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First Responder Leadership & PTSD

by Jada Hudson, M.S., LCPC, CADC

Throughout history, leaders have influenced their subordinates' training, camaraderie, perceptions of their jobs, actions within challenging circumstances, and memories of intense experiences. Leaders in the military, law enforcement, and the fire service hold even greater influence over their subordinates: They prepare them, lead them through, and help them cope with potentially traumatic events (PTEs) in a way that points toward or prevents post-traumatic stress disorder (PTSD).

First Sergeant Spock

Army First Sergeant Spock sparked this movement and the research behind "Leadership & PTSD: Leading So That Your Subordinates Can Weather Traumatic Events and Avoid PTSD." The U.S. Army and the U.S. Department of Defense, in collaboration with the University of Nebraska-Lincoln, sought to determine why his subordinates did not develop PTSD despite facing a significant PTE.

In June 2007, Spock was on one of four post-9/11 deployments to the Middle East.1While in Iraq, he and his platoon were responsible for disabling improvised explosive devices (IEDs), which were distributed throughout the region and posed a significant threat to the American soldiers. They had killed one of Spock's soldiers and injured 18 others. One man placed them, and Spock's platoon was responsible for finding and eliminating that man, which required crossing treacherous territory. A specialized unit of Spock's team was supposed to clear the route before them, but the vehicle that cleared that route broke down. Spock's platoon had to decide if they would move forward and run the risk of hitting an IED or jeopardize their mission. Turning to his driver, Spock said, "Take the lead. We are going to the objective." He knew that this decision could cost him and his subordinates their lives. His driver did not show fear. They moved forward and captured their target without any loss of life. This solved their IED problem and significantly reduced the number of IEDs in the region. (1)

Potentially Traumatic Events (PTEs)

In the military world, encountering PTEs typically occurs during deployment or dangerous training activities. For firefighters, however, PTEs can arise any day at any time, demanding that firefighters act immediately. PTEs are critical tasks during which individuals are likely to face danger and potential loss of life within ambiguous circumstances. (1) Without preparation, individuals naturally assess PTEs as threats to their physical or psychological health. For firefighters, these events can include any of the following:

- Catastrophic loss of life.
- Incidents involving children.
- Calls with significant blood loss or horrible pain.

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- Death of a fellow first responder.
- Presence of emotionally evocative contrasting details (i.e., a "Just Married" sign on a car in which the newlywed occupants have been killed).
- Preventable tragedies involving human error.
- Events involving unknown substances or causes.
- Conditions of prolonged uncertainty, where the worst is yet to come (i.e., aftershocks of an earthquake).
- Prolonged contact with dead/injured.
- Loss of life following intense rescue efforts.
- Unusual or distressing sights or sounds (i.e., falling bodies at Ground Zero).
- Lack of opportunity for effective action (i.e., search for bodies at Ground Zero).

Going on a call that includes one or more of these factors has a way of marking firefighters' memories, often not allowing then to let go of the experience, potentially leading to PTSD. These events can shatter the individuals' beliefs about themselves, others, or the world around them.

What is Post Traumatic Stress Disorder?

PTSD is an illness caused by experiencing a significant traumatic event. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders(2013)2, five criteria must be present for a diagnosis of PTSD:

1. Life-threatening incident. The individual or someone else was exposed to threatened or actual death, serious physical injury, sexual violence, and so on, or the individual was exposed to repeated adverse details of such events.
2. Intrusion."What the firefighter was exposed to is persistently re-experienced by recurrent, involuntary, and intrusive memories, nightmares, flashbacks, prolonged distress, and/or physical reactivity."
3. Avoidance. The individual intentionally avoids memories, places, people, conversations, and so on that remind him of the traumatic event.
4. Negative thoughts and feelings. These negative thoughts and feelings began with or became worse after the traumatic event. These emotions can include "fear, horror, guilt, shame, or anger." And, individuals may lose interest in things they previously enjoyed, or they may isolate themselves.
5. Hyper-arousal. The individual may begin to behave differently after the traumatic event, including showing irritable or aggressive behavior, self-destructive or reckless behavior, hyper-vigilance, an exaggerated startle response, problems concentrating, or sleep disturbance.

