance. (Techniques example; Light stream, container, worry tree) 8. Reevaluation Phase – Each session reviews the previous material. Checking on residual, new information, current experiences, future concerns. If needed repeat 3-8.
---	--

EMDR Therapy changes the brain!

Restoring it to a healthier state.



911 TC: Can't shake the call...

Call for EMDR!

<p><i>Elderly Man Suicide</i></p> <ul style="list-style-type: none"> ➤ Heard his sad voice. ➤ Unable to console and get him to stay on line. Shot. ➤ Kept replaying his voice ➤ EMDR – revealed earlier life incident with elderly family member. 1 session = cleared. 	<p><i>Officer's son dies in car accident. He calls his own dispatchers to tell them</i></p> <ul style="list-style-type: none"> ➤ Knew who it was, never heard him like this (20+ yrs.) " Voice penetrated me" ➤ Tried to track down accident in different area. ➤ 911 team all began to cry and shake & tried to console others, dept. alerted. ➤ Couldn't shake feelings from initial call. EMDR released the hold. Proper grieving ensued.
---	---

Copyright Coherence Associates, Inc. 2013

Why EMDR?

- Meta-analyses found EMDR equivalent in effect to CBT, PE, Cognitive Restructuring; and Stress Inoculation Therapy (SIT)
- EMDR more efficient (vs. CBT) using approximately half the number of sessions to achieve similar results, no homework, onsite, confidential.
- EMDR better tolerated: 1 of 10 dropped out of EMDR....6 of 12 PE dropped out.

(Bisson & Andrew, 2007/2009; Bradley et al. 2005; Ironson et al 2002; Jaberghaderi et al. 2004; Lee et al. 2002)

EMDR Treatment for PTSD with Focus on Hippocampal Volumes: A Pilot Study Univ. of Siena School of Medicine, Italy

- 9 people, 12 - 90 min. Sessions, 3 months
- CAPS & MRI before & after EMDR
- Results: Significant difference in hippocampal volume and difference in both sides.
- **No longer met PTSD** criteria on CAPS

J Neuropsychiatry Clinical Neuroscience 23:1E-2, Spring 2011, American Neuropsychiatric Association.

EMDR Therapy results **STICK!** EMDR Research with Combat Veterans

- 12 sessions of EMDR eliminated PTSD in 77.7% of the multiply traumatized vets studied
- 100% treatment retention
- Effects maintained at 3 and 9 month follow-up

Carlson, Chemtob, Rusnak, et al. (1998)

69

Making things better...not worse!

Gotta do more than talk it out.



EMDR compared to standard talk therapy for veterans with military related PTSD over 12 sessions.

Small sample, all EMDR subjects showed no sign of PTSD, and depressive symptoms reduced at follow up.

No change and/or symptoms worsened for talk therapy recipients.

Catherine Butler, Ed.D, LMFT October, 2012.

Treating the First Responder with EMDR

High-resolution brain SPECT imaging
& EMDR in Police Officers with PTSD

- 6 Police officers – on duty shootings w/ PTSD
- Posttraumatic Stress Diagnostic Scale (PDS)
- SPECT brain scans before & after EMDR
- Results: decrease L&R occipital lobe, L parietal lobe, R frontal lobe, L frontal gyrus

No longer qualified for PTSD

Amen, Lansing, et al, 2005; Neuropsychiatry & Clinical Neuroscience 17(4)
526-532

Lt. Col. Dave Grossman, U.S. Army (Ret.)

Army Ranger, West Point Psychology Professor, Author of 'On Combat: The psychology and physiology of deadly conflict in war and in peace'

“It has been my experience talking with thousands upon thousands of police officers and soldiers that these warriors have the most finely tuned BS meters (nonsense gauges) in the world. If something works for this cynical, conservative, hard-nosed bunch--then it works. PERIOD. Well, it is still controversial, and there is still much to be learned, but *the reports from the trenches are that EMDR works*”

<http://www.warriorsciencgroup.com/>

72

Resources for EMDR information:

www.emdria.org
www.emdrbap.org



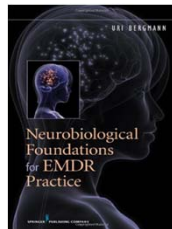
Professional Organization
maintaining highest standards in
practice and research of EMDR.



Providing quality treatment &
training to under served
communities.

"Getting Past Your Past" (Francine Shapiro, 2012)

"Neurobiological Foundations for EMDR Practice" (Uri Bergmann, 2012)



Inform & Encourage: Individual Support

West Coast Post-Trauma Retreat


"To provide a safe and
confidential environment
for the promotion of
healing and education to
those dedicated to the
emergency service
profession."

www.wcpr2001.org



911 FOUNDATION REGISTRY

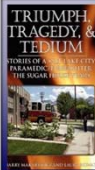
Building enduring relationships with 911 Professionals & EMDR Clinicians!



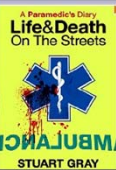
1. Current state licensure.
2. Completion of EMDRIA approved EMDR Basic Training.
3. Complete min. 100 sessions.
4. Complete viewing of the 2013 EMDRIA presentation video: Reaching the Unseen First Responder with EMDR.
5. Agree to experience a "Sit-Along" min. 2 hours.

Copyright Coherence Associates, Inc. 2013

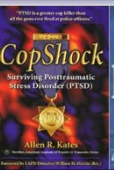
Resources for 1st Responders




Fire




EMT/Para...



Police & Families



Police



Police


Resources

1st Responders can reach out!

- **NEA** – National Emergency Number Association: Professional organization focused on 911 Communicators policy, technology, operations, education. <http://www.nena.org/>
- **COPLine** – National hotline, provides safe, confidential contact with fellow officer, 24/7 peer support & referrals <http://copline.org/> 1-800-267-5463
- **Safe Call Now** – confidential, comprehensive, 24 hour crisis referral service for all public safety employees, all emergency services personnel and their family members nationwide. 206.459.3020 www.safecallnow.org

What if...
**WE ARE PROACTIVE RATHER
 THAN REACTIVE?**

- 1st Responders cleared up the pile up every year?
- 1st Responders restored resiliency on a regular basis?
- Mental toughness training is taught and practiced?



Copyright Coherence Associates, Inc. 2015

Goal for our 1st Responders
 is to be able to say,

*"I really liked my job. . . .but, I really
 loved my life!"*





coherence
 associates inc

Sara Gilman, MS, LMFT
 California Licensed Marriage & Family Therapist
 President, Coherence Associates, Inc.
 EMDR Approved Consultant,
 2010 President, EMDR International Association
 Fellow, American Academy of Experts in Traumatic Stress

760.942.8663
www.CoherenceAssociates.com
