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## CPA Psychologists Doing Exceptional Things

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## Treatment for First Responders

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Many of us as psychologists believe that it is important to offer pro bono services and/or to volunteer for non-profit agencies that provide psychotherapy. In 1999, several psychologists (five of whom are CPA members and some of whom are either current or former police officers) met with emergency responder peers and chaplains and formed the First Responder Support Network, Inc., dba West Coast Posttrauma Retreat (WCPR). We collaborate with police and fire departments, the Coast Guard, correctional agencies, other emergency responder organizations and local chaplains.

WCPR is a week-long residential treatment program for first responders (e.g., current or former police officers, firefighters, cor-

rectional officers, military personnel, EMTs, dispatchers) who have been involved in critical incidents that affect their ability to work. Our mission is to focus on resiliency, improving the quality of life and the reduction of post-traumatic symptoms. We also offer a separate program for emergency responder spouses and significant others that deals with vicarious traumatization.

Most of the responders who attend WCPR present with clinical symptoms that include depression, anxiety, sleep and substance abuse disorders. Although many first responders recover with help of family friends, chaplains, and therapists, some have difficulty functioning at work and/or at home as a result of their involvement in one or a number of critical incidents. Others are unable to function at all and are at high risk for suicide. Unfortunately, the maladaptive coping mechanisms and cultural norms which discourage responders from receiving help contribute to high suicide rates. More first responder deaths result from suicide than from homicide or on-duty related accidents (Hackett & Violanti, 2003).

Effective treatment of first responders involves understanding the cultural factors at work. Generally, responders have a strong need for the acceptance, respect and approval of peers (Finn & Tomz, 1998). Peers reinforce traits necessary for emotional survival in a first responder career. Although survival strengths such as psychological toughness, independence and self-reliance help the responder, recovery strengths such as warmth, compassion, and sensitivity are discouraged. Further, the same survival characteristics that are reinforced on the job can result in emotional suppression if taken home (Wester & Lyubelsky, 2005). Behavior and decisions are strongly influenced by the expectations of peers and may discourage a responder from seeking necessary treatment.

Our first "retreat"<sup>1</sup> was in 2001. Thus far, over 150 responders have attended WCPR and we have provided services to many family members as well. We modeled WCPR after the On-Site Academy<sup>2</sup> in Massachusetts, and to our knowledge we are the only two such programs world-wide. WCPR attendees have come from England, Guam, Canada, and throughout the US. Although many of these attendees have been involved in horrific incidents, we find that it is not the traumatic incident per se that is debilitating - rather, it is the degree to which they personalize it that makes it significant. The program is peer-based and clinically guided, which facilitates the development of trust. Several former WCPR attendees have come back

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to volunteer as peers. Staff volunteers typically outnumber the residents 3:1. Our clinical staff consists of psychologists, psychiatrists, MFTs, LCSWs and interns.

Programs are held every six weeks, with no more than seven participants in each session. Participants have included police officers who have been involved in shootings or witnessed the deaths of partners, firefighters who have survived collapsing buildings or suicide attempts, and paramedics who were unable to save infants who died suddenly. They receive psycho-educational presentations dealing with subjects such as the psychophysiology of stress, emergency responder exhaustion syndrome, and symptom management (including pharmacological options). Traumatic events are discussed in a group format to better understand their triggers as well as insights. They also examine personal relationships and substance abuse issues as well as developing plans to prevent relapse. Individual sessions involving EMDR have been used for over 95 percent of the attendees.

Every person who has attended a session, whether as a participant, staff member or observer, has seen the dramatic change in the residents. It is what keeps the volunteers coming back. All staff participate with no compensation other than the satisfaction of knowing that they helped a suffering responder. 

- 1 We realized that if we called it an inpatient residential treatment program, no one would come.
- 2 Founded by Hayden Duggan, PhD, and Valerie Duggan, LCSW, in 1990.

## References

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*Mark Kamena, PhD, is in private practice in Marin County. He is Treasurer for Division 1 (Professional Practice), is on the CPA Board of Directors and serves on the CPA Finance Committee. Joel Fay, PsyD, is a licensed psychologist and police officer for the city of San Rafael. He was the 2007 recipient of CPA's Humanitarian Award.*

## Correction

Page 11 of the May/June issue featured an article on clinical biofeedback by Bill Barton, PhD without his bio. Our apologies for the omission.

*William G. Barton, PhD, has been using biofeedback in his clinical practice in San Francisco for over 35 years and is certified by the B.C.I.A. in both general biofeedback and neurofeedback. He is a two-time past president of the Biofeedback Society of California. His website is [www.biobill.org](http://www.biobill.org).*

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