Symptoms of PTSD

PTSD has physical, cognitive/emotional, and behavioral symptoms. Physically, PTSD can cause difficulty breathing, profuse sweating, rapid heart rate, elevated blood pressure, migraines, exaggerated startle response, and difficulty sleeping. PTSD affects the mind and emotions, causing agitation, trouble concentrating, negative expectations of oneself or distorted blame, inability to experience positive emotions, nightmares or flashbacks of the event with strong emotional response, and feelings of being overwhelmed.

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As noted above, individuals experiencing PTSD will avoid feelings, thoughts, people, places, or events related to the traumatic event; will be hyper-alert, detached, or withdrawn; will consume alcohol or use drugs; will change activities or lose of interest in hobbies; or will have disciplinary issues.

When diagnosing PTSD, five qualifiers can usually help to pinpoint the disease:

- Duration: symptoms last for more than a month.
- Functional significance: significant distress related to the traumatic memory affects social or occupational behavior.
- Exclusion: disturbances are not related to substances or medicine.
- Dissociative symptoms: the firefighter experiences high levels of (1) depersonalization, the experience of being an outside observer or of being detached from himself (e.g., feeling as if "this is not happening to me" or "I am dreaming") or (2) derealization, an experi ence of unreality, distance, or distortion (e.g., "things are not real").
- Delayed expression: the firefighter experiences symptoms, but the full expression is not shown until six months after the event. (2)

PTSD Assessment

You should seek help when they can answer "yes" to three or more of the following questions:

- Are you now recalling traumatic emergency events that occurred years ago on a weekly or daily basis?
- Do you recall traumatic events when you see someone who looks like a past victim?
- Do you become frustrated or angry when being dispatched for emergency calls?
- Do you try to avoid or go out of your way not to think about situations that remind you of previous calls?
- Do you feel guilty about or grieve for a civilian who died within the past three months?
- Have you or someone close to you noticed that your sleeping patterns have changed?
- Are you experiencing dreams or nightmares about past events?
- Have friends, family, or fellow first responders told that you have changed?

Complex PTSD

Some individuals cope with a form of PTSD known as "Complex PTSD" (CPTSD).3 Unlike PTSD, CPTSD arises from constant or ongoing exposure to trauma, which is common in first responder fields. Some firefighters are relieved to discover that they are suffering from Complex PTSD instead of being "unable to handle the job." CPTSD is a normal, instinctual response to ongoing exposure to trauma. These firefighters are not "crazy, hopelessly oversensitive, and/or incurably defective"; they are responding normally to the things they have seen. (3)

Symptoms of CPTSD include "emotional regulation, negative self-concept, and interpersonal problems." In CPTSD, individuals have difficulty controlling their emotions and responding in emotionally healthy ways to situations. They feel worthless and defective and suffer from shame and self-criticism. They struggle to feel close to others but feel disconnected and cut off.

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The Development of PTSD

What happens in the brain that causes such extreme reactions to trauma? The human brain functions as a system of interconnected networks, chemicals, and parts. The three parts most involved in memory are the prefrontal cortex, the hippocampus, and the amygdala. Within a healthy human brain, the frontal lobes (which make up the prefrontal cortex) are responsible for thinking, reasoning, planning, controlling impulses, and containing emotions. When memories are made, memory is encoded with the help of the frontal lobes and the hippocampus so that experiences are in context, in sequence.

However, when an individual is in danger, the "fight or flight response" kicks in, and the body releases adrenaline to empower action. If the danger is surmountable, the individual will gear up for fight. If the danger can be outrun, the individual will gear up for flight. If fear is present, the amygdala secretes norepinephrine and dopamine (neurotransmitters). Norepinephrine and dopamine handicap the frontal lobes, making them unable to encode experiences in normal context and sequence. Thus, during trauma, memory is encoded in intense fragments– sights, smells, sounds – that can come back as flashbacks or nightmares afterward.

