

A RESILIENCE WORKBOOK FOR FIRST RESPONDERS

Peace, Strength, Purpose

Practical tools for carrying the weight of the job, and putting some of it down.

Restoring Peace · Redefining Strength · Renewed Purpose





Peace, Strength, Purpose

A Resilience Workbook for First Responders

Restoring Peace · Redefining Strength · Renewed Purpose

Status: Code 4, Inc.

sc4i.org · (719) 822-3387

Peace, Strength, Purpose: A Resilience Workbook for First Responders

Copyright 2026 Status: Code 4, Inc. All rights reserved.

First Edition.

No part of this book may be reproduced or distributed for commercial purposes without written permission from Status: Code 4, Inc. This book is provided free of charge as part of SC4i's mission to support First Responders and their families across Colorado, and is not for resale.

This book is intended for educational and self-help purposes. It is not a substitute for professional mental health treatment, diagnosis, or crisis care. If you are in crisis, call or text 988 to reach the Suicide and Crisis Lifeline, available 24 hours a day, 7 days a week.

ISBN: [to be assigned]

Status: Code 4, Inc. | 5585 Erindale Drive, Suite 107, Colorado Springs, CO 80918 | (719) 822-3387 | sc4i.org

Contents

How to Use This Book.....	4
About SC4i.....	5

Part One: Building Your Resilience Toolkit

1. Stress.....	7
2. Burnout.....	13
3. Goal Setting.....	19
4. Perspective.....	23
5. Beliefs and Self-Defeating Thoughts.....	27
6. Empathy and Social Support.....	31
7. Personal Boundaries.....	35
8. Self-Care: Fitness and Nutrition.....	39
9. Self-Care: Relaxation and Sleep.....	43
10. Personal Financial Management.....	47
11. Grief.....	51
12. Wins and Lessons.....	55

Part Two: When the Job Takes a Toll

13. PTSI and Compassion Fatigue.....	61
14. Vicarious Trauma.....	65
15. Depression.....	71
16. Moral Injury.....	75
17. Anxiety.....	79
18. Family Resilience.....	83

How to Use This Book

This book is a workbook, not a textbook. It is meant to be read with a pen in hand, not just your eyes.

Each chapter covers one topic first responders deal with on the job, in plain language, and includes a Check In With Yourself box to help you notice where you stand right now. Every chapter ends with a Reflection and Practice section, with space to actually write your answers. Those blank lines are there on purpose. Writing something down tends to make it more real, and more useful, than just thinking it.

You do not have to read this book in order. It is built in two parts.

- Part One, Building Your Resilience Toolkit, covers everyday skills like managing stress, setting goals, and taking care of yourself.
- Part Two, When the Job Takes a Toll, covers heavier topics like PTSI, moral injury, and how the weight of the job affects the people who love you.

If a chapter title speaks to what you're carrying right now, start there. You can always go back for the rest later.

Nothing in this book is meant to replace professional support. If something in a chapter hits close to home, that is worth mentioning to a counselor, a peer supporter, or someone at SC4i. Reaching out is not a sign that you are failing to handle it on your own. It is what handling it looks like.

About SC4i

Status: Code 4, Inc. (SC4i) is a Colorado nonprofit founded in 2017 to provide free, trauma-informed counseling, peer support training and clinical supervision, and wellness education to First Responders and their families statewide.

SC4i works with law enforcement, firefighters, paramedics and EMTs, dispatchers, corrections officers, and coroners, the people who show up for everyone else, often without anyone checking in on them in return.

SC4i has delivered more than 12,130 free counseling sessions to date, at no cost to the First Responders and family members who use them. In the Pikes Peak Region alone, First Responders answered 327,845 emergency calls in 2025, a reminder of just how much weight this profession carries every single day.

Beyond counseling, SC4i's First Responder Transition Assistance Program (FR-TAP) walks alongside First Responders as they leave service, supporting them through one of the biggest identity shifts a person can face. The First Responder to Counselor Scholarship helps some of those same people become the peer-informed clinicians who go on to serve the community they once protected.

SC4i was co-founded by Dr. Daniel Crampton and Dr. Ann Rush Crampton, and is built on the belief that strength includes knowing when, and how, to ask for help.

To learn more, set up an appointment with a counselor, or bring SC4i's peer support training to your department, visit sc4i.org or call (719) 822-3387.

Before You Begin: Your Why

You picked up this book for a reason. Maybe it was a bad call, a long stretch of hard shifts, or a quiet feeling that something needs to change. Whatever brought you here, write it down. On the days this book feels like homework, this page will remind you why you started.

What made you pick up this book?

Who are you doing this for, besides yourself?

If things felt a little better three months from now, what would be different?

One word for how I want to feel more often (the Feelings Wheel on page 12 can help):

Date: _____

Chapter 1: Stress

It's two in the morning and the call comes in for the third time this shift. You feel your heart rate climb before you even reach for the radio. By the time you arrive on scene, your hands are steady and your training takes over, the way it always does. But hours later, sitting in the station parking lot before you drive home, your chest still feels tight. You tell yourself it's nothing. You've felt this a hundred times before.

That tightness has a name. It's called stress, and it is one of the most common things a first responder will ever feel, and one of the least talked about.

What Stress Really Is

Stress is your body's response to a threat, a challenge, or something that feels like a threat even when it isn't one. It is not always a bad thing. A little stress can sharpen your focus and help you perform under pressure. That's part of what makes you good at your job.

The trouble starts when stress doesn't go away. It can sit under the surface for weeks or months without you noticing, quietly wearing on your health and your patience, until it shows up somewhere you weren't expecting it.

Acute Stress and Chronic Stress

There are two kinds of stress worth knowing the difference between.

Acute stress is short and sharp. It shows up and then it passes: slamming on your brakes in traffic, an argument with your partner, the seconds before you walk into a scene you already know will be bad. It can come from something dangerous, like a car accident or a fire, or from something ordinary but important, like a deadline or a hard conversation.

Chronic stress is longer and quieter. It builds from things like money worries, trouble at work, or a strained relationship at home, and it doesn't resolve in a day or a week. Left unmanaged, chronic stress raises your risk for high blood pressure, heart disease, and other health problems. Many first responders have carried a heavier load of chronic stress since the COVID-19 pandemic, and that toll is real.

Four Kinds of Stress Triggers

Not all stress comes from the same place, and figuring out where yours is coming from is often the first step toward doing something about it. Management researcher Karl Albrecht (1979) grouped everyday stress triggers into four types.

Time stressors: the feeling that there is never enough time. Back-to-back calls, a shift that runs long, a life outside of work that keeps getting squeezed into whatever is left.

Situational stressors: something happens that is genuinely out of your hands. A bad call, a sudden change in leadership, a policy that shifts overnight.

Anticipatory stressors: worry about something that hasn't happened yet. The hours before a hard shift, before a review, before a conversation you know you need to have but haven't had.

Encounter stressors: stress that comes from a specific person or interaction. A difficult coworker, a tense moment with a supervisor, a family member who knows exactly which buttons to push.

None of these four are wrong to feel. Being able to name which one you're dealing with is often the difference between feeling stuck and knowing what to try next.

How Stress Shows Up on the Job

Work-related stress is common in this field, and it doesn't stay contained to the job. Left unchecked, it can spill into your relationships at home and leave you more vulnerable to anxiety, depression, and burnout (Rees, Breen, Cusack, & Hegney, 2015). Stress in emergency services has also been linked to higher rates of post-traumatic stress injury (PTSI, sometimes called PTSD) and suicidal thoughts than the general public experiences.

That's the hard truth. Here's the hopeful one: people who build resilience aren't just protected from these effects, they can genuinely do well under pressure that would wear other people down. Organizations that invest in resilience training see their people report more confidence, more optimism, and better job satisfaction (McEwen & Boyd, 2018). Building that kind of resilience takes the right environment, the right training, and practice facing real challenges. That's exactly what the rest of this book is for.

Naming Your Stress: The SUDS Scale

Before you can use any tool to manage stress, you have to notice it. That's where the Subjective Units of Distress Scale, or SUDS, comes in (Callahan, Marks, & Grill, 2013). It's a simple 0 to 10 scale you use to check in with yourself, from 0 (doing great) to 10 (discomfort is extreme, call 911), as shown in Figure 1.

Everyone's scale looks a little different. What feels like a 7 to you might be a 4 to someone else, and that's fine. The number isn't a test. It's a tool to help you notice where you are, so you know what to do next. If you find yourself sitting at a 5 or higher on a regular basis, it's worth talking to a healthcare professional.

A number tells you how much. A word tells you what. When you can, name the feeling behind the number too. The Feelings Wheel on page 12 can help you find it.

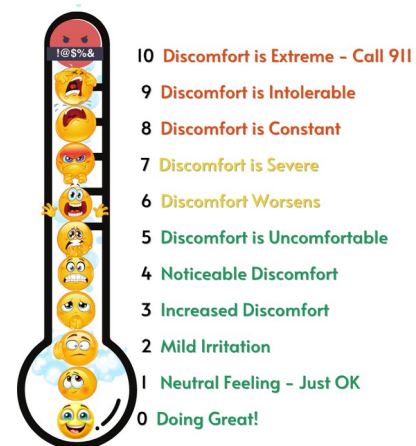


Figure 1. The SUDS Scale

Four Tools You Can Use Right Now

1. Check Your Number. Before you try anything else, take ten seconds and ask yourself where you are on the SUDS scale right now. You can't manage what you haven't noticed. Then find the feeling behind the number on the Feelings Wheel on page 12.

2. Breathe Low and Slow. Your breathing changes with your stress, speeding up under pressure and slowing down when you relax. You can work that in reverse. Diaphragmatic breathing (sometimes called belly breathing) is a simple way to activate your body's relaxation response, and it has been shown to support both physical and mental health (Cahalin, Braga, Matsuo, & Hernandez, 2002).

Try it now:

- Breathe in slowly through your nose for a count of four, feeling your belly expand.
- Hold for a count of five.
- Breathe out slowly through your mouth for a count of five.
- Hold again for a count of five.
- Start the cycle over. Repeat four or five times.

Check your SUDS number again. For most people, it drops.

3. Focus on What You Can Control. A lot of stress comes from fighting things you can't change: the economy, someone else's choices, the past. It's worth knowing the difference between control and influence. You can't control how your partner feels, whether your supervisor changes a policy, or how a call turns out. But you almost always have some influence: how you prepare, how you respond, how you take care of yourself afterward. Research backs this up: people who try to force control over things they genuinely can't control, like their own racing thoughts, often end up more distressed, not less (Harvey, 2003). Redirecting that same energy toward what you can actually influence tends to work better (Caruso, 2003).

Try it now:

- Name one thing that is stressing you out today.
- Ask yourself honestly: do you have any control over it, or only influence, or neither?
- If you have control or influence, what is one small action you can take today?
- If you have neither, what do you have control over in how you respond to it?

4. Practice Gratitude. This might sound too simple to matter, but it holds up. People who regularly notice and write down what they're grateful for report better mood and fewer stress symptoms than people who don't (Emmons & McCullough, 2003). One well-studied version of this is simply naming three good things that happened in your day, however small, and thinking for a moment about why each one happened (Seligman, Steen, Park, & Peterson, 2005).

Try it now:

- Think back over today, or your last shift.

- Name three things that went right, a good call, a decent meal, a laugh with a coworker, a text from someone who cares about you.
- For each one, ask yourself: why did that happen? What part did you or someone else play in it?

Reflection and Practice

- Think of a recent moment of acute stress, something short and sharp. What triggered it, and how did your body react?
-

- What is one source of chronic stress you've been carrying for a while? Money, work, home, health?
-

- Which of the four stress types, time, situational, anticipatory, or encounter, shows up most for you right now? Describe one recent example.
-

- Where are you on the SUDS scale right now, before reading any further?
-

- Look at the Feelings Wheel on page 12. Which word fits how you feel right now?
-

- Practice the breathing exercise above once a day this week. Notice whether your number changes.
-

- Write down one thing you can't control today, one thing you can only influence, and one thing you can fully control. What will you do about the third one?
-

- Name three good things from today or your last shift, and take a moment with each one to notice why it happened.
-

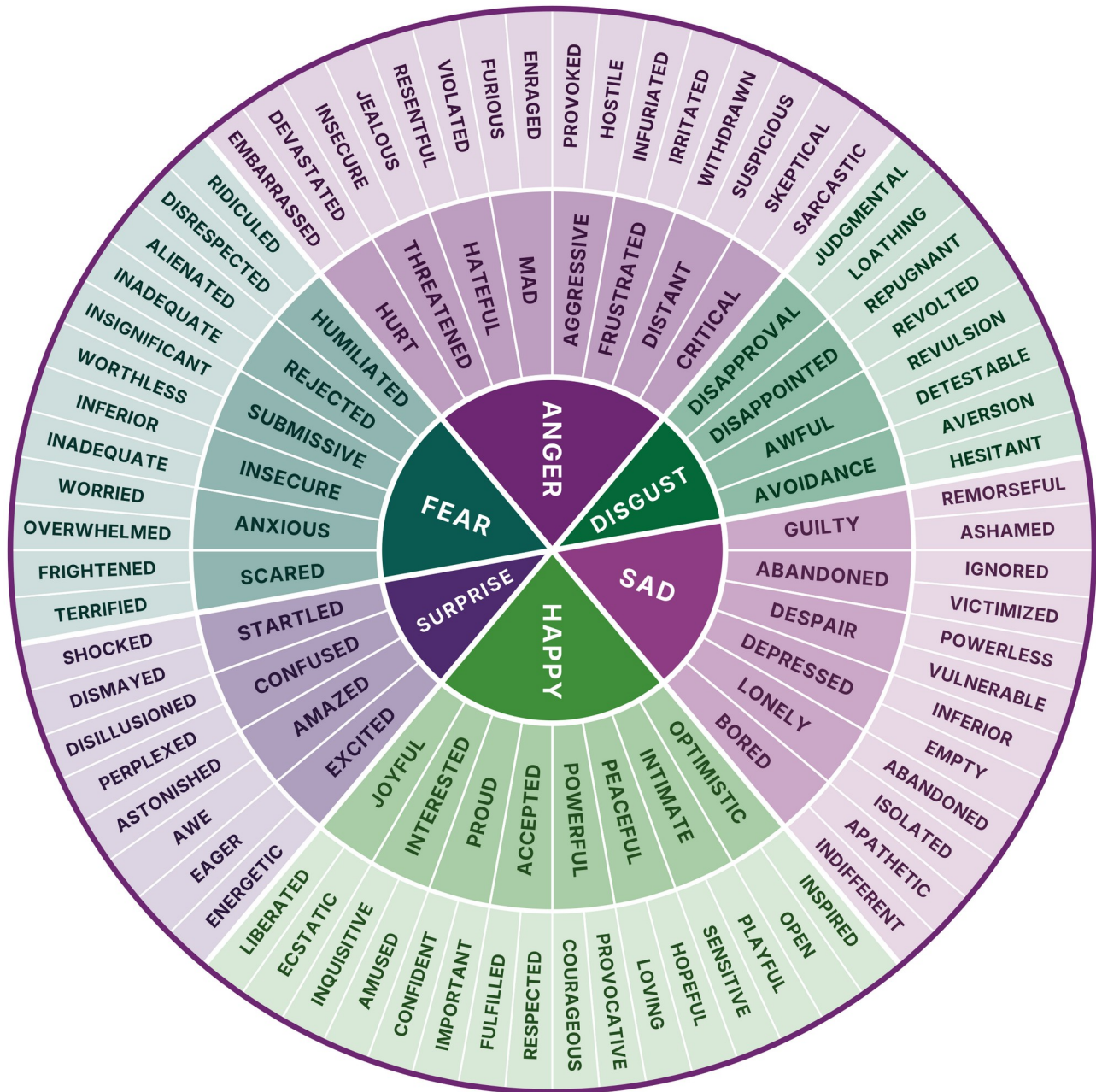
References

Albrecht, K. (1979). Stress and the manager: Making it work for you. Prentice-Hall.