Even firefighters may experience this type of traumatic memory encoding. It isn't that they don't know what happened; it's that their brains encoded the memories in sensory fragments rather than as sequential events. Individuals who experience traumatic events may not be able to reconstruct an accurate timeline of what happened because the frontal lobes were not actively working at the time of the trauma, but they will be able to identify all five senses and what they were experiencing at the time of the trauma.

The Freeze Response

When a trauma is insurmountable and the individual thinks, "I'm a goner," the brain dissociates the individual from the trauma being experienced. Cortisol ("the stress hormone") level shoots up, the heart races, the muscles tense, and energy surges through the body. This is all for the sake of giving the individual the physiological strength to escape the circumstance. But, without movement, these chemicals sit in the body, wreaking havoc on the individual's mind. Psychologists Kim Sang Hwan, et. al conducted a study in 2013 that was published in The Journal of Clinical Endocrinology & Metabolism that found that when people don't have the chance to "let go" or "thaw out" after they freeze in the face of danger, they can develop PTSD, phobias, panic attacks, obsessive-compulsive behaviors, and various anxieties.

Kim, et. al. introduced "Mind Body Intervention" (MBX) to nurses from New Mexico Hospital who had been diagnosed with PTSD to enable them to work the excess cortisol out of their systems. Twice a week for eight weeks, these nurses participated in 60-minute sessions of stretching and breathing. All showed a significant reduction in cortisol serum and in PTSD symptoms, and they saw improvement in sleep, stress resilience, energy levels, emotional regulation under stress, and the resumption of pleasurable activities they had previously discontinued. Movement and breathing had a significant impact on removing excess stress chemicals from the body and brought the body back to its baseline.

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Disconnecting after Trauma

When individuals experience trauma, they often dissociate from the experience – their minds "check out" as a defense mechanism. This often leaves them with a sense of disconnection from their own bodies and from the world around them. They feel numb to the world around them. Some psychologists refer to this as "the missing roommate" – the idea that the person is there physically, but he no longer "lives there." This can be unsettling for loved ones, and if individuals remain disconnected from the world for too long, it can lead to PTSD.6

Studies have shown that to reconnect, individuals should intentionally spend time doing things that make them feel connected. One of the benefits of deep breathing and stretching is that it enables individuals to focus on their own bodies and how the minds control their breathing and movement. This can begin to repair the dissociation individuals experienced with their bodies. Connecting with just about any healthy thing can reduce the symptoms of PTSD. The connection may be to Nature, trusted friends and family members, a pet dog or a riding horse, spirituality/self/intuition, body/sensory experience, community/groups, art, God/Universe/Higher Power/Bigger Picture, Meaning, and Purpose. (6)

Chronic Stress

Chronic stress produces the same symptoms as regular, acute stress, but it may be at a lower level. When you are routinely and constantly stressed on the job, your body releases stress chemicals, which you become used to having present. Thus, your body never really returns to its baseline, leaving you susceptible to disease, bursts of anger, and a breakdown of relationships. You face trauma almost daily, and it is imperative that you pursue intentional self-care activities to allow your body to return to its baseline and more stable emotions. Your leaders have a role to play in this function.

Preventing PTSD

Leaders set the tone for your behavior. They can perpetuate the idea that you need to "suck it up," or they can display what healthy self-care looks like. How a leader trains you to handle PTEs greatly influences how you will react to them. You can go through such events and come out the other side as "resilient" or with PTSD, depending on the leader/trainer's approach. Some researchers have found that when leaders employ challenge appraisal instead of threat appraisal and promote coping flexibility in the training and model them in their behavior, their subordinates' emotional wellness is not as adversely affected by PTEs. (1)

The following illustrates how the factors of challenge appraisal vs. threat appraisal and coping flexibility have been shown to affect subjects when facing a PTE. (1)