- Cahalin, L. P., Braga, M., Matsuo, Y., & Hernandez, E. D. (2002). Efficacy of diaphragmatic breathing in persons with chronic obstructive pulmonary disease: A review of the literature. *Journal of Cardiopulmonary Rehabilitation and Prevention*, 22, 7-21.
- Callahan, P., Marks, M., & Grill, M. (2013). *First Response Resiliency* (2nd ed.).
- Caruso, J. (2003). *The power of losing control: Finding strength, meaning, and happiness in an out of control world*. Penguin-Putnam.
- Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology*, 84, 377-389.
- Harvey, A. G. (2003). The attempted suppression of presleep cognitive activity in insomnia. *Cognitive Therapy and Research*, 27, 593-602.
- McEwen, K., & Boyd, C. M. (2018). A measure of team resilience. *Journal of Occupational and Environmental Medicine*, 60(3), 258-272.
- Rees, C. S., Breen, L. J., Cusack, L., & Hegney, D. (2015). Understanding individual resilience in the workplace: The international collaboration of workforce resilience model. *Frontiers in Psychology*, 6.
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60, 410.

The Feelings Wheel

A SUDS number tells you how much stress you are carrying. This wheel helps you name what it feels like. Start in the middle with the big feeling that is closest to what you notice. Then move outward to find the word that fits best. There are no wrong answers, and more than one word can be true at once.



Right now I feel: _____

My SUDS number: _____

Chapter 2: Burnout

You used to look forward to your shift. Now you drag yourself through the door and count down the hours. Little things set you off, a slow driver, a coworker asking a simple question, your kid leaving shoes in the hallway. You catch yourself being harder on people than you used to be, harder on yourself too. You tell yourself you're just tired. But this has been going on for months, and rest doesn't seem to fix it anymore.

That's not just being tired. That's burnout, and it's one of the most common things a career in this field can quietly build up, call after call, shift after shift, until it catches up with you all at once.

What Burnout Really Is

Burnout is what happens when the gap between who you are and what your job keeps demanding of you gets too wide for too long. It usually shows up as emotional exhaustion, feeling completely used up, or as depersonalization, a kind of numbness where you start treating people, including yourself, like problems to manage instead of human beings (Olson et al., 2019; Kolomitra, Kenny, & Sheffield, 2019).

It builds from a heavy workload, feeling like you have no control over your schedule or your calls, and worry about your job security. Left alone, it drives people to leave the profession altogether, and it wears down the quality of the work you're able to do while you're still in it.

The Three Phases of Burnout

Burnout doesn't happen overnight. Researcher Hans Selye described a pattern the body goes through under prolonged stress, known as the General Adaptation Syndrome, and it maps closely onto how burnout develops over time (Selye, 1956).

Phase 1, Alarm: your body's fight-or-flight response kicks in. Your heart rate climbs, your breathing speeds up, your pupils widen, all the physical changes that get you ready to act. This response can last anywhere from a few seconds to a couple of minutes, and it's the reason training and repetition matter so much in this job: the more a response is practiced, the more your body can run it automatically, without needing your thinking brain to slow things down.

Phase 2, Resistance: your body and mind try to cope with what you're carrying and adjust to it. This is where a lot of first responders live for years. You push the hard calls down, you keep functioning, you tell yourself you're handling it. Often you are, for a while. But pushing feelings down doesn't make them disappear. They tend to leak out sideways, as a short temper, as pulling away from people who care about you, as a low hum of anxiety you can't quite explain.

Phase 3, Exhaustion: if the stress stays heavy and unaddressed long enough, your body and mind eventually run out of runway. This is where burnout does its real damage, contributing to cardiovascular disease, digestive problems, type 2 diabetes, and ulcers, along with a higher risk of anxiety, depression, suicidal thoughts, and post-traumatic stress (Jackson, 2017).

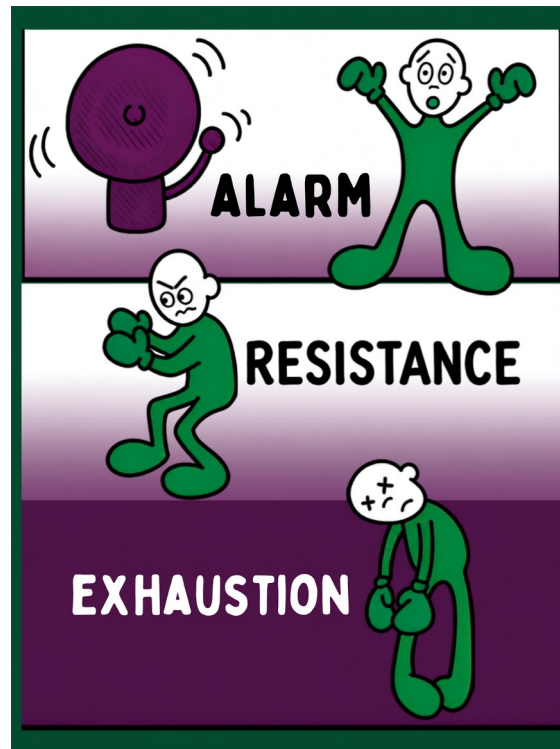


Figure 2. The Three Phases of Burnout

Signs and Symptoms to Watch For

Burnout tends to show up as a cluster of changes, in how you think, how you feel, and how you act (Jackson, 2017).

- Cynicism: more anger and criticism toward coworkers, family, or the public than you used to feel.
- Judgment: harsh criticism of leadership, your crew, or the people at home.
- Detachment: a growing sense of disconnection from the people around you, at work and at home.
- Irritability: a short fuse, snapping at people over things that normally wouldn't bother you.
- Lack of satisfaction: the job stops feeling like it means anything.
- Feeling ineffective: a sense that nothing you do actually helps, or that you're not good at this anymore.
- Unhealthy coping: more alcohol use, skipping exercise, eating worse than you used to.
- Insomnia: trouble falling asleep, staying asleep, or both.

Left unaddressed, these signs tend to show up in your work too: more sick days, more disciplinary conversations, and a much higher chance you eventually walk away from a job you once loved.

Why We Don't Ask for Help

Most of us don't ask for help with this. There's a stigma that still lingers in this field, a belief that struggling with burnout means you're too weak for the job, or that something is wrong with your character. That mindset is slowly changing as more people in this profession speak openly about it, but it hasn't disappeared.

So instead of asking for help, a lot of first responders isolate. And isolation makes it worse: it convinces you that nobody else understands what you're carrying, that you're the only one struggling this way. That's rarely true.

Here's the truth worth holding onto: needing help after carrying this weight isn't weakness. It's fatigue, the honest, physical kind that comes from holding something heavy for a long time without setting it down. Reaching out before you're completely depleted isn't a character flaw. It's the strength move.

Four Tools You Can Use Right Now

1. Take a Self-Assessment for Burnout. Burnout is easiest to interrupt early, before it reaches exhaustion. That starts with being honest with yourself about what you're noticing. Read through this list and be honest about how many describe you lately.

- You dread going to work.
- You get the “Sunday night blues,” dreading the week before it even starts.
- You have stress-related health problems: headaches, trouble sleeping, tight or tense muscles.
- You feel tired all the time, no matter how much rest you get.
- You work long hours, and the work never feels finished.
- You feel apathetic, like you just don't care anymore.
- You feel resentful.
- You're more irritable than usual.
- You're having trouble concentrating.
- You're making more mistakes than you used to.
- You're procrastinating more.
- You're giving up on deadlines, or not meeting them.
- You feel bored, even by work that used to interest you.
- You've stopped setting personal or professional goals.
- You're having more conflict with coworkers or family.
- You're leaning on alcohol, drugs, or food to cope.

If six or more of these sound like you, that's not a verdict on your character. It's useful information, and a sign it's worth leaning on the tools in this chapter, or talking to someone who can help.

2. Take a Daily SUDS Check. The Subjective Units of Distress Scale from Chapter 1 works just as well for burnout as it does for everyday stress. Checking in with your number once a day builds the habit of noticing where you stand before you hit exhaustion, not after.

3. Protect Ten Minutes a Day for You. Burnout recovery doesn't require a complete life overhaul. Small, consistent deposits back into yourself matter more than people expect.

Try it now, pick one thing and actually do it today:

- Step outside and get ten minutes of fresh air, phone left behind.
- Call or text someone who has nothing to do with work.
- Stretch, move, or do a few minutes of exercise, even just a short walk.
- Sit with a coffee or a meal without multitasking.
- Listen to a song or two that actually makes you feel something good.

4. Take Real Time Off. Rest that actually restores you usually means getting away from work entirely, not just physically but mentally, no checking in, no talking shop. If you can, aim for a real stretch of time away, not just a single day. If a long break isn't possible right now, even a short trip or a deliberate day completely disconnected from work can help reset you.

Reflection and Practice

- Which phase of burnout, alarm, resistance, or exhaustion, feels closest to where you are right now?

- Look back over the signs and symptoms list. Which ones, honestly, apply to you at this point in your career?

- Has stigma or fear of looking weak ever kept you from asking for help? What did that cost you?

- Check your SUDS number today. Then check it again in a week and notice any pattern.

- Pick one item from the ten-minutes-for-you list and actually do it before your next shift. What did you choose, and how did it go?

- When was the last time you took real time off, away from work completely? What would it take to make that happen again?

- Use the Self-Care Bingo card on page 18 to keep track of the small things you do for yourself this week.

References

- Jackson, K. (2017). Burnout, complex PTSD, and resiliency. *Fire Rescue*, 9(12).
- Kolomitro, K., Kenny, N., & Sheffield, S. L. M. (2019). A call to action: Exploring and responding to educational developers' workplace burnout and well-being in higher education. *International Journal for Academic Development*, 1-14.
- Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93(3), 498-512.
- Olson, K., Sinsky, C., Rinne, S. T., Long, T., Vender, R., Mukherjee, S., & Linzer, M. (2019). Cross-sectional survey of workplace stressors associated with physician burnout measured by the Mini-Z and the Maslach Burnout Inventory. *Stress and Health*, 35(2), 157-175.
- Rees, C. S., Breen, L. J., Cusack, L., & Hegney, D. (2015). Understanding individual resilience in the workplace: The international collaboration of workforce resilience model. *Frontiers in Psychology*, 6.
- Selye, H. (1956). *The stress of life*. McGraw-Hill.

SELF-CARE

Bingo



TOOK A SHOWER	GOT DRESSED	CAUGHT UP WITH FRIENDS	PROCESSED MY FEELINGS	COMPLIMENTED MYSELF
EXERCISED	MEDITATED	COOKED A HEALTHY MEAL	PLAYED WITH MY PET	DID A CUCUMBER EYE MASK
TOOK A BREAK	DRANK WATER	Free	TOOK A SOCIAL MEDIA BREAK	TREATED MYSELF
COMPLIMENTED SOMEONE	GOT 8 HOURS OF SLEEP	TAMED NEGATIVE THOUGHTS	HUGGED A LOVED ONE	PRACTICED GRATITUDE
TOOK A MENTAL HEALTH DAY	SPENT TIME WITH NATURE	DECLUTTERED MY SPACE	WROTE DOWN MY THOUGHTS	PRACTICED COMPASSION

Burnout builds up one skipped meal and one short night at a time, and it eases the same way. Each time you do one of these things for yourself, mark the square. See if you can get five in a row this week, then keep going until the card is full.

My first five squares this week: _____

Chapter 3: Goal Setting

You've been running on autopilot for a while now. Shift after shift, call after call, and somewhere along the way you stopped picturing anything past the next paycheck or the next day off. It's not that things are terrible. It's that they feel flat, like you're just getting through it instead of moving toward anything.

That feeling has a fix, and it's simpler than it sounds. It starts with picking something to aim for.

Why Goals Matter

Goal setting is the process of building an organized plan to reach a result you actually want. Setting a goal on purpose, and mapping out the steps to get there, gives you a way to track progress, adjust when something isn't working, and build confidence in your own ability to follow through.

Working toward a goal you chose also gives you something a stressful job can quietly take away: a sense of purpose and a feeling of control over your own life. That sense of control matters as much for your mental health as the goal itself.

Goal setting is also a way to put Chapter 1's idea of focusing on what you can control into action. Naming what you can influence is a good first step, but a goal is what turns that into something you actually do.

Goals Can Help You, or Work Against You

Goal setting sounds simple, but how you set a goal changes everything about whether it helps you.

Goals that are too big or unrealistic can backfire. When a goal feels impossible from the start, it can lead to discouragement and even depression, and it can turn into a self-fulfilling prophecy of failure before you've really tried.

Goals that are too easy can leave you bored and uninspired by the time you reach them.

Goals you chose yourself tend to stick better than goals someone else handed you. Whether you had any say in setting the goal changes how likely you are to actually reach it.

Your reasons for pursuing a goal matter too. Some motivation comes from inside you, wanting to do it for its own sake, and some comes from outside, a requirement, a reward, someone else's expectation. Most goals run on some mix of both, and neither one is wrong to lean on.

A goal also needs commitment behind it, not just a decision. You can accept that studying is part of reaching graduation, but if you don't actually sit down and study, neither the small goal nor the big one gets reached. Most goals people reach were never just something they “just decided.” They were built, a little at a time.

The Science of Hope

There's a reason working toward a goal feels different from just wishing for something. Researchers call it hope theory, and it has two parts (Snyder, 2000).

Willpower, or agency: your belief that you can actually do this.

Waypower, or pathways: your ability to see, and find, more than one route to get there.

People with both tend to do better at reaching their goals, and better at bouncing back when the first route doesn't work. High hope has been linked to better outcomes at work (Reichard, Avey, Lopez, Dollwet, & Marques, 2013), stronger academic performance (Lopez, Reichard, Dollwet, & Marques, 2014), and greater overall happiness (Alarcon, Bowling, & Khazon, 2013).

Here's something worth holding onto: the effort of working toward a goal matters for your wellbeing almost as much as actually reaching it (Lyubomirsky, 2007). You don't have to wait until you succeed to get something out of this.

Dopamine is a big part of why. It's the neurotransmitter behind motivation and reward, giving you that lift when you make progress or finish something you set out to do. Chronic and acute stress can disrupt those same dopamine pathways, which is part of why a hard stretch of stress can leave you feeling unmotivated, unfocused, or like nothing feels worth the effort (Arnsten, 2009; Pizzagalli, 2014). Setting and working toward goals is one concrete way to rebuild that sense of drive, rather than waiting for it to come back on its own.

That's part of why setting and completing goals can genuinely help mitigate feelings of depression, and exactly why it matters to actually acknowledge it when you get there, instead of moving straight to the next thing without a pause.

Writing a SMART Goal

A time-tested way to write a goal that actually holds up is the SMART approach.

Specific: name exactly what you want, not a vague direction.

Measurable: build in a way to know when you've gotten there.

Attainable: within your actual ability to reach, not someone else's.

Realistic: fits your real life right now, given everything else on your plate.

Timely: tied to a timeframe, so it doesn't drift forever.

The steps you build under a SMART goal should be manageable on their own, and each one should clearly connect back to the goal itself.

Four Tools You Can Use Right Now

1. Check Your Number Before You Start. Before you set a goal, take a moment to notice what you're carrying. Use the SUDS scale from Chapter 1 to check in with yourself right now.

2. Write One SMART Goal. Pick one real stressor or challenge in your life right now, ideally one you actually have some control over.

Try it now:

- Name the challenge. Be specific about what part of it you can control.
- Picture the future you want. Ask yourself: what would this look like if you were handling it well? What would be different? What would you need to do to get there?
- Write down what you could do to resolve it or lessen its effect.
- Turn that into one SMART goal: specific, measurable, attainable, realistic, and timely.
- Check your SUDS number again. For most people, having a plan brings it down at least a little.

3. Map Your Pathway, and a Backup. Hope isn't just wanting something. It's believing you can find a way there, even more than one way (Snyder, 2000).

Try it now:

- Write down the first step you'll take toward your goal.
- Name one real obstacle that could get in the way of that step.
- Write a second path, a different way to get past that obstacle or reach the same goal, in case the first one doesn't work.
- Having a backup route isn't a sign your plan is weak. It's what keeps you moving when the first plan hits a wall.

4. Reward Yourself When You Get There. Don't skip this step. Acknowledging a finished goal, even a small one, is part of what makes the next one easier to start.

Reflection and Practice

- Think of a goal you set for yourself and actually reached. What made it work? What made it different from a goal that fizzled out?

-
- Is there a goal in your life right now that feels imposed on you rather than chosen? What would it take to make it feel more like yours?

-
- What are your intrinsic motivators for the SMART goal you wrote above? What are your external motivators?

-
- Write your SMART goal where you'll actually see it this week. Check in on your progress in seven days.
-

- Think of a time your first plan didn't work and you had to find another way. What did that backup path end up looking like?
-

- The next time you complete a goal, however small, pause and actually notice it. Write down what you did to celebrate or acknowledge it.
-

References

- Alarcon, G. M., Bowling, N. A., & Khazon, S. (2013). Great expectations: A meta-analytic examination of optimism and hope. *Personality and Individual Differences*, 54(7), 821-827.
- Arnsten, A. F. T. (2009). Stress signalling pathways that impair prefrontal cortex structure and function. *Nature Reviews Neuroscience*, 10(6), 410-422.
- Lopez, S. J. (2013). *Making hope happen: Create the future you want for yourself and others*. Atria Books.
- Lopez, S. J., Reichard, B., Dollwet, M., & Marques, S. (2014). Relation of hope to academic outcomes: A meta-analysis. Manuscript submitted for publication.
- Lyubomirsky, S. (2007). *The how of happiness: A practical guide to getting the life you want*. Sphere.
- Pizzagalli, D. A. (2014). Depression, stress, and anhedonia: Toward a synthesis and integrated model. *Annual Review of Clinical Psychology*, 10, 393-423.
- Reichard, B., Avey, J., Lopez, S. J., Dollwet, M., & Marques, S. (2013). Having the will and finding the way: A review and meta-analysis of hope at work. *Journal of Positive Psychology*, 8(4), 292-304.
- Snyder, C. R. (2000). *Handbook of hope: Theory, measures and applications*. Academic Press.

Chapter 4: Perspective

A call went sideways today. Not tragically, just wrong: wrong information, wrong timing, an outcome you couldn't have changed no matter what you did. But you can't stop replaying it. By the time you're home, it's the only thing in your head, playing on a loop, blotting out everything else that happened on an otherwise ordinary shift.

Here's something worth knowing: the size of that moment in your mind isn't fixed. You have more say over it than it feels like right now.

What Perspective Really Is

Your perspective is the view you personally take on something you're seeing or going through, the judgment you form about it. It's easy to think of a hard situation as a fact with only one possible reading. It isn't. The same event can look completely different depending on where you're standing.

Picture a small black dot on a plain white page. One person looking at it says, that's just a dot. Another says, look how much white space surrounds it. Now imagine that dot is a problem you're carrying. Someone struggling under the weight of it can end up with that dot pressed right up against their face, until it's the only thing they can see. Someone practicing resilience looks at the same dot and says, I have a problem here, and I have a lot of space around it to work with.

The dot doesn't change size. What changes is how much room you give it in your field of view.

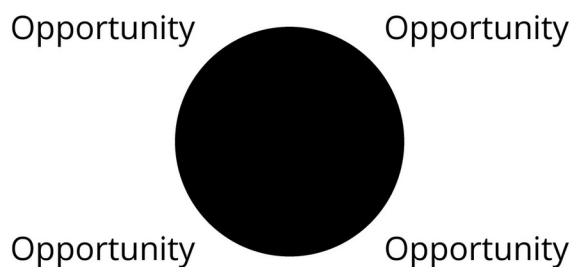


Figure 3. A Problem Is Just a Dot

Two People, Two Views

Perspective mismatches show up in relationships too. Picture a man standing on the shore and a man out on a boat. Each one looks at the other and sees the answer to his own problem: the man on land wishes he had the boat's freedom to move, the man on the boat wishes he had solid ground under his feet. Neither one is wrong about what he's seeing. They're just seeing it from different places.

This is often exactly what happens in miscommunication. What you think is going on can be the opposite of what the other person thinks is going on, and those mismatched assumptions are what turn a misunderstanding into an argument.

Changing your perspective means taking a realistic look at what's actually in front of you, without minimizing it and without catastrophizing it. A dot is a dot. It isn't your whole world, and it isn't the end of everything. You may not be able to change the situation itself, but changing your attitude toward it is almost always possible.

Why Changing Your Perspective Helps

You can't always change the problem in front of you. But changing how you see it is one of the more reliable ways to lower the stress it causes you (Caruso, 2003). A shift in perspective can put you in a frame of mind where you can actually think clearly enough to find a solution, instead of staying stuck in how unfair or overwhelming the situation feels.

When to Change Your Perspective

Almost any stressful moment is a candidate, but a few situations come up again and again:

- After an argument with someone you love.
- When there's been a misunderstanding.
- When you've made a mistake and feel like a failure because of it.
- When you're facing something that scares you.
- Really, any situation where the stress is running the show.

Four Tools You Can Use Right Now

1. Check Your Number. Before you do anything else, check your SUDS score from Chapter 1. Naming where you are is always the first step.

2. Name the Dot. Ask yourself honestly: am I only seeing the problem right now, or can I also see some of the white space around it? You don't have to solve anything yet. Just notice whether the dot has taken over your whole field of view.

3. Reality-Check Your Worst Fear. This is the core exercise for shifting a perspective, and it works because it puts a number on something that otherwise just feels enormous.

Try it now:

- Name the stressful situation you're dealing with right now.
- Name your worst fear about it. What's the very worst outcome you're picturing?
- Rate how likely that worst fear actually is, on a scale from 1 (not likely at all) to 10 (extremely likely).
- Notice the gap between how big the fear feels and how likely it actually is.

For example, someone overwhelmed by long work hours might fear their family will end up resenting them and that they'll come to hate the job entirely. Rated honestly, that worst-case outcome might land closer to a 2 or 3 than a 10, once it's actually written down instead of just carried around.

4. Find What You Can Actually Do About It. This is where perspective turns into action, and it connects directly back to focusing on what you can control from Chapter 1. You may have no control over how many hours you're scheduled to work. You do have control over how you spend your time off.

Try it now:

- Looking at the same situation, name one thing that's actually within your control, even if the bigger problem isn't.
- Name one small step you could take this week using that control.
- If it helps, treat the situation as temporary rather than permanent, and look for anything about it, even something small, that has an upside.
- Rate your worst fear again on the 1 to 10 scale. For most people, it drops once they've found something concrete to do.

Reflection and Practice

- Think of a recent hard moment. Were you seeing the dot, or the white space around it, or both?
-

- Describe a time a misunderstanding got worse because you and the other person were seeing the same situation completely differently, like the man on the land and the man in the boat.
-

- Walk through the Reality-Check exercise with something that's stressing you out right now. What number did your worst fear land on?
-

- What is one thing you have real control over in that same situation? What's one small step you'll take this week?
-

- Think of a stressful situation from the past that turned out far better, or far less catastrophic, than you feared at the time. What does that tell you about how you weigh worst-case outcomes?
-

References

- Callahan, P., Marks, M., & Grill, M. (2013). First response resiliency (2nd ed.).
- Caruso, J. (2003). The power of losing control: Finding strength, meaning, and happiness in an out of control world. Penguin-Putnam.
- McEwen, K., & Boyd, C. M. (2018). A measure of team resilience. *Journal of Occupational and Environmental Medicine*, 60(3), 258-272.

Chapter 5: Beliefs and Self-Defeating Thoughts

Give yourself thirty seconds to list everything you feel you need to work on. Now give yourself thirty seconds to list everything you're good at. For most people, the first list comes easily and the second one runs dry fast. If a compliment makes you uncomfortable but criticism sticks with you for days, you're not broken. You're just human, and you're carrying around a habit of thought that's worth a closer look.

How Your Thoughts Drive Your Feelings

Belief building starts with a simple idea: change what you believe about yourself, and you change how you think about yourself, how you feel, and eventually how you act. It works in the other direction too. The more negative your thoughts run, the more that negativity feeds on itself, pulling your mood and your behavior down with it.

The important thing to hold onto here is that these thoughts and beliefs are not fixed. They're modifiable. The work is learning to catch the self-defeating ones before they run the show.

Self-Defeating Thoughts: Stinking Thinking

A self-defeating thought is usually irrational and automatic, the kind that shows up uninvited and tells you that you're a failure, that you're not good enough, that you can't handle this. Sometimes it exaggerates a situation until it feels far worse than it actually is. These patterns are common enough that psychologists have named and categorized them (Beck, Rush, Shaw, & Emery, 1979; Schiraldi, 2001). Here are a few of the most common ones worth learning to recognize.

Assuming the worst. Deciding you know what someone thinks or what will happen, without checking. Your supervisor doesn't say good morning, and you decide they're angry with you, when a simple question would tell you the truth.

All-or-nothing thinking. Holding yourself to a standard of perfection, so that anything short of it feels like total failure. "If I'm not the best, I'm a flop." Most performance lands somewhere in the middle, not at zero and not at perfect.

Overgeneralizing. Taking one bad experience and deciding it describes your whole life. "I always mess this up." "Nobody likes me." These statements feel true in the moment and are almost never accurate.

Labeling. Reducing yourself to a single word. "I'm such a loser." "I'm stupid." A single mistake describes a moment, not your whole character.

Catastrophizing. Telling yourself something is so awful you can't stand it. In reality, people cope with far more than they expect to. A useful question here is simple: what are the odds this actually happens, and if it does, how likely is it to truly do me in?

Personalizing. Taking responsibility for things that were never fully yours to carry. A coworker snaps at you and you assume you caused it, when they might just be having a hard day that has nothing to do with you.

Making feelings facts. Treating a feeling as proof of the truth. “I feel like a failure, so I must be one.” Feelings come from thoughts, and when the thought is distorted, the feeling doesn't reflect reality either.

None of this means your feelings don't matter. It means the story your mind tells about a situation isn't always the accurate one, and it's worth questioning before you accept it.

The ABC Model

A useful way to work through a self-defeating thought is the ABC model, a technique borrowed from cognitive behavioral therapy.

A is for the Activating event. What actually happened. Just the facts.

B is for the Belief. The thought you had about what happened, which is often where the distortion lives.

C is for the Consequence. How you felt and what you did as a result.

Here's an example. A friend doesn't return a text. That's the activating event. The consequence is that you feel angry and hurt, maybe you start pulling away from the friendship. But look at the belief sitting in between: “They're not texting back because they don't like me anymore.” That's an assumption, and it might be catastrophizing too. You rate the intensity of that feeling on the SUDS scale from Chapter 1, and let's say it lands at an 8.

Now you counter it. Maybe the friend was busy. Maybe their phone died. Maybe they simply hadn't seen it yet. None of these are guaranteed to be true, but neither was the original assumption. Once you replace the distorted belief with a more realistic one, check your SUDS number again. Often it drops significantly, in this example down to something closer to a 1. Change your mindset, and you change the result.

Four Tools You Can Use Right Now

1. Catch the Thought. The next time you notice a wave of anger, shame, or hopelessness, pause and ask what thought came right before it. Compare it against the list above. Does it sound like assuming, catastrophizing, labeling, or one of the others?

2. Work the ABCs. Think of something bothering you right now and walk it through the model.

Try it now:

- Activating event: what actually happened, just the facts.
- Belief: what you told yourself about it.
- Consequence: how you felt, and rate that feeling's intensity from 0 to 10.
- Self-defeating thought: which pattern from the list above fits your belief?
- Realistic view: what's a more accurate, fair way to see the same situation?
- Rate your feeling's intensity again now that you've reframed it.

3. Talk to Yourself Like You'd Talk to a Friend. How you talk to yourself in your own head matters more than it seems. Research on self-distanced language shows that people who talk to themselves using

their own name or the word “you” instead of “I”, the way you'd talk to a friend, process difficult emotions more effectively than people stuck in first person (Kross & Ayduk, 2011; Kross et al., 2014).

Try it now:

- Next time you're spiraling on a self-defeating thought, try saying it out loud using your own name instead of “I.” “Jordan, you're not a failure, you had a rough call.”
- Notice whether that small shift in language creates a little distance between you and the thought.

4. Watch for the Pattern, Not Just the Moment. If you keep landing on the same self-defeating thought over and over, that repetition is worth paying attention to on its own (Ehring & Watkins, 2008). A pattern that keeps showing up is telling you something specific about where you're stuck, and that's useful information, not a character flaw.

Reflection and Practice

- Which of the self-defeating thought patterns above do you recognize most in yourself? When does it usually show up?
-

- Walk through the ABC model with something bothering you today. What number did your feeling start at, and where did it land after you reframed it?
-

- Try the self-distanced language tool this week. Did talking to yourself by name change how a hard moment felt?
-

- Think of a self-defeating thought you've had more than once. What does that repeated pattern tell you about what you actually need right now?
-

- Write down one compliment you received recently that you brushed off. What would it look like to actually accept it?
-

References

- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. Guilford Press.
- Ehring, T., & Watkins, E. R. (2008). Repetitive negative thinking as a transdiagnostic process. *International Journal of Cognitive Therapy*, 1(3), 192-205.
- Kross, E., & Ayduk, O. (2011). Making meaning out of negative experiences by self-distancing. *Current Directions in Psychological Science*, 20, 187-191.
- Kross, E., Bruehlman-Senecal, E., Park, J., Burson, A., Dougherty, A., Shablack, H., Bremner, R., Moser, J., & Ayduk, O. (2014). Self-talk as a regulatory mechanism: How you do it matters. *Journal of Personality and Social Psychology*, 106, 304-324.
- Schiraldi, G. R. (2001). *The self-esteem workbook*. New Harbinger Publications.

Chapter 6: Empathy and Social Support

A coworker sits down next to you after a hard call and starts talking. You want to help, so you start offering ideas, things they should try, ways to fix it. But they get quiet, and the conversation stalls out. You walk away wondering what went wrong. What went wrong is that they didn't need a solution yet. They needed someone to actually hear them.

Your crew is only as strong as the way its people look out for each other. That's what this chapter is about.

Empathy Is Not Sympathy

Empathy and sympathy get used like they mean the same thing, but for your own resilience, the difference matters a great deal. Empathy is a survival skill. Sympathy is not.

Empathy means coming alongside someone and walking with them through what they're going through, while staying objective enough to actually be useful to them. It's the capacity to understand what someone else is experiencing, even without having lived it yourself. You can still be human in that moment. You can still feel moved, even shed a tear. But their problem doesn't become your problem.

Sympathy is different. It's when someone else's journey becomes your own, when you get so emotionally wrapped up in what they're carrying that you start carrying it too. That's often the doorway to vicarious trauma, being wounded by someone else's story as if it happened to you (Calhoun & Tedeschi, 1999). Empathy keeps your feet planted. Sympathy pulls them out from under you.

Why Social Support Matters

Social support, the people around you who actually show up, is one of the strongest protections there is against suicide, depression, and the wear and tear of chronic stress. It's both the support you perceive is available to you and the support that actually shows up when you need it, and it changes throughout your life.

A healthy support system runs in both directions. It's not just about who shows up for you. It's also about what you're able to offer someone else.

Worth sitting with for a moment:

- What do you actually need from the people around you, in attitude and in action?
- What do you have to offer the people in your own support system?
- Who is actually in your support system right now, and is it enough?

How to Listen So People Actually Feel Heard

Empathy and social support both run through the same channel: how well you actually listen (Rogers, 1975; Rogers, 1995).

Be present. Put the phone down. Look at them. Ask questions that keep them talking instead of steering the conversation somewhere else.

Be genuine. If you're going through the motions, it shows, and people shut down the moment they sense it. Actually caring is the only version of this that works.

Don't judge. The instant your tone turns judgmental, the conversation is over. Most people carrying stress or a mental health struggle are already sitting with some shame about it. Judgment from you only adds to that.

Remember it's not about you. Let them be the reason for the conversation. Meet them where they are instead of where you'd be.

Walk alongside, not in front. Resist the urge to lead. There's one major exception: if someone is having active thoughts of suicide, that's the moment to step in front and get them connected to help right away, whether that's your department's peer support team, a crisis line like 988, or another resource built for that moment. Outside of a safety concern like that, walking beside someone serves them better than walking ahead of them.

Empathic listening like this has been studied directly: people who feel truly heard, rather than fixed or advised, report feeling more understood and more connected to the person listening to them (Meyers, 2000; Bohart et al., 1993).

Four Tools You Can Use Right Now

1. Notice Which One You're Doing. Next time you're supporting someone, check in with yourself. Are you staying objective and present, which is empathy, or are you absorbing their situation as your own, which is sympathy? If you notice your own stress climbing while you're trying to help someone else, that's a sign to plant your feet again.

2. Practice Listening Without Trying to Solve. This works best with someone you trust, a partner, a friend, a peer support contact.

Try it now:

- Ask them to share something that's been bothering them, nothing too heavy to start.
- For five minutes, just listen. No advice, no fixing, no solutions. Nod, make eye contact, stay with them.
- If a solution pops into your head, let it go or jot it down for later instead of saying it out loud.
- Afterward, ask them how that felt compared to when people usually respond with advice.
- Then switch roles, so you get to be heard the same way.