Perception of the PTE as a Challenge+ High Coping Flexibility= Resilience
Perception of the PTE as a Threat+ High Coping Flexibility= Recovery > Resilience
Perception of the PTE as a Challenge+ Coping Inflexibility= Delayed > PTSD
Perception of the PTE as a Threat+ Coping Inflexibility= PTSD

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Challenge Appraisal vs. Threat Appraisal

In challenge appraisal, the individual assesses the event or task and sees that "my resources (internal and external) exceed the demands of the PTE about to be experienced." (1) The individual's belief system remains intact. In threat appraisal, the individual assesses that "my resources (internal and external) do not exceed the demands of the PTE about to be experienced." The individual's belief system is shattered. (1)

When you assess a PTE as a challenge, your mental state is regulated; you are emotionally satisfied and interested; you show improved performance; and physiologically, your blood pressure does not rise, your heart pumps blood efficiently (increased output) to enable action, and adrenaline is released. (1) You are ready mentally and physically to fight.

When you assess a PTE as a threat, your mind triggers an emergency response and raises cortisol (stress hormone) levels; you may feel anger, fear, guilt, shame, and sadness; you can either attack or withdraw, which will show diminished performance. Physiologically, your blood pressure rises as your arteries restrict their flow and do not increase output.7(1) Sadly, you ramp up without the ability to perform at your best because of the perceived threat to your life or wellbeing.

The challenge-or-threat assessment is based on three factors: the effort that needs to be mobilized, the uncertainty of the context, and the level of danger or hazards.5 If you see that you have the energy to put forth the effort, a reasonable expectation of the outcome, and an ability to survive the dangers, you will perceive the PTE as a challenge, which will lead to improved performance and probable resilience after the event. But, if you see that the PTE will require more resources than you have to expend, have an uncertain outcome, and will be harmful, you probably will drift toward threat appraisal, reducing performance and increasing the likelihood of developing PTSD after the event. (1, 7).

Leaders can train their subordinates to assess PTEs as challenges by providing them with realistic, hard training and talking them through the training one step at a time so that they understand why they are undertaking specific training tasks and will feel they are ready should a similar, real-life situation present itself.

Setting also plays a role in how you assess the PTE. Consider how the event may shape your reputation: You will see an event as a challenge if you feel adequately prepared and if the event is public, before peers and leaders. Because their perception of you is important to you, you will see the PTE as a chance to prove yourself, and you would be more likely to see it as a challenge. But, for you to see the event as a challenge, your skills need to moderately or marginally exceed the requirements of the PTE. If the event is too easy, you will see it as boring or a threat. If the PTE vastly exceeds your abilities, it will be a threat to you. (7) So, leaders should stage training exercises accordingly.

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Self-talk also plays a role in your perception of the event. It has been determined that talking to yourself in the second person, "You can do this," instead of the first person, "I can do this," is more effective because it creates some distance between the you and the PTE. (7) You become an "impartial observer" shifting your focus to external insights. Leaders should model the use of the second person and help subordinates find adequate self-talk to make it through a PTE.

Another factor influencing challenge appraisal vs. threat appraisal is your level of autonomy. If you have enough space to problem-solve on your own, you will step up to the challenge; however, if you are not given enough space to innovate, you may see that you do not have adequate support and may see job complexity as a threat instead of as a challenge. (7) If you were given the space to innovate, you may come up with solutions that overcome the PTE, which would lead to you give a higher assessment to your internal resources. You would be more likely to see your next PTE as a challenge, not a threat.

Inherent in autonomy is some control over your circumstances. You need to see that you have some power over the outcome. When given a position of responsibility, a person is changed psychologically and steps up to behave like a leader. "People often regard power as responsibility to act appropriately and to fulfill the needs of other individuals." (7)

Even though you are a subordinate, your sense of collaboration with your superiors influences your perception of challenge/threat. Individuals invited to collaborate with their superiors feel as though they have access to more capabilities, skills, and provisions. This increased sense of resources helps a person assess a PTE as a challenge instead of as a threat. But, if individuals sense that they are more skilled than their superiors, they would be more likely to gravitate toward threat appraisal. So, leaders must train them, stretch them, and let them see their strengths as well.