3. Ask the Support System Questions Out Loud. Take the three questions from earlier in this chapter and actually answer them on paper: what you need, what you offer, and who's really in your corner right now.

4. Know When to Step In Front. Walking alongside is the goal, but know the one exception cold: if someone shows signs of active suicidal thoughts, don't wait and don't try to handle it alone. Get them to help immediately.

Reflection and Practice

- Think of a recent time you supported someone. Were you practicing empathy or slipping into sympathy? How could you tell?
-
- Has vicarious trauma from someone else's story ever affected you? What did that cost you, and what would empathy have looked like instead?
-
- Answer honestly: is the social support you have right now enough? What's missing?
-
- Try the Listening Without Trying to Solve exercise with someone this week. What did you notice?
-
- Think of a time someone gave you advice when you just needed to be heard. What would you have wanted them to do instead?
-
- Fill in My Support Circle on page 34 while things are calm, so you know who to reach for when they are not.
-

References

- Bohart, A., Humphrey, A., Magallanes, M., Guzman, R., Smiljanich, K., & Aguallo, S. (1993). Emphasizing the future in empathy responses. *Journal of Humanistic Psychology*, 33, 12-29.
- Calhoun, L. G., & Tedeschi, R. G. (1999). *Facilitating post-traumatic growth: A clinician's guide*. Erlbaum.
- Meyers, S. (2000). Empathic listening: Reports on the experience of being heard. *Journal of Humanistic Psychology*, 40, 148-173.
- Rogers, C. R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, 5, 2-11.
- Rogers, C. R. (1995). *A way of being*. Houghton Mifflin Harcourt.

My Support Circle

You do not have to carry this alone, and you do not have to guess who to turn to. Fill this in while things are calm, so you know exactly who to reach for when they are not.

Inner circle People I could call at 3 a.m.	
Middle circle People who get this job: coworkers, peer supporters, friends in the field	
Outer circle Help I can reach: counselor, chaplain, doctor, SC4i	

What I need from my circle right now:

What I can offer someone else in it:

Not sure where to start? Reach out to your department's peer support team, or contact SC4i to set up an appointment: sc4i.org or (719) 822-3387.

Chapter 7: Personal Boundaries

Your phone buzzes on your day off. It's a supervisor asking if you can cover a shift. You're exhausted, you had plans, and every part of you wants to say no. You say yes anyway, because saying no feels selfish, or like letting someone down. This isn't the first time this month.

Most of us were taught from childhood to put other people's comfort ahead of our own needs. That training runs deep, and it's part of why so many of us don't know how to answer a simple question: what are my boundaries, actually?

What Personal Boundaries Are

Personal boundaries are the limits and rules you set for yourself inside your relationships. They're the lines you draw around your own comfort, and someone with healthy boundaries can say no when they need to while still being open to real closeness with the people they trust.

Boundaries usually fall into a few categories:

- Emotional: protecting your own emotional wellbeing.
- Physical: protecting your personal space and your body.
- Sexual: protecting your needs and your safety.
- Workplace: protecting your ability to do your job without unnecessary interference.
- Material: protecting your belongings.
- Time: protecting how your time gets used, and misused.

And they show up everywhere: at work, at home, with extended family, with friends. Research on personal space backs up something most people already sense, that having your space or limits violated causes real discomfort, and that discomfort can spill into anxiety and strain in both personal and professional relationships (Welsch, von Castell, & Hecht, 2019).

Healthy vs. Unhealthy Boundaries

Setting a boundary is simply communicating what you need for a relationship to feel healthy. It isn't always comfortable, and not everyone will like it, but if you never set the boundary, you can't expect anyone to respect it.

Healthy boundaries tend to look like this:

- You value your own limits and don't compromise them just to keep someone else comfortable.
- You can say no, and you can accept it when someone else says no to you.
- You know what you want and you communicate it, instead of expecting people to guess.
- You don't let someone else define your worth.
- You know your needs matter as much as anyone else's.

- You respect other people's values and opinions without having to abandon your own.

Unhealthy boundaries tend to look like the opposite: disregarding what you or the other person actually needs, feeling responsible for fixing or managing someone else's feelings, or letting people cross a line because saying something felt harder than staying quiet.

Naming and Communicating Your Boundaries

Boundaries work best when they come from your actual values, the things that genuinely matter to you. If time with your family matters, that might mean a firm boundary around working late. Your boundaries don't have to match anyone else's, and knowing them before you walk into a situation makes it far less likely you'll agree to something you'll regret.

One of the most common mistakes is setting a boundary only in your own head and never actually saying it out loud. Nobody can respect a line they don't know exists. As researcher and author Brené Brown puts it, “clear is kind, unclear is unkind” (Brown, 2018). Once you know your boundary, the next step is simply stating it, directly and kindly, and most people will respect it once they actually hear it.

When Your Boundaries Get Tested

Some people will test a boundary without even meaning to. Others will push on purpose, sometimes using guilt to get you to back down. Here's the important distinction: you get to set your own boundaries, but you don't get to set anyone else's, and you can't control how someone reacts to yours, only how clearly and firmly you hold them.

A few things help when you're holding a boundary under pressure:

Plan ahead. Think through what you want to say before a hard conversation starts. It's easier to stay steady when you've already found the words.

Use confident body language. Face the person, make eye contact, keep your voice steady, not too quiet and not too loud.

Stay respectful. Firm doesn't mean harsh. Skip the yelling, the put-downs, the silent treatment. Your message lands better when it's delivered with respect.

Know where you can compromise, and where you can't. Healthy relationships involve some give and take, but you never owe anyone a compromise on something that isn't actually negotiable for you.

Four Tools You Can Use Right Now

1. Name One Boundary in Each Area. Go through the categories from earlier in this chapter, emotional, physical, workplace, time, and name one real boundary you have (or need) in each.

2. Say It Out Loud. Pick one boundary you've only ever held in your head. Write down exactly what you'd say to communicate it clearly and kindly, then actually say it to the person it concerns this week.

3. Prepare for Pushback. Think of a boundary you expect someone to test. Plan your response ahead of time using the four skills above: what you'll say, how you'll hold your body, how you'll stay respectful, and where you're willing to compromise versus where you're not.

4. Notice the Warning Signs. Pay attention to discomfort, resentment, or guilt showing up around a specific person or situation. Those feelings are often the first sign that a boundary needs to be set or reinforced, and learning to act on them, rather than push them down, is linked to lower distress over time (Gilbert & Allan, 1994).

Reflection and Practice

- Which category of boundaries, emotional, physical, workplace, time, or another, is hardest for you to hold? Why do you think that is?

- Think of a boundary you've only ever set in your own mind. What's stopped you from actually saying it out loud?

- Describe a time someone tested one of your boundaries. How did you respond, and what would you do differently now?

- Where do you tend to feel resentment or guilt building? What boundary might that feeling be pointing to?

- Name one boundary you'll communicate this week, and write out exactly what you'll say.

- Practice saying a boundary out loud with the Boundary Script Card on page 38.

References

Brown, B. (2018). Clear is kind. Unclear is unkind. brenebrown.com.

Gilbert, P., & Allan, S. (1994). Assertiveness, submissive behaviour and social comparison. *British Journal of Clinical Psychology*, 33, 295-306.

Welsch, R., von Castell, C., & Hecht, H. (2019). The anisotropy of personal space. *PLoS ONE*, 14(6), e0217587.

My Boundary Script Card

A boundary is easier to hold when you have already practiced saying it. Write it in your own words, then say it out loud once before you need it.

The situation (who, where, when)	
How it makes me feel	
What I need	
What I will say	
What I am willing to do	
What I am not willing to do	

Try this shape

"I can't _____, but I can _____."

For example: "I can't cover that shift, but I can help you find someone who can." It is kind, it is clear, and it does not need a long explanation.

If they push back, I will:

Remember your body: drop your shoulders, take one slow breath, and keep your voice steady.

Chapter 8: Self-Care: Fitness and Nutrition

Between back-to-back calls and a schedule that never lines up with a normal mealtime, lunch turns into whatever's in the vending machine, and the gym membership sits unused. You tell yourself you'll get back to it when things calm down. Things rarely calm down.

Here's the part that's easy to miss: what you eat and how you move aren't just about your waistline. They're directly wired into your mood, your focus, and how well you handle stress.

Why Fitness and Nutrition Are Resilience Skills

Everyone's heard that exercise is good for you and that you are what you eat. What's less well known is exactly how much these two things affect your mental health, not just your physical health.

A large observational study following 1.2 million adults in the United States found that people who exercised regularly reported about 43% fewer poor mental health days than people who didn't, and that 30 to 60 minutes of activity was the sweet spot for the biggest benefit (Chekroud et al., 2018). Separately, research has found that running for just 15 minutes a day, or walking for an hour, can lower the risk of major depression by roughly a quarter.

How Exercise Changes Your Brain

Everything you think and feel runs through neurotransmitters, the chemical messengers that connect your brain cells. Exercise directly affects several of the ones that matter most for mood and focus.

Dopamine drives your motivation. Low levels tend to leave you feeling unmotivated.

Serotonin keeps your mood, anger, and aggression in check. Low serotonin is linked to anxiety, depression, and stress (Vashadze, 2007).

Norepinephrine supports your attention. When it's low, focus gets harder to hold onto.

Endorphins help you relax, feel pleasure, and feel less pain, while also reducing cortisol, your body's stress hormone.

Exercise that involves other people, a fitness class, a team sport, a workout buddy, adds another layer of benefit, since social connection on its own has been shown to boost mood and reduce loneliness. Over time, a consistent movement habit can also build your self-esteem and sense of self-worth.

There is such a thing as too much of a good thing here. Roughly six hours of exercise a week appears to capture most of the mental health benefit, and pushing past about three hours a day has actually been associated with worse mental health than not exercising at all. This isn't about punishing your body. It's about moving it consistently.

The Gut-Brain Connection

There's real science behind the old saying that your gut and your mind are connected. About 90 percent of your body's serotonin, the neurotransmitter most responsible for mood, is actually produced in your gut

before it makes its way to your brain (Carpenter, 2012). A healthier gut microbiome is increasingly linked to a healthier mood (Pennisi, 2019; Strandwitz, 2018).

A few practical ways to support that connection:

- Consider a probiotic that includes bifidobacterium and lactobacillus.
- Add fermented foods like sauerkraut or kimchi alongside it.
- Go easy on the things that damage gut bacteria, including overuse of laxatives.

You can't get serotonin directly from food, but you can get tryptophan, an amino acid your body uses to make it, from foods like chicken, turkey, fish, bananas, apples, and prunes. As a general rule: favor whole grains, vegetables, fruits, nuts, beans, fish, eggs, and meat, and go easy on heavily processed foods and synthetic oils. Everyone's nutritional needs are a little different, so treat these as a starting point, not a strict rulebook.

Four Tools You Can Use Right Now

1. Move for Your Mood. Aim for something in the range of 30 to 60 minutes of activity on the days you can manage it, working toward roughly six hours a week. It doesn't have to be a gym. A brisk walk, a bike ride, a pickup game, anything that gets you moving counts.

2. Feed Your Gut. Pick one small, realistic swap this week, adding a fermented food, cutting back on one processed snack, or working in a tryptophan-rich food, rather than overhauling everything at once.

3. Eat One Bite Mindfully. Pick a single bite of food today and actually pay attention to it. Notice its smell, its texture, how it feels in your mouth, how it tastes as you chew slowly. This kind of mindful eating is a simple way to reconnect with your body's actual hunger and fullness signals instead of eating on autopilot.

4. Notice the Connection. For a day or two, pay loose attention to how you feel an hour or so after you eat something. Energized, foggy, irritable, calm. You don't need a formal log, just a little more awareness of which foods leave you feeling steady and which ones don't.

Reflection and Practice

- How has your activity level changed since starting this job? What's gotten in the way of moving your body regularly?
-
- Which neurotransmitter, dopamine, serotonin, norepinephrine, or endorphins, do you think is running low for you right now? What tells you that?
-
- What does a realistic week of movement look like for your actual schedule, not an ideal one?

-
- Try the mindful bite exercise this week. What did you notice that you usually miss?
-

- Name one small nutrition swap you're willing to try this week, and check in with yourself in a few days about how it went.
-

- Track one ordinary week on the One-Week Movement and Meals Log on page 42.
-

References

Carpenter, S. (2012). That gut feeling. American Psychological Association.

Chekroud, S. R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H. M., Krystal, J. H., & Chekroud, A. M. (2018). Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: a cross-sectional study. *The Lancet Psychiatry*, 5(9), 739-746.

Pennisi, E. (2019). Evidence mounts that gut bacteria can influence mood, prevent depression. *Science*.

Strandwitz, P. (2018). Neurotransmitter modulation by the gut microbiota. *Brain Research*, 1693(Pt B), 128-133.

Vashadze, S. V. (2007). Insomnia, serotonin and depression. *Georgian Medical News*, (150), 22-24.

One-Week Movement and Meals Log

You do not need to change anything this week. Just write down what you do, and notice how your energy follows.

Day	Movement (what and how long)	Water (circle each glass)	Meals and snacks	Energy (0 to 10)
Mon		○ ○ ○ ○ ○ ○ ○ ○		
Tue		○ ○ ○ ○ ○ ○ ○ ○		
Wed		○ ○ ○ ○ ○ ○ ○ ○		
Thu		○ ○ ○ ○ ○ ○ ○ ○		
Fri		○ ○ ○ ○ ○ ○ ○ ○		
Sat		○ ○ ○ ○ ○ ○ ○ ○		
Sun		○ ○ ○ ○ ○ ○ ○ ○		

What I noticed about my energy, movement, and food this week:

Chapter 9: Self-Care: Relaxation and Sleep

It's finally quiet. Shift's over, you're home, you're exhausted. But the second your head hits the pillow, your mind starts running the reel: the call that went sideways, the thing you forgot to follow up on, tomorrow's schedule. Your body is tired. Your brain never got the memo.

Relaxation and sleep are not luxuries you earn once everything else is handled. They're resilience skills, and like any skill, they take practice.

Why Relaxation Is a Resilience Skill

Relaxation is simply the state of feeling calm and in control of your stress or anxiety, rather than run by it. It's not just a nice feeling. It measurably reduces symptoms of depression, anxiety, and other mental health conditions, and it comes with a long list of physical benefits too: a lower heart rate, lower blood pressure, slower breathing, less muscle tension and chronic pain, better focus and mood, less fatigue, and more confidence in your ability to handle whatever comes next.

Relaxation Techniques Worth Learning

Like any skill, relaxation gets easier with practice. It's worth treating it that way instead of waiting for it to happen naturally, because for most of us, it doesn't.

Progressive muscle relaxation. Working through your body, tense one muscle group for a few seconds, then let it go completely. Start at your feet and work up, or start at your shoulders and work down. Noticing the contrast between tension and release helps your body remember what actually relaxed feels like.

Diaphragmatic breathing. The breathing tool from Chapter 1, in for a count of four, hold for five, out for five, hold for five, works here too. Before and after you practice it, check your SUDS number. Most people see it drop.

Imagery. Build a mental picture of somewhere that actually calms you, real or imagined, and spend a minute or two there in your mind.

Mindfulness. Bring your attention fully into the present moment: what you're feeling physically, what you hear, what you smell, what you see, right now.

Time in nature and unstructured play. A walk outside, sitting on a porch watching the clouds, anything that lets you be a little playful again. Reconnecting with play isn't frivolous. It genuinely helps buffer the stress response.

None of these have to take long. Even five or ten minutes a day, done consistently, is enough to matter. If mindfulness appeals to you, something as simple as a coloring book can be a form of art therapy that keeps your mind anchored in the present.

Why Sleep Matters for Your Brain

Sleep isn't just downtime. Research on the brain's waste-clearing system suggests that sleep is when your brain actively flushes out cellular waste products that build up during your waking hours, a process linked to long-term brain health (Iliff, 2014). Skimp on sleep, and that cleanup doesn't get to finish.

Better Sleep With Shift Work

Shift work makes good sleep genuinely harder to get, but a few habits can help even when your schedule doesn't cooperate.

- Block out light completely if you're sleeping during the day. Blackout curtains or a sleep mask both work.
- Remove the things that keep your brain active in bed: a TV, your phone, reading material meant to keep you awake and thinking.
- Reserve your bed for sleep. Don't do paperwork, scroll, or hold conversations there. You want your brain to associate that space with sleep, not with being alert.
- Support your sleep with what you eat and drink: favor real food over heavily processed options, cut back on caffeine and sugar, and drink enough water and fewer sugary drinks during the day.

Four Tools You Can Use Right Now

- 1. Check Your SUDS Before and After.** Before you try any relaxation technique, note your SUDS number. Do the technique. Check it again. Over time, notice which techniques move your number the most.
- 2. Try Progressive Muscle Relaxation Tonight.** Starting at your feet or your shoulders, tense each muscle group for a few seconds, then release, working through your whole body. Notice the difference between tense and relaxed as you go.
- 3. Protect Your Sleep Environment.** Tonight, remove one thing from your bed or bedroom that doesn't belong there, the phone, the TV remote, whatever tends to keep your brain switched on.
- 4. Build In Five Minutes of Play or Stillness.** Pick one thing today that has nothing to do with productivity: a short walk, watching the sky, a hobby you used to enjoy. Give it five minutes, guilt-free.

Reflection and Practice

- Which relaxation technique from this chapter sounds most doable for your actual life right now?

-
- Check your SUDS number before and after trying one relaxation technique this week. What changed?
-

- What's currently in your bed or bedroom that works against good sleep? What's one thing you could remove or change?
-

- How has shift work specifically affected your sleep? What's one adjustment from this chapter you haven't tried yet?
-

- When was the last time you did something purely playful, with no productive purpose at all? What would it take to make room for that again?
-

- Try the One-Week Sleep Log on page 46 to see your real sleep pattern.
-

References

- Cahalán, L. P., Braga, M., Matsuo, Y., & Hernandez, E. D. (2002). Efficacy of diaphragmatic breathing in persons with chronic obstructive pulmonary disease: A review of the literature. *Journal of Cardiopulmonary Rehabilitation and Prevention*, 22, 7-21.
- Caruso, J. (2003). *The power of losing control: Finding strength, meaning, and happiness in an out of control world*. Penguin-Putnam.
- Iliff, J. (2014). One more reason to get a good night's sleep [Video]. TED.
- McEwen, K., & Boyd, C. M. (2018). A measure of team resilience. *Journal of Occupational and Environmental Medicine*, 60(3), 258-272.

One-Week Sleep Log

Sleep is one of the first things to slip on this job. Track it for one week without trying to fix anything. Just notice.

Day	Bedtime	Minutes to fall asleep	Times I woke up	Wake time	Rested? (0 to 10)	Notes: caffeine, alcohol, screens, calls
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Ideas for winding down

- Dim the lights and put your phone down thirty minutes before bed.
- Try the slow breathing from Chapter 1 for two minutes.
- Write down tomorrow's to-do list so your mind can let it go.

One thing I will change tonight:

Chapter 10: Personal Financial Management

The transmission goes out the same week as a bigger-than-expected utility bill. You've already picked up an extra shift this month, and now you're doing the math in your head at two in the morning: what gets paid, what gets pushed, what you tell your family. Money stress has a way of following you into every other part of your life.

Here's the part worth holding onto: unlike a lot of what causes you stress on this job, your finances are something you actually have real control over. This chapter is about taking that control back, one step at a time.

Why Money Stress Hits So Hard

Financial stress isn't just an inconvenience. It affects how clearly you think, it damages your physical health, and it compromises your ability to cope emotionally, in ways that look a lot like the toll of PTSD. Stressful financial events, losing a job, a home, a vehicle, are directly tied to higher rates of suicidal thinking. In one large study of roughly 34,000 people, financial stressors had the single largest impact on suicide attempts of any stressor examined, just ahead of violent assault (Wang, Sareen, Afifi, Bolton, & Johnson, 2012).

If money stress has ever brought you to a genuinely dark place, that's worth taking seriously and talking to someone about, whether that's your department's peer support team, a counselor, or a crisis line like 988. You don't have to carry that alone, and reaching out is a sign of strength covered in more depth in Chapter 6.

Understanding Why We Spend

Before you can manage money, it helps to understand your own relationship to it. People generally spend for a few different reasons: meeting a real survival need like food or shelter, coping with frustration or a hard day, or chasing the quick hit of immediate satisfaction.

A few honest questions are worth sitting with: do you distinguish between a want and a need before you spend? Do you reach for a credit card out of necessity, or for fun? Neither answer is a moral failing, but knowing the truth about your own patterns is the starting point for everything else in this chapter.

Take Control: Build a Budget

A budget is simply a plan for how your monthly income gets used. It lets you prioritize what actually matters to you, keeps you from overspending without realizing it, and helps you make real progress on savings and debt.

A lot of people avoid budgeting because acknowledging the full financial picture is the hardest part. Once you get past that first step, the process itself is simple: list your household income, list your monthly expenses, and see what's left. That remainder is yours to direct, toward debt, toward savings, or both. The whole point is that you tell your money where to go, instead of wondering afterward where it went.

Pay Down Debt With a Plan

A debt payoff plan doesn't have to be complicated.

- List every debt you owe, with its balance.
- Set a real payoff goal and timeline for each one.
- Pay off your lowest balance first, then roll that payment into the next one. Small wins early keep you motivated for the long haul.
- Avoid taking on new debt while you're paying down what you already have.
- If it makes sense for your household, involve your family in the plan. Money stress rarely stays contained to one person.

Build an Emergency Savings Plan

An emergency fund is money set aside specifically for life's unexpected events, the blown transmission, the surprise bill, the week you can't work. Its biggest benefit isn't just the money itself. It's the stress it takes off your shoulders before the emergency even happens.

If you're actively paying off debt, a reasonable first target is around \$1,000 set aside, just enough to absorb a surprise without going further into debt. Once your debt is under control, aim for three to six months of expenses, or whatever amount genuinely helps you sleep at night.

Four Tools You Can Use Right Now

1. Take the First Step. Answer honestly: do you currently know your full monthly income and expenses? Do you budget, or just balance a checkbook and hope? Naming where you actually stand is the hardest and most important step.

2. Build One Month's Budget. List everything coming in and everything going out for a single month. Don't aim for perfect. Aim for honest.

3. Pick Your First Debt to Pay Off. List your debts by balance, smallest to largest. Choose the smallest one and set a real timeline to pay it off before rolling that payment into the next.

4. Start Your Emergency Fund at \$1,000. If you don't already have this cushion, make it your next savings goal before anything else, even before aggressively paying down debt.

Reflection and Practice

- Do you tend to spend to meet a real need, to cope with stress, or for quick satisfaction? Which shows up most for you?
-
- What's stopped you from creating a full budget before now? What would it take to get past that?
-

- List your debts from smallest to largest balance. Which one will you target first?
-

- Do you have any emergency savings right now? If not, what's one small, realistic step toward the first \$1,000?
-

- Has financial stress ever affected your mood, your relationships, or your sense of hope? What helped, or what do you wish had helped?
-

- Get your real numbers down on the Monthly Money Snapshot on page 50.
-

References

Wang, Y., Sareen, J., Afifi, T. O., Bolton, S. L., & Johnson, E. A. (2012). Recent stressful life events and suicide attempt. *Psychiatric Annals*, 42(3), 101-108.

Monthly Money Snapshot

Money stress follows you home. Seeing the real numbers on one page often makes them feel smaller. Use round numbers. This is for you, not for anyone else.

Money in (each month)	Amount
Paycheck or paychecks	\$
Overtime or side work	\$
Other (benefits, a partner's pay, anything else)	\$
Total in	\$

Money out (each month)	Amount
Housing	\$
Utilities and phone	\$
Food	\$
Car and gas	\$
Debt payments	\$
Savings	\$
Everything else	\$
Total out	\$

Left over, or short, this month: \$ _____

One money move I will make this month:

If my paycheck stopped for a few weeks, I could cover about _____ weeks.

Chapter 11: Grief

You lost someone this year, maybe a partner from the job, maybe someone at home, maybe the version of your career you thought you'd have before an injury or a hard call changed things. Some days you're fine. Other days it hits you sideways in the middle of an ordinary afternoon, and you wonder if something is wrong with you for still feeling it this deeply, this long after.

Nothing is wrong with you. Grief was never meant to move in a straight line.

What Grief Really Is

Grief is the deep emotional anguish that comes from losing someone or something that mattered, a loved one, a relationship, a job, a home. It's rarely just one feeling. It's usually a whole tangle of them at once: sadness, anger, bitterness, guilt, worry, distress, despair.

There's no set timeline for grief. It can last weeks or a lifetime, and it doesn't move on a schedule. You might feel steady for a stretch and then get knocked flat out of nowhere. That's not a setback. It's just how grief tends to behave. It becomes a concern when it traps you so completely that it interferes with your ability to function at work, at home, or in your relationships for a prolonged stretch of time. That's the point to bring in professional support.

The Five Phases of Grief

Psychiatrist Elisabeth Kübler-Ross described five phases of grief in her book *On Death and Dying*. They were originally called stages, but later understanding made clear that grief doesn't move through them in order. You can be in the third phase, slide back to the first, and land somewhere else entirely the next day (Kübler-Ross, 1969).

Denial. Your mind can't yet accept the loss. It might show up as disbelief, questioning what you've been told, or a sense of being disconnected from what's real. It often hits first, but it can resurface at any point.

Anger. The weight of the loss becomes overwhelming and doesn't make sense, and anger becomes the outlet, at whoever delivered the news, at loved ones, at a higher power, at whoever you feel is responsible.

Bargaining. You try to strike a deal with whatever power might be listening to bring back what was lost, or you find yourself making promises or pleading in hopes of reversing what happened.

Depression. The grief turns inward instead of being processed outwardly, and it can drain the energy you'd normally put into work, relationships, or daily life.

Acceptance. You can look back on what you lost without being pulled under by it. You still feel sad sometimes, but the memory brings more warmth than pain. Even this phase isn't permanent or one-directional. Some days the joy of the memory leads, other days the depth of the loss does.

Seven Ways to Tend Your Own Grief

A well-known set of guidance for people moving through grief offers seven practical starting points (The Mental Health Report, 2021).

- Take care of your basic needs: hygiene, real meals, actual sleep. Grief makes these easy to neglect, which only makes everything harder.
- Keep a journal. Tracking your feelings and daily experiences can help you notice progress you might otherwise miss.
- Reinvent the relationship. Rather than dwelling only on the loss, let yourself remember the good parts of what you had.
- Embrace new experiences. A new hobby or activity can pull you gently out of isolation and back into finding meaning.
- Surround yourself with people who actually understand grief, not people who rush you to “get over it” or make you feel ashamed for still feeling it.
- Change the channel in your head. When your thoughts spiral negative, practice redirecting them toward something more positive. It takes repetition, not a single decision.
- Consider counseling, especially if the grief feels like it's trapping you rather than moving through you.

How to Support Someone Else Who's Grieving

If someone in your life is grieving, a few things genuinely help (The Mental Health Report, 2021; Scott, n.d.):

- Offer practical help: a meal, watching their kids for an evening, yard work, groceries. Concrete help often means more than words.
- Extend real invitations. Grieving people tend to isolate, so keep including them in dinners, gatherings, and everyday life.
- Be a good listener, and let that mean mostly listening. Validate what they're feeling without rushing to fix it or move them along.
- Walk down memory lane with them when it feels right. Remembering the person or thing they lost, together, can help ease them toward acceptance.

A few specific things worth saying: “I’m so sorry for your loss.” “Please know I’m here for you.” “I don’t know what to say, but I’m listening.” “Would you like to talk about it?” And when you can, skip the vague “let me know if you need anything” in favor of something concrete: bringing a meal, picking up groceries, or simply showing up to help.

Four Tools You Can Use Right Now

1. Name Your Phase, Without Judgment. Notice which of the five phases feels closest to where you are today. Remember it isn’t linear, so wherever you are, it doesn’t mean you’re doing grief wrong.

2. Take Care of the Basics First. Pick one basic need you’ve been neglecting since your loss, sleep, food, hygiene, and rebuild it before anything else.

3. Reach for Support, Not Isolation. Use the listening skills from Chapter 6 and let someone you trust actually hear what you're carrying, rather than pulling away.

4. Have Words Ready for Someone Else's Grief. The next time someone in your life is grieving, have one or two of the phrases above ready, along with one concrete, practical offer of help.

Reflection and Practice

- Which of the five phases of grief do you recognize most in yourself right now, or in a past loss?
-

- Which of the seven ways to tend your own grief have you tried? Which one haven't you, and what's stopped you?
-

- Think of a time someone supported you well during a loss. What did they do or say that actually helped?
-

- Is there a loss you've been carrying that still interferes with your daily life? What would it look like to bring in more support?
-

- Who in your life is grieving right now? What's one concrete thing you could offer them this week?
-

- When you are ready, the page called Someone I'm Carrying on page 54 gives you a quiet place to write.
-

References

Kübler-Ross, E. (1969). On death and dying. Macmillan.

Scott, P. S. (n.d.). 10 helpful things to say to a grieving person.

The Mental Health Report. (2021, June). Vol. 13, Issue 6.

Someone I'm Carrying

Grief does not follow a schedule, and there is no wrong way to use this page. If it feels like too much today, skip it and come back when you are ready.

Their name: _____

What I miss most:

A moment I want to keep:

What I wish I could say to them:

One small thing I will do to honor them this month:

If the weight gets heavy, you are not alone. Call or text 988, or reach SC4i at sc4i.org or (719) 822-3387.

Chapter 12: Wins and Lessons

You made the call, and it didn't go the way you wanted. Maybe someone got hurt who didn't have to. Maybe you froze for half a second when you needed to move. Maybe it wasn't even that dramatic, just a mistake at work that's been looping in your head for days. You keep replaying it, looking for the moment you could have done it differently.

Every first responder carries a few of these. What separates the people who stay in this work for a long career from the people who burn out early often isn't whether they fail. It's what they do with the failure afterward.

Why Wins Deserve Attention Too

This job trains you to move on fast. You clear a call and go straight to the next one. That habit keeps you sharp on shift, but it has a side effect: it can become just as automatic off shift, so the things you actually did well slide right past you without ever registering.

Deliberately noticing and sitting with a good moment, rather than rushing past it, is a real skill called savoring, and it's linked to better mood and lower rates of depression over time (Bryant & Veroff, 2007). Positive emotions do more than just feel good in the moment, too. They build real resources, patience, creativity, stronger relationships, that you can draw on later when things get hard again (Fredrickson, 2001). And research on motivation at work has found that noticing progress, even small progress, is one of the most reliable ways people stay engaged instead of burning out (Amabile & Kramer, 2011). Skipping past your wins isn't neutral. It quietly costs you something.

What Counts as a Win

A win doesn't have to be dramatic to count. It can be staying calm on a call that could have gone sideways, showing up for a shift on a day you really didn't want to, handling a tense moment with a coworker without it turning into a bigger conflict, getting through a hard week in one piece, or actually asking for help instead of white-knuckling it alone. If you only count the big, obvious victories, you'll miss most of what's actually keeping you standing.

Unhealthy Ways to Deal with Losses

When something goes wrong, whether it's a call, a decision, or a personal loss, there are patterns that feel like they're helping but actually keep you stuck.

Focusing on the negative. Dwelling on what went wrong, replaying it over and over, is one of the clearest paths toward depression (Nolen-Hoeksema, 2000). That same pattern of stuck, negative thinking shows up behind disordered eating (Dobson & Dozois, 2004) and behind PTSD symptoms after a traumatic event (Buckley, Blanchard, & Neill, 2000). Your brain isn't malfunctioning when it does this. It's trying to solve a problem by replaying it, but rumination almost never produces a solution, it just produces more distress.

Focusing on the problem. Naming what went wrong is useful. Getting stuck there, complaining about it without ever moving toward what to do next, isn't. It keeps your energy pointed at the problem instead of anywhere useful.

Having a fixed mindset. A fixed mindset is the belief that your abilities and traits are set in stone, you're either good at something or you're not. People with this mindset tend to avoid challenges that might expose a weakness, and a real setback can feel devastating rather than instructive, because it feels like proof of a permanent limitation rather than a single event (Dweck, 1999).

Not forgiving yourself. Holding onto shame and guilt over a mistake, rather than working through it, tends to keep you stuck in that same negative loop (Tangney & Dearing, 2003). Research on self-forgiveness has found that people only start to move past a failure once something shifts internally, when they stop just wanting to feel better and start genuinely wanting to do better (Hall & Fincham, 2005). Refusing to accept your own responsibility in what happened, whether by denying it or endlessly punishing yourself for it, blocks that shift from ever happening (Jacinto & Edwards, 2011), and the rumination that follows keeps the whole cycle going (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008).

Healthy Ways to Deal with Losses

Focus on the positive. This isn't about pretending the loss didn't happen. It's about deliberately looking for what you learned or what's still good, alongside what went wrong. In one study, people who spent three weeks writing down a daily silver lining and picturing a related goal became more engaged and did less of the negative, dysfunctional thinking described above, with the biggest gains showing up in people who started out the most pessimistic (Sergeant & Mongrain, 2014). If that's you, this tool may help you more than you'd expect.

Focus on the solution. Name the problem or challenge in one sentence. Then name what solving it would actually look like. Then ask yourself honestly: do you have direct control over making that happen? If you do, that's your next action. If you don't, direct your energy toward the part you can actually influence, rather than the part you can't, an idea this book first introduced back in Chapter 4.

Have a growth mindset. Where a fixed mindset treats traits as permanent, a growth mindset treats them as things you build over time, and treats a challenge as part of that building, not a threat to it (Dweck, 1999). People with a growth mindset tend to show more motivation, less discouragement after a setback, and better learning strategies overall (Cury, Elliot, Da Fonseca, & Moller, 2006). The good news is that mindset itself isn't fixed. Simply becoming aware of which one you're leaning on in a given moment is the first step toward shifting it.

Forgive yourself. Self-forgiveness isn't about letting yourself off the hook. It's about releasing the part of the guilt that's no longer useful so you can actually learn from what happened. Research links self-forgiveness to less rumination, stronger relationships, more self-worth and confidence, and less procrastination and self-destructive behavior afterward (Wohl & McLaughlin, 2014).

Write Yourself a Self-Forgiveness Letter

One well-studied model for working through self-forgiveness breaks it into four stages: accepting responsibility for what happened, genuinely expressing remorse, taking some action to make it right or restore what you can, and finally renewal, the point where you extract the lesson and let yourself move forward with more self-compassion (Cornish & Wade, 2015). Writing a letter to yourself, moving through those four stages in order, is a concrete way to work this process rather than just thinking about it in circles.

Try writing your own version. Start by naming, honestly and without excuses, what your part in it was. Then write out what you genuinely feel remorse for, in your own words. Next, name one real thing you can do to make it right, whether that's an apology, a change in how you handle something, or simply doing better next time. Close by writing down the lesson you're taking from it, and one sentence giving yourself permission to move forward.

When You're Stuck in the Loss

Sometimes none of these tools are enough to shake a loss loose on your own, and that's not a failure of willpower. If a mistake, a call, or a loss is still weighing on you long after these tools would normally help, that's the signal to reach out, to a trusted coworker, your department's peer support team, or a professional counselor, rather than trying to carry it alone.

This matters even more when what you're carrying isn't just an ordinary mistake but something that violated your own sense of right and wrong, seeing something you couldn't stop, or doing something you can't reconcile with your values. That experience has a name, moral injury, and it's serious enough that it can contribute to PTSD, depression, and even physical health conditions like Type 2 diabetes if it isn't addressed. Chapter 16 goes into moral injury in far more depth, including what actually helps.

Your failures don't define you. They refine you.

Four Tools You Can Use Right Now

- 1. Name One Win This Week.** Before the week is over, write down one thing you did well, no matter how small it seems. Actually pause on it for a second instead of rushing past it.
- 2. Find One Silver Lining.** Take the last setback you're still carrying and write down one thing you learned or one thing that's still good, alongside what went wrong. Do this daily for a week and notice what shifts.
- 3. Run the Focus-on-Solution Check.** Name a current problem in one sentence, name the solution, and ask honestly whether you have direct control over making it happen. Act on what you control. Let go of pushing on what you don't.
- 4. Notice Your Mindset in the Moment.** The next time you make a mistake, notice whether your first thought sounds fixed ("I'm just not good at this") or growth-oriented ("I haven't gotten this right yet"). You don't have to force the second thought, just notice which one shows up first.

5. Write Your Self-Forgiveness Letter. Pick one loss or mistake you're still holding onto and work through the four stages above: responsibility, remorse, restoration, and renewal. Keep what you write. Read it again in a month.

Reflection and Practice

- What's one win from this week, big or small, that you haven't given yourself credit for yet?

- Which unhealthy pattern from this chapter, dwelling on the negative, staying stuck on the problem, a fixed mindset, or refusing to forgive yourself, shows up most for you?

- Think of a recent setback. What's one silver lining you can honestly find in it?

- Is there a mistake or loss you're still carrying that a self-forgiveness letter might help you move through? What would the four stages look like for you?

- Where in your life right now would focusing on the solution, instead of the problem, actually change something?

- Is there a loss sitting on you right now that these tools haven't been enough to shake? Who could you reach out to about it this week?

- Keep a running record of what goes right and what you learn in the Wins and Lessons Log on page 60.

References

- Amabile, T. M., & Kramer, S. J. (2011). *The progress principle: Using small wins to ignite joy, engagement, and creativity at work*. Harvard Business Review Press.
- Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience*. Lawrence Erlbaum Associates.
- Buckley, T. C., Blanchard, E. B., & Neill, W. T. (2000). Information processing and PTSD: A review of the empirical literature. *Clinical Psychology Review*, 20(8), 1041-1065.
- Cornish, M. A., & Wade, N. G. (2015). A therapeutic model of self-forgiveness with intervention strategies for counselors. *Journal of Counseling & Development*, 93(1), 96-104.
- Cury, F., Elliot, J., Da Fonseca, D., & Moller, A. (2006). The social-cognitive model of achievement motivation and the 2 x 2 achievement goal framework. *Journal of Personality and Social Psychology*, 90(4), 666-679.
- Dobson, K. S., & Dozois, D. J. (2004). Attentional biases in eating disorders: A meta-analytic review. *Clinical Psychology Review*, 24(8), 1001-1022.
- Dweck, C. (1999). *Self-theories: Their role in motivation, personality, and development*. Psychology Press.
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218-226.
- Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology*, 24(5), 621-637.
- Jacinto, G. A., & Edwards, B. L. (2011). Therapeutic stages of forgiveness and self-forgiveness. *Journal of Human Behavior in the Social Environment*, 21(4), 423-437.
- Nolen-Hoeksema, S. (2000). The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of Abnormal Psychology*, 109(3), 504-511.
- Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science*, 3(5), 400-424.
- Sergeant, S., & Mongrain, M. (2014). An online optimism intervention reduces depression in pessimistic individuals. *Journal of Consulting and Clinical Psychology*, 82(2), 263-274.
- Tangney, J. P., & Dearing, R. L. (2003). *Shame and guilt*. Guilford Press.
- Wohl, M. J. A., & McLaughlin, K. J. (2014). Self-forgiveness: The good, the bad, and the ugly. *Social and Personality Psychology Compass*, 8(8), 422-435.

Wins and Lessons Log

Every shift teaches something. Write down what went well and what you would change, without beating yourself up. A lesson is not a failure. It is how you get better.

Date	What happened	Win or lesson?	What I will do next time

Chapter 13: PTSI and Compassion Fatigue

A certain call still shows up when you close your eyes. Or maybe it's not one call in particular anymore, just a low hum of dread that never fully switches off, even on your day off, even at your kid's soccer game. You've started avoiding the news. You flinch at sounds that never used to bother you. Part of you wonders if you're broken. You're not.

What you're describing has a name, actually two closely related ones, and neither of them means your career in this field is over.

What PTSI Really Is

Posttraumatic Stress Injury, PTSI, sometimes still called PTSD (Posttraumatic Stress Disorder), develops after living through or witnessing something genuinely traumatic: a death, a serious injury, a threat to your own life or someone else's. In this line of work, that's not a rare, one-time thing. It can build call by call, year by year (American Psychiatric Association, 2013).

PTSI symptoms tend to cluster into a few groups, and you don't need every symptom in every group to be dealing with it.

Intrusion. Unwanted memories, flashbacks, or nightmares that pull the event back into the present, even when you don't want them to.

Avoidance. Steering clear of reminders of the event, certain calls, certain conversations, even certain roads or neighborhoods.

Negative changes in mood and thinking. Feeling numb, disconnected from people you love, or stuck on guilt, blame, or a darker view of the world than you used to have.

Hyperarousal. Feeling keyed up, easily startled, quick to anger, or unable to fully relax, even when nothing is actually happening around you.

The Four PTSI Symptom Clusters

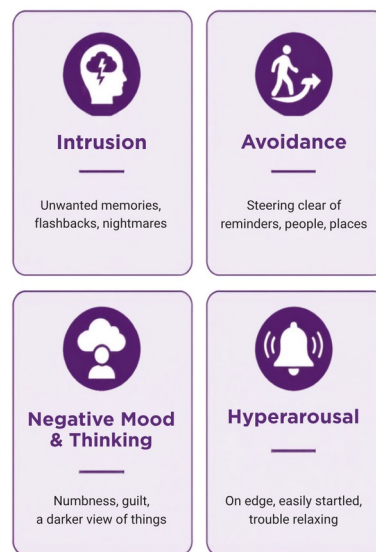


Figure 4. The Four PTSI Symptom Clusters

PTSI is a contributing factor in alcohol and drug misuse, relationship strain, career problems, depression, and suicide risk. That's exactly why it deserves early, serious attention rather than being pushed down and ignored (SC4i, n.d.).

Why First Responders Carry More of This Weight

This isn't a personal weakness. It's math. Research on police officers alone has found that cumulative exposure to critical incidents over a career is strongly tied to higher rates of PTSD, depression, and other health problems, exposure that builds quietly, call after call, long before any one incident feels like “the one” that changed things (Violanti et al., 2017). The same pattern shows up across fire, EMS, dispatch, corrections, and coroner work. It comes with the job, not with a character flaw.

In Colorado, between 2004 and 2024, 597 first responders died by suicide, and 68 of those deaths involved opioids present at the time (Colorado Violent Death Reporting System). PTSD, left unaddressed, is part of what feeds numbers like that. It's also exactly why SC4i exists.

What Compassion Fatigue Is

Compassion fatigue is a close cousin of PTSD, but it comes from a different direction. Instead of your own life being on the line, it builds from the sheer act of caring for other people who are suffering, over and over, often without a break to recover in between (Figley, 1995).

Some call this secondary traumatic stress or vicarious trauma: trauma that comes from bearing witness to what happened to someone else, a victim, a patient, a caller, rather than from something that happened directly to you. It's subtle, and it's easy to miss in yourself, because it doesn't come from one dramatic moment. It comes from constant giving, without an equally constant refilling. Over time, compassion itself starts to wound, and burnout and compassion fatigue can compound each other; if Chapter 2 hit close to home, this chapter may too.

The signs of compassion fatigue often look nearly identical to PTSD: emotional numbness, trouble concentrating, irritability, sleep problems, and pulling away from things you used to enjoy.

Check In With Yourself

Consider the following questions honestly. They're not a diagnosis, just a starting point for noticing.

- Have disturbing memories of a traumatic event, your own or someone else's, shown up unexpectedly?
- Have you had dreams or nightmares connected to something you responded to or witnessed?
- Have you gone numb around incidents where you feel you shouldn't be?
- Are you avoiding thoughts, conversations, or reminders connected to a call or event?
- Have you stopped doing things you used to genuinely enjoy?
- Is it harder than it used to be to concentrate, or to relax?
- Are you having a harder time falling or staying asleep?
- Are you quicker to anger, or having a harder time controlling your emotions than you used to?

- Are you leaning on alcohol or drugs to get through it?

If you answered yes to four or more of these, especially after a specific event or a hard stretch of calls, that's worth a conversation with a mental health professional who understands first responder culture, not because something is wrong with you, but because you deserve support before it gets heavier (SC4i, n.d.).

What Actually Helps

Talk to someone who gets it. Trauma-focused counseling, including approaches like EMDR and cognitive processing therapy, has strong evidence behind it for treating PTSI, and it works better the sooner you start (Bryant, 2019). Peer support, from someone who has walked this job, matters too.

Resist the pull to isolate. Both PTSI and compassion fatigue tend to push you away from people. Pushing back against that pull, on purpose, using the tools from Chapter 6, is part of what actually helps you heal.

Refill, don't just give. Compassion fatigue specifically comes from output without input. The self-care tools in Chapters 8 and 9 aren't extras. They're part of what keeps this job sustainable.

Name it early. The earlier PTSI or compassion fatigue gets named and addressed, the less entrenched it becomes, and the more treatable it tends to be (Van der Kolk, 2014).

When to Get Help Right Away

If you're having thoughts of suicide, or if this weight feels like more than you can carry safely on your own, call or text 988, the Suicide and Crisis Lifeline, any time, day or night. You can also reach out to SC4i directly. Neither PTSI nor compassion fatigue is a life sentence. With the right support, real recovery is possible.

Four Tools You Can Use Right Now

- 1. Take the Self-Check Seriously.** Go back through the questions above with real honesty. If several apply to you, treat that as useful information, not a verdict, and take the next step toward support.
- 2. Name Your Symptom Cluster.** Notice which group, intrusion, avoidance, negative mood, or hyperarousal, shows up most for you right now. Naming it makes it easier to talk about with someone who can help.
- 3. Schedule One Refill.** Compassion fatigue comes from constant output. Pick one thing this week that genuinely refills you, and put it on the calendar like it matters, because it does.
- 4. Save the Number.** Put 988 in your phone right now, for yourself or for a coworker who might need it someday. Having it ready removes one barrier in a hard moment.

Reflection and Practice

- Which symptom cluster from this chapter, intrusion, avoidance, negative mood and thinking, or hyperarousal, feels most familiar to you?

-
- Can you trace a shift in yourself back to a specific call or event, or has it built up more gradually over your career?

-
- Where do you notice compassion fatigue showing up, giving without refilling, numbness, irritability, pulling away from people you love?

-
- What's one refilling activity you've let go of since starting this job? What would it take to bring it back?

-
- Who is one person, a peer supporter, a counselor, a trusted coworker, you could actually talk to this week about what you're carrying?
-

References

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

Bryant, R. A. (2019). Post-traumatic stress disorder: A state-of-the-art review of evidence and challenges. *World Psychiatry*, 18(3), 259-269.

Colorado Violent Death Reporting System. First responder suicide data, 2004-2024.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.

SC4i (Status: Code 4, Inc.). (n.d.). PTSD and Compassion Fatigue Self-Assessment inserts.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Violanti, J. M., Charles, L. E., McCanlies, E., Hartley, T. A., Baughman, P., Andrew, M. E., Fekedulegn, D., Ma, C. C., Mnatsakanova, A., & Burchfiel, C. M. (2017). Police stressors and health: A state-of-the-art review. *Policing: An International Journal*, 40(4), 642-656.

Chapter 14: Vicarious Trauma

Nothing happened to you that night. You weren't hurt. You weren't even the one who found them. But you were there for the aftermath, close enough to hear it, see it, carry it, and now it's three weeks later and you still can't get a certain image out of your head. It wasn't your trauma. It's living in you anyway.

That's not weakness, and it's not in your imagination. It has a name, and it's more common in this work than most people realize.

What Vicarious Trauma Is

Vicarious trauma is what happens when you take on the weight of someone else's traumatic experience, a victim's, a patient's, a caller's, just from being close to it: hearing it, seeing it, responding to its aftermath, over and over (McCann & Pearlman, 1990). It's sometimes called secondary traumatic stress, and it behaves a lot like PTSD covered in Chapter 13, except the event that's haunting you didn't happen to you directly.

It can come from one especially hard call, or it can build slowly, call after call, from a job that regularly puts you close to other people's worst moments.

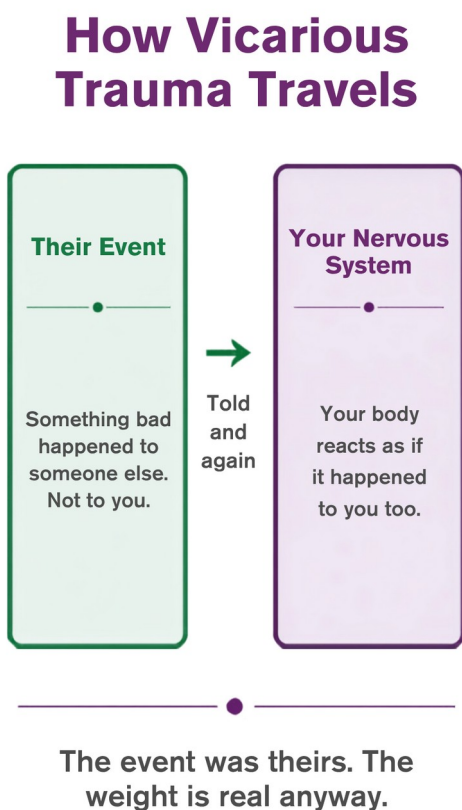


Figure 5. How Vicarious Trauma Travels

Why It Gets Under Your Skin

Doing this job well takes empathy, actually caring about the people you serve. But empathy is also exactly what lets someone else's pain in. You can't be moved by another person's suffering without some part of you feeling it too, and that's the trade-off: the same openness that makes you good at this work is what makes vicarious trauma possible.

A common response is to shut feeling down altogether, to numb out so nothing gets through. It can feel protective in the moment, but emotions don't numb selectively. Block one and you tend to block all of them, the hard ones and the good ones alike, which is part of why healing has to run back through your emotions rather than around them.

What It Can Lead To

Left unaddressed, vicarious trauma doesn't usually stay contained. It's linked to anxiety and panic, to depression, and to compassion fatigue, and it shares a lot of the same symptoms as PTSI: intrusive thoughts or flashbacks, hyperarousal and trouble sleeping, avoiding reminders, and a darker shift in mood and thinking. When those symptoms last more than a month, that's worth real attention, not something to wait out.

Check In With Yourself

Consider these honestly. They're not a diagnosis, just a starting point.

- Have unexpectedly disturbing memories of someone else's traumatic event shown up for you?
- Have you had dreams or nightmares connected to something that happened to someone else?
- Have you gone numb around incidents or patients where you feel you shouldn't be?
- Are you avoiding thoughts or feelings connected to another person's traumatic event?
- Have you stopped doing things you used to genuinely enjoy?
- Is it harder than it used to be to concentrate?
- Is it harder than it used to be to set boundaries or separate work from your personal life?
- Is it hard to relax?
- Are you having a harder time falling or staying asleep?
- Are you having a harder time controlling your emotions than you used to?
- Are you using drugs or alcohol as an escape?

If four or more of these sound true, that's worth a conversation with a mental health professional who understands first responder culture. Left unaddressed over time, vicarious trauma can move into compassion fatigue, so the earlier it gets named, the better.

What Actually Helps

Practice empathy, not sympathy. The distinction from Chapter 6 matters here more than anywhere else. Empathy lets you understand and connect with what someone went through while staying grounded in your own experience. Sympathy blurs that line until their trauma and yours become hard to tell apart.

Keep a professional distance, on purpose. This doesn't mean caring less. It means staying objective enough that you can still help clearly, rather than absorbing every call as if it happened to you.

Interrupt the thought spiral. When an image or memory keeps looping, the thought-catching tools from Chapter 5 apply directly: notice the thought, name it, and deliberately redirect rather than letting it run on its own.

Talk to someone you trust. Saying it out loud to a person who won't flinch, a peer supporter, a close friend, a chaplain, takes weight off in a way that carrying it alone never does.

Seek professional help. A counselor who understands vicarious trauma specifically can help you process it rather than just manage around it.

When to Get Help Right Away

If vicarious trauma has moved into depression, panic, or thoughts of suicide, that's reason enough to reach out immediately. Call or text 988, the Suicide and Crisis Lifeline, any time, or reach out to SC4i directly. This is treatable, and you don't have to carry someone else's worst day by yourself.

Four Tools You Can Use Right Now

- 1. Name Whose Story It Is.** Next time a call stays with you, write down one sentence: this happened to them, not to me. It sounds simple, but naming the line clearly is often the first step back across it.
- 2. Practice the Empathy-Sympathy Check.** Ask yourself: am I understanding what they went through, or am I making it mine? Use the distinction from Chapter 6 to sort it out.
- 3. Say It Out Loud to One Person.** Pick someone you trust and tell them about the call or case that's been sitting with you, even briefly.
- 4. Watch for the Freeze.** Notice if you've gone numb around something you'd normally feel. That numbness is information, not a sign that everything is fine.

Reflection and Practice

- Is there a specific call, patient, or case that's stayed with you longer than it should have?

- Do you notice yourself going numb around certain kinds of calls? What tends to trigger it?

- Where's the line for you between empathy and taking on someone else's pain as your own?

- Has it gotten harder to leave work at work, or to separate other people's trauma from your own life?

- Who is someone you could actually talk to this week about a call that's been weighing on you?

- After a hard call, walk through the Reset Checklist on page 70.

References

- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.
- SC4i (Status: Code 4, Inc.). (n.d.). *Vicarious Trauma Self-Assessment insert*.

After a Heavy Call: Reset Checklist

You do not have to be falling apart to need a reset. Use this after a call that stays with you.

Right away

- ☐ Take five slow breaths.
- ☐ Drink some water.
- ☐ Step away from the scene or the screen, even for two minutes.
- ☐ Check your SUDS number: _____

Later the same day

- ☐ Eat something real.
- ☐ Move your body, even a short walk.
- ☐ Tell one safe person how the call made you feel. The feelings, not the details.
- ☐ Write down one thing that went right, even if it is small.

Over the next few days

- ☐ Keep up your routine: meals, sleep, and movement.
- ☐ Notice replaying the call, feeling jumpy, getting angry fast, or feeling numb.
- ☐ If it is not easing after one or two weeks, or it gets worse, reach out. That is what peer support is for.

What helped me most after this call:

Need to talk to someone? Reach out to your department's peer support team, or contact SC4i to set up an appointment: sc4i.org or (719) 822-3387. In a crisis, call or text 988.

Chapter 15: Depression

You used to look forward to your days off. Now you spend them on the couch, not really resting, just not able to make yourself do anything else. You're short with your family for no real reason. Getting through a shift takes more out of you than it used to, and you can't point to a single thing that changed. You just feel flat, all the time.

That flatness has a name, and it's more common in this line of work than most people realize. It's also treatable, even when it doesn't feel that way from the inside.

What Depression Actually Is

Depression is more than an ordinary bad mood or a rough week. Clinically, it involves a persistently low or irritable mood, or a loss of interest and pleasure in things you used to care about, lasting most of the day, nearly every day, for at least two weeks (American Psychiatric Association, 2013). It often comes bundled with other changes: sleeping too much or too little, eating more or less than usual, low energy, trouble concentrating, feeling worthless or excessively guilty, and in more serious cases, thoughts of death or suicide.

Depression isn't a mood you can just snap out of, any more than you could will away a broken bone. It's a real, diagnosable condition, and like most conditions, it responds to treatment.

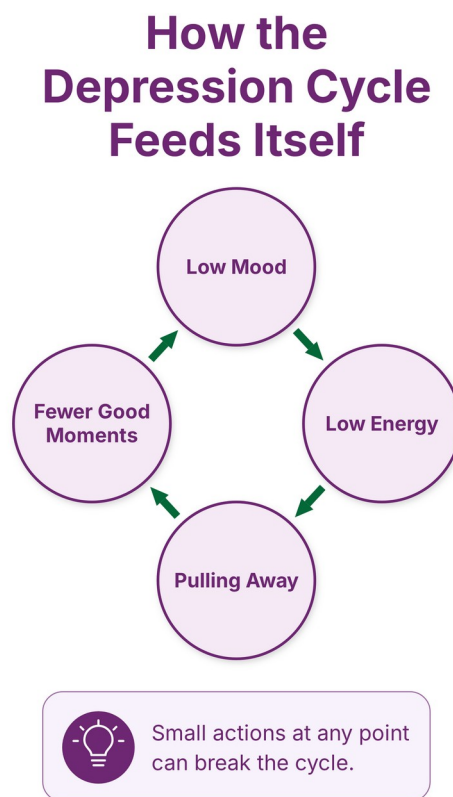


Figure 6. How the Depression Cycle Feeds Itself

Why This Job Makes You More Vulnerable

A few things about first responder work stack the deck. Shift work disrupts the sleep your brain relies on to regulate mood, a connection covered in more depth in Chapter 9. Repeated exposure to trauma and loss, covered in Chapters 11 and 13, wears on the same systems that regulate mood and motivation. And the culture of this profession, toughness, self-reliance, not wanting to be seen as weak, often keeps people from reaching out until things have gotten serious.

Research consistently finds elevated rates of depression and suicidal thinking among police officers, firefighters, EMS providers, and paramedics compared to the general population (Stanley, Hom, & Joiner, 2016). A widely cited analysis found that firefighters and police officers are more likely to die by suicide than in the line of duty (Heyman, Dill, & Douglas, 2018). None of this means the job breaks everyone. It means the risk is real enough that checking in with yourself matters.

Check In With Yourself

These questions aren't a diagnosis. They're a starting point for an honest look at where you are right now.

- Are you having a hard time making decisions, even small ones?
- Is it harder than usual to concentrate?
- Are you avoiding coworkers, friends, or family members?
- Have you felt overly sad or hopeless for more than a few days?
- Are you sleeping more than you used to?
- Have you stopped doing things you used to genuinely enjoy?
- Are you running low on energy, enthusiasm, or motivation?
- Have you picked up a new or growing pull toward risky activities outside of work, extreme sports, high-speed driving, and the like?
- Are you quicker to anger or lashing out more than normal?
- Are you having a harder time handling challenges in your personal life?
- Are you using drugs or alcohol to escape how you feel?
- Have you talked openly about suicide?

If four or more of these sound true, that's worth a formal conversation with a mental health professional (SC4i, n.d.). And regardless of how many others applied, if you've talked openly about suicide, or if you're thinking about it, have a plan, or have already taken steps toward it, treat that as urgent right now. Reach out the same day, to SC4i, a mental health professional who understands first responders, or call or text 988, the Suicide and Crisis Lifeline.

What Actually Helps

Talk therapy. Cognitive behavioral therapy, which helps you notice and shift the thought patterns that feed depression, has decades of solid evidence behind it (Beck, 1967). A therapist who understands first responder culture can make a real difference in how comfortable this feels.

Medication, when appropriate. For many people, medication combined with therapy works better than either alone. Whether that's right for you is a conversation for a doctor or psychiatrist, not something to decide from a self-help book.

Movement. The exercise research from Chapter 8 holds here too. Regular physical activity measurably reduces depressive symptoms for a lot of people, sometimes as effectively as other first-line treatments (Chekroud et al., 2018).

Connection. Depression pulls you toward isolation right when connection would help most. Leaning on the support tools from Chapter 6, even when you don't feel like it, is part of what breaks the cycle.

Protecting your sleep and your light. The sleep habits from Chapter 9 aren't just about feeling rested. Sleep and daylight exposure both play a real role in regulating mood.

When to Get Help Right Away

If you're thinking about suicide, have a plan, or have already taken steps toward it, that's an emergency. Call or text 988, the Suicide and Crisis Lifeline, or call 911. Then reach out to a trusted person, a family member, a chaplain, a peer supporter, or a counselor, and let them know what's going on. You don't have to sort this out alone, and reaching out is not a failure. It's the same kind of courage this job already asks of you every shift.

Four Tools You Can Use Right Now

1. Take the Self-Check Seriously. Go through the questions above honestly. If talking openly about suicide came up at all, treat that as urgent, and reach out today.

2. Move Your Body Today. Even a short walk counts. It won't fix everything, but it's a real, evidence-backed lever you can pull right now.

3. Reach Out to One Person. Depression tells you to isolate. Do the opposite, on purpose, even if it's just one short conversation.

4. Protect One Hour of Daylight and One Hour of Sleep. Pick one small, concrete change to your light exposure or your sleep routine this week, and treat it like it matters, because it does.

Reflection and Practice

- How long has this flatness or low mood been going on? Can you connect it to anything specific, or has it built up gradually?

- Which of the check-in questions above hit closest to home for you right now?
-

- Who is someone you could actually reach out to today, even just to say things have been hard lately?
-

- What's one thing you used to enjoy that you've quietly stopped doing? What would it take to try it again this week?
-

- If you were talking to a coworker who described everything in this chapter's opening scenario, what would you want them to know?
-

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Harper & Row.
- Chekroud, S. R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H. M., Krystal, J. H., & Chekroud, A. M. (2018). Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: A cross-sectional study. *The Lancet Psychiatry*, 5(9), 739-746.
- Heyman, M., Dill, J., & Douglas, R. (2018). *The Ruderman white paper on mental health and suicide of first responders*. Ruderman Family Foundation.
- SC4i (Status: Code 4, Inc.). (n.d.). *Are You Experiencing Depression? Self-Assessment insert*.
- Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. *Clinical Psychology Review*, 44, 25-44.

Chapter 16: Moral Injury

You followed protocol. You did what your training and your resources allowed. And it still wasn't enough, someone died, or got hurt, or lost everything, and some part of you can't stop feeling like you failed them, even though everyone tells you that you didn't do anything wrong.

That feeling isn't the same as fear, and it isn't the same as sadness. It's something else, and it has a name: moral injury.

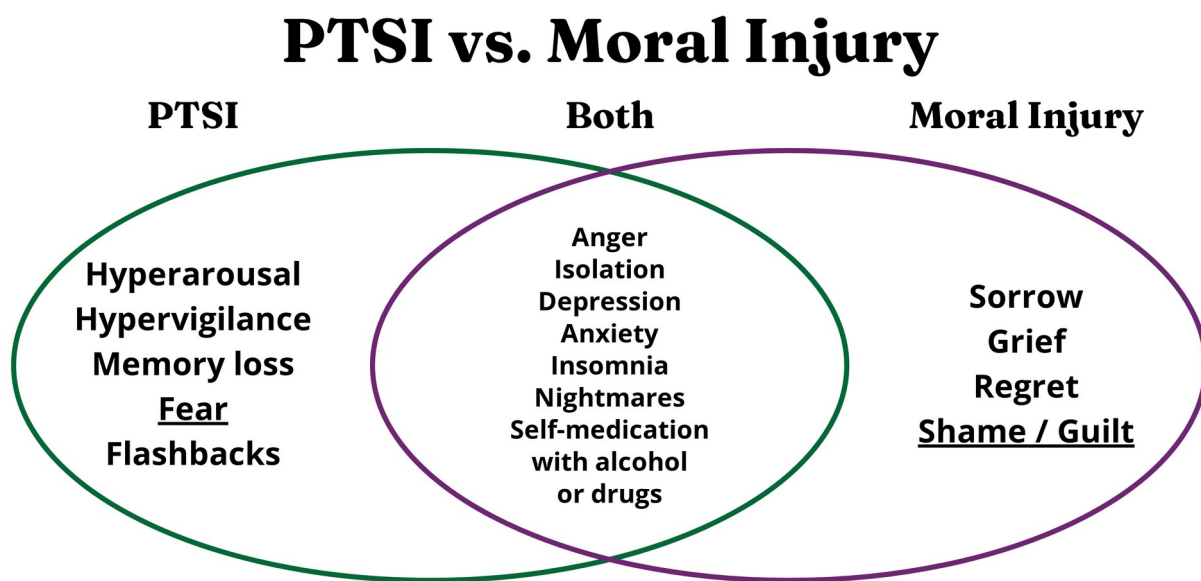
What Moral Injury Is

Moral injury is the deep distress that comes from doing something, failing to prevent something, witnessing something, or even just learning about something, that goes against your own deeply held sense of right and wrong (Litz et al., 2009). The term was first used to describe what combat veterans carried home from war (Shay, 1994), but it fits first responder work just as closely.

It doesn't require that you did anything wrong by any outside standard. Following protocol perfectly can still leave a moral injury if the outcome violated what you believe should have happened. That's part of what makes it so hard to talk yourself out of.

How It's Different From PTSD

PTSD, covered in Chapter 13, centers on fear: your nervous system reacting to a threat to life or safety. Moral injury centers on something different, guilt, shame, and a broken sense of trust, in yourself, in other people, or in the idea that the world is basically fair (Nash & Litz, 2013). The two can and often do show up together, but they aren't the same injury, and they don't always respond to the same kind of help.



Modified from The Huffington Post

Figure 7. PTSD and Moral Injury: Where They Overlap

Why First Responders Carry This So Often

This job puts people in exactly the situations that produce moral injury: split-second decisions with no good option, triage that means choosing who gets help first, watching corruption or incompetence cause harm you couldn't stop, or enforcing a law or policy you personally disagree with. Research on police officers specifically has found that this kind of moral suffering is a real, distinct contributor to compassion fatigue and PTSD, separate from the fear-based trauma more commonly discussed (Papazoglou & Chopko, 2017).

Check In With Yourself

Have you been carrying any of the following since a specific decision or event, even one where you followed protocol or did everything you could?

- Guilt about something you did, didn't do, or couldn't prevent?
- Shame that feels hard to talk about, even with people close to you?
- Anger at yourself, others, or a system you feel let you down?
- A sense that you can't forgive yourself?
- A loss of trust in people, leadership, or institutions?
- A feeling that your values or sense of right and wrong were violated?
- Withdrawing from faith, purpose, or things that used to feel meaningful?
- A nagging thought that you are a bad person because of what happened?

If three or more of these sound familiar, that's worth naming to someone you trust, a chaplain, a peer supporter, or a counselor who understands moral injury specifically, not just trauma in general.

What Helps: Moral Repair

Moral injury doesn't heal the same way fear-based trauma does. What tends to help is often described as moral repair: acknowledging honestly what happened and your part in it, making amends or restitution where that's genuinely possible, reconnecting with the values that were violated, and slowly rebuilding trust, in yourself and in the people around you (Litz et al., 2009).

Talk to someone trained in this specifically. Approaches like adaptive disclosure, developed specifically for moral injury, give you a structured way to process what happened rather than carrying it alone.

Bring in your values, not just your feelings. Ask yourself what your own values would call for now, not just what you feel guilty about. That shift, from self-condemnation to values-driven action, is often where healing starts.

Consider chaplaincy or spiritual support. If faith or a sense of meaning is part of what got shaken, working with a chaplain or spiritual advisor alongside a counselor can address a part of moral injury that clinical treatment alone sometimes misses.

Practice self-forgiveness. The self-forgiveness tools from Chapter 12, accepting responsibility honestly, expressing genuine remorse, making amends where you can, and allowing renewal, apply directly here.

When to Get Help Right Away

Moral injury is a real contributor to PTSD, depression, and in serious cases, suicidal thinking. If you're having thoughts of suicide, call or text 988, the Suicide and Crisis Lifeline, right away. If the weight of a specific event has been sitting on you for a long time without easing, that's reason enough on its own to reach out to SC4i or a counselor who understands this specific kind of injury.

Four Tools You Can Use Right Now

- 1. Name the Event, Specifically.** Write down, in a few sentences, the specific decision or event that's still weighing on you. Naming it precisely is the first step toward addressing it directly instead of carrying a vague, heavy guilt.
- 2. Separate Guilt From Facts.** List what you actually controlled in that moment versus what you didn't. Moral injury often blurs the two together.
- 3. Identify One Value to Act On Now.** Ask what your own values would call for today, given what happened. Then do that one thing, even if it's small.
- 4. Find Someone Trained in This.** Look for a counselor, chaplain, or peer support contact who specifically understands moral injury, not just trauma broadly, and reach out this week.

Reflection and Practice

- Is there a specific decision or event you're still carrying guilt or shame about, even though you followed protocol or did what you could?
-
- Does what you're carrying feel more like fear (PTSD) or more like guilt and broken trust (moral injury)? Could it be both?
-
- Has this experience shaken your trust in leadership, the system, other people, or yourself? Which one specifically?
-

- What would moral repair look like for you, an apology, a change in how you do your job, a conversation you've been avoiding?
-

- Who is someone, a chaplain, a peer supporter, a counselor, who could help you work through this specifically?
-

References

- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695-706.
- Nash, W. P., & Litz, B. T. (2013). Moral injury: A mechanism for war-related psychological trauma in military family members. *Clinical Child and Family Psychology Review*, 16(4), 365-375.
- Papazoglou, K., & Chopko, B. (2017). The role of moral suffering (moral distress and moral injury) in police compassion fatigue and PTSD: An unexplored topic. *Frontiers in Psychology*, 8, 1999.
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. Atheneum.

Chapter 17: Anxiety

Your shift doesn't start for another two hours, and your chest is already tight. Your mind keeps running through everything that could go wrong tonight, even on an ordinary Tuesday. You've noticed your jaw is sore from clenching it in your sleep. None of this makes sense to you, because nothing bad has actually happened yet.

Your body doesn't need something bad to have happened. It just needs to believe something bad might. That's what anxiety is, and this job gives it plenty of fuel.

What Anxiety Actually Is

Anxiety is your body's alarm system, the same one covered back in Chapter 1, reacting to a threat that hasn't happened yet, or might not happen at all. A certain amount of it is normal and even useful; it's what keeps you alert on a call. It becomes a problem when the alarm won't shut off: persistent, excessive worry that shows up most days, interferes with your life, and doesn't match the actual level of danger in front of you (American Psychiatric Association, 2013).

Anxiety disorders are common, treatable, and nothing to be ashamed of. Left unaddressed, they tend to get more entrenched over time rather than better on their own (Craske & Stein, 2016).

Your Alarm System: Real Danger vs. False Alarm



A real threat raises the needle, then lets it fall back. Anxiety is when the needle stays up after the danger has passed.

Figure 8. Your Alarm System: Real Danger vs. False Alarm

Why This Job Keeps the Alarm On

Doing this work well requires a certain amount of hypervigilance, staying alert to danger, scanning for what could go wrong, reacting fast. That's an asset on shift. The problem is when your body doesn't know how to switch it off once the shift ends, and that constant readiness starts to feel like your baseline instead of a tool you can pick up and put down.

Unpredictable, high-stakes situations, disrupted sleep from shift work covered in Chapter 9, and the cumulative weight of stress from Chapter 1 all feed the same system. None of that means something is wrong with you. It means your alarm system has been working overtime, and it's worth learning how to turn the volume back down.

How Anxiety Shows Up

Anxiety doesn't always look like obvious worry. It shows up in the body just as often as in the mind.

Physical. A racing heart, tight chest, shallow breathing, stomach trouble, muscle tension, or feeling constantly on edge.

Mental. Racing thoughts, trouble concentrating, and a pull toward worst-case thinking, imagining the worst outcome and treating it like the likely one.

Behavioral. Avoiding certain situations, checking things over and over, or needing constant reassurance that everything is okay.

What Actually Helps

Breathe on purpose. The breathing tool from Chapter 1, in for four, hold for five, out for five, hold for five, directly calms the same nervous system response that drives anxiety, and it has real evidence behind it (Jerath, Crawford, Barnes, & Witherup, 2015). Check your SUDS number before and after.

Challenge the worst-case thought. Cognitive behavioral therapy, which helps you notice and question automatic worst-case thinking, is one of the most well-supported treatments for anxiety that exists (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). A therapist can teach you to do this on your own over time.

Practice mindfulness. Bringing your attention into the present moment, rather than the imagined future, interrupts the spiral of anticipatory worry (Kabat-Zinn, 1990). The relaxation tools from Chapter 9 apply directly here.

Don't let avoidance win. Avoiding what makes you anxious feels like relief in the moment but tends to make the anxiety bigger over time. Gradually facing what you've been avoiding, ideally with support, shrinks it instead.

Watch your stimulants. Caffeine and energy drinks can mimic and amplify anxiety symptoms. If anxiety has been a struggle, it's worth noticing how much you're relying on them to get through a shift.

When to Get Help

If anxiety is interfering with your sleep, your relationships, or your ability to do your job, or if you're having panic attacks that feel like a medical emergency, that's worth bringing to a mental health professional who understands first responder culture. Anxiety disorders respond well to treatment, and there's no reason to white-knuckle through something this treatable.

Four Tools You Can Use Right Now

- 1. Breathe Before You Need To.** Practice the four-count breathing tool when you're calm, not just in crisis, so it's second nature when you actually need it.
- 2. Name the Worst-Case Thought.** Next time your mind jumps to the worst outcome, write it down, then write down what's actually most likely to happen instead.
- 3. Track Your Triggers.** For a few days, jot down when your anxiety spikes. Look for a pattern, time of day, caffeine, a specific kind of call, lack of sleep.
- 4. Face One Small Avoidance.** Pick one small thing you've been avoiding because of anxiety, and do it this week, even imperfectly.

Reflection and Practice

- Where do you notice anxiety showing up most, physically, mentally, or in what you avoid?

- Does your alarm system ever fully switch off after a shift, or does it stay on more than it used to?

- Try the breathing tool next time you notice tension building. What's your SUDS number before and after?

- What's one worst-case thought that shows up often for you? What's the more realistic version underneath it?

- Is there something you've been avoiding because of anxiety that's actually costing you more than facing it would?

References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).
- Craske, M. G., & Stein, M. B. (2016). Anxiety. *The Lancet*, 388(10063), 3048-3059.
- Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427-440.
- Jerath, R., Crawford, M. W., Barnes, V. A., & Witherup, K. (2015). Self-regulation of breathing as a primary treatment for anxiety. *Applied Psychophysiology and Biofeedback*, 40(2), 107-115.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Delacorte Press.

Chapter 18: Family Resilience

Your radio finally goes quiet a little after midnight, and you pull into the driveway forty minutes later than you said you would. The porch light is on. Everyone inside is asleep, or doing a good job pretending to be. You used to walk through that door wanting to talk about your day. Lately you mostly just want the day to be over.

It's easy to assume this is simply what the job costs, that the people who love you have to accept whatever version of you it leaves behind at the end of a shift. That's not actually true. The connection between you and your family can hold up under this work. It just takes the same kind of intention you'd put into any other skill in this book.

How This Job Pulls at Family Connection

Shift work and last-minute overtime mean you miss birthdays, recitals, and ordinary Tuesday dinners, not because you don't want to be there, but because the job doesn't run on a calendar that makes sense to anyone else. Research on emergency responder families backs up what you've probably already felt: stress from the job rarely stays at work. It spills over into the relationships waiting for you at home (Sharp et al., 2022).

After a hard call, pulling away can feel like protecting the people you love from whatever you're carrying. But spouses of paramedics describe something else: watching someone come home present in body and somewhere else entirely in every other way, shift after shift, until the distance starts to feel normal (Regehr, 2005). Left alone, that pattern can quietly turn into resentment on both sides, yours for feeling unseen, theirs for feeling shut out.

The Call You Bring Home, Without the Details

A bad call doesn't end when you clear the scene. It rides home with you, and there are two tempting ways to handle that: say nothing about it at all, or unload everything you saw onto the person sitting next to you on the couch.

Neither one actually helps. Going quiet leaves your family shut out of a part of your life that clearly matters to you. But walking them through the graphic details of what you saw or did can cause real harm, the same kind of vicarious trauma covered in Chapter 14, except now it's happening to someone you love instead of a stranger hearing about it professionally.

Share the feeling, not the footage. “That one really got to me tonight” or “I’m carrying something heavy right now” tells your family the truth of what you’re going through without handing them images they can’t unsee. They don’t need the scene. They need to know you’re still in there, and that you trust them enough to say so.

Build the Plan Before the Bad Call

The worst time to figure out what you need from your family is in the middle of actually needing it. Build a plan together ahead of time, on an ordinary calm evening, not at eleven at night after a call that wrecked

you. Think of it the same way you'd think of any other kind of preparedness planning: you hope you don't need it often, but you're glad it exists when you do.

What do you actually want when you walk in the door? Quiet? A hug before anyone says a word? Fifteen minutes alone to decompress, then company? Everyone is different, and your family can't guess right every time if you've never told them.

What's the signal? Agree on a simple word or phrase that means, "I had a rough one. I'm not ready to talk details, but I'm not shutting you out either." Having language ready removes the guesswork on the nights you have the least capacity to explain yourself.

What should they hold off on? Maybe it's a flood of questions the second you're through the door. Maybe it's cheerful small talk when you clearly need a minute. Let them know, specifically, what doesn't help.

Who else is on the team? A peer supporter, a chaplain, a counselor, or SC4i itself can be part of the plan too, so your family isn't the only place the weight is allowed to land.

This isn't a script you hand your family and walk away from. It's a conversation you have together, so that when a genuinely bad call happens, nobody in the house is left guessing what you need.

It Goes Both Ways

This isn't a one-way arrangement where your family exists to absorb your bad days. They have hard days of their own, a rough week at work, a fight with a friend, a parent in the hospital, and they need you to show up for that too, not just receive support when you're the one who's struggling.

It's easy for a first responder's stress to take up all the oxygen in a house, especially since your worst days can involve life and death, and theirs might sound smaller by comparison. Smaller doesn't mean it doesn't matter to the person living it. Being present for their hard moments, not only asking them to be present for yours, is what makes this a relationship instead of a support system that only runs in one direction.

Two Skills That Rebuild Connection

Communicate. Start the conversation instead of waiting to be asked, even when it's easier to stay quiet. Listen without immediately trying to fix what you're hearing; sometimes being heard is the actual goal. And when your family brings something to you, resist the urge to compare it to what you see on shift. Their hard day doesn't need to compete with yours to be real.

Connect. Protect time together on purpose, and put it on the calendar the same way you'd put a shift on the calendar, because unscheduled time loses to everything else that's asking for it. Let your family help on the hard days, not just show up for the good ones. And practice forgiveness in both directions: the self-forgiveness tools from Chapter 12 apply here too, toward yourself for the nights you weren't fully present, and toward the people who didn't always know how to reach you either.

When You and Your Family Need More Support

Some of this you can build on your own, with intention and practice. Some of it is easier with help, and reaching out for that help isn't a failure, it's the same instinct that makes you good at this job in the first

place. SC4i can help you and your family build a Bad Call Plan, work through communication struggles, or connect with a counselor who understands what this work actually asks of a household.

SC4i also offers PREPARE/ENRICH, a structured couples assessment and guided conversation tool built to help partners work through exactly this kind of strain, together, with a trained facilitator (Olson & Olson, 2000). You can learn more at prepare-enrich.com, or reach out to SC4i directly to get started.

Check In With Yourself

Consider the following honestly. They're not a test, just a starting point for noticing where things stand.

- Do the people you live with actually know what you need from them after a hard call, or are they guessing?
- Is there something your family has been asking of you that you've been putting off giving them?
- When did you last ask someone at home how their week was, and really listen to the answer?
- Is there a resentment, yours or theirs, that's been sitting unspoken for a while now?

Four Tools You Can Use Right Now

1. Have the Bad Call Conversation This Week. Pick a calm evening and talk through what you need when you walk in after a hard shift, before you need it.

2. Trade the Details for the Feeling. Next time you want to talk about a call, tell them how it made you feel instead of what you saw.

3. Schedule One Hour of Undivided Attention. Put it on the calendar like a shift. No phone, no half-listening.

4. Ask About Their Week, and Mean It. Ask, then actually listen to the whole answer before you talk about yours.

Reflection and Practice

- What do you actually need from the people you live with after a hard call, and have you ever told them clearly?
-

- What's one thing you could say, this week, to open a conversation about a bad call instead of carrying it alone?
-

- Where has this job asked your family to sacrifice, and have you acknowledged that out loud recently?

-
- What's one hard thing happening in your family's life right now that has nothing to do with your job?
-

- Is there a Bad Call Plan conversation you've been putting off? What would it take to have it this week?
-

References

Gottman, J. M., & Silver, N. (1999). The seven principles for making marriage work. Crown Publishers.

Olson, D. H., & Olson, A. K. (2000). PREPARE/ENRICH program.

Regehr, C. (2005). Bringing the trauma home: Spouses of paramedics. *Journal of Loss and Trauma*, 10(2).

Sharp, M.-L., Solomon, N., Harrison, V., Gribble, R., Cramm, H., Pike, G., & Fear, N. T. (2022). The mental health and wellbeing of spouses, partners and children of emergency responders: A systematic review. *PLOS ONE*, 17(6), e0269659.

PEACE, STRENGTH, PURPOSE

This job asks a lot of you. Peace, Strength, Purpose gives you real, practical tools for carrying that weight, from your first hard call to the ones that still linger years later. Each chapter is built for people who don't have a lot of spare time: clear tools, real research, and reflection questions you can use on your own schedule. This isn't a replacement for therapy. It's a place to start, and a reminder that asking for support is part of doing this job well, not a sign that you're failing at it.

WHAT'S INSIDE

Part One helps you build a resilience toolkit: managing stress, avoiding burnout, and taking care of your body, your beliefs, and your relationships. Part Two is for the heavier days, including PTSI, vicarious trauma, depression, moral injury, anxiety, and staying connected to the people who love you through all of it.

A free resource from Status: Code 4, Inc. (SC4i), a statewide Colorado nonprofit providing counseling, peer support, and wellness education to first responders and their families.



sc4i.org
(719) 822-3387

ISBN BARCODE
pending Bowker application