Implications for Leaders

Leaders should keep in mind that challenge appraisal improves the performance and wellbeing of their subordinates and that threat appraisal shuts down their physical and emotional strength. In training, subordinates need to go through hardy, realistic exercises of what they will face on the job. They need realistic training to build trust in their leaders, discover their own personal internal resources, and build trust with their team. Researchers call this trust-building their "psychological body armor." (1,7) This armor is made up of their resources, their social support (including family members), and their trust in their leaders. Training may be the strongest influence on how individuals assess a PTE.

Modeling is second to training. Leaders set the tone for their subordinates' wellbeing. Words matter. The subordinates need to see that they matter to their leaders as individuals. Interpersonal conversation should be a regular occurrence in the downtime before a PTE. Likewise, subordinates need to see that the leader is giving them "opportunities to develop skills" as opposed to "just go do it." This approach helps to develop a culture of "learning orientation" in which subordinates strive to enhance their skills, working toward plausible goals, and viewing events as challenges.

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Physiological Toughness

Leaders influence their subordinates' cognitive preparation and responses to traumatic events, but they can also empower their subordinates to train their bodies to be ready for the events.

Studies have shown that individuals can train their bodies to respond with all of the physiological responses--the right chemicals, blood flow, and so on--to empower effective action. Stressful experiences plus a sense of control plus adequate time to recover result in a body trained to be physiologically tough. (7) For example, individuals who willingly undertake stressful situations in which they have control, such as swimming in cold water, show rapid and intense spikes in adrenaline in response to stressful tasks. (7) These adrenaline spikes tend to enhance performance. In addition, people who endured stressful experiences earlier in life, coinciding with a sense of control followed by sufficient recovery, establish a pattern of physiological response to subsequent challenging events that can enhance emotional stability and performance. (7)

What happens to the body in physiological toughness? During challenging or stressful events, individuals exhibit a sharp, rapid rise in response hormones called "catecholamines"--adrenaline and noradrenaline--but a limited increase in cortisol. So, their bodies experience a rise in heart rate, augmented mental activity, and relatively constant blood pressure. Catecholamines, particularly noradrenaline, also facilitate the conversion of fats to energy, which increases muscular activity. When an individual has developed physiological toughness, his mind releases chemicals and the nervous system responds to make him adaptive to challenging events. He shows less fear or avoidance in stressful contexts and, instead, performs optimally. He tends to conceptualize these events as challenges instead of as threats. The elevated levels of adrenaline somehow prevent fearful or avoidance responses.

Physiological toughness has implications for training subordinates as well. If individuals are exposed to stressful situations with control of the stimulus (being allowed to jump at their own times, for example) and with appropriate recovery time, their bodies will adapt to these controlled stressors, and performance will improve in the next stressful event.

Other factors that can influence physiological toughness are early experiences, passive toughening, active toughening, and aging.

Stressful experiences early in life, if coupled with opportunities to respond actively and to recover sufficiently, tend to promote physiological toughness. In a series of studies, young rats or mice were exposed to stressful conditions or electrical stimulations. Those exposed to early stressful experiences developed larger adrenal glands. By extension, individuals who have had adverse childhood experiences and sufficient recovery may make great firefighters!

Passive toughening occurs when individuals undertake stressful tasks while having a sense of control. But, if the task is dull, stress hormones are released, especially in Type A personalities, which may be because they experience a sense of impending punishment.

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Deliberate attempts to engage in stressful contexts can promote physiological toughness. Examples include swimming in cold water and aerobic exercise. Individuals who intentionally push themselves to become uncomfortable train their bodies to step up to the challenge whenever the next uncomfortable or stressful circumstance arises. This is seen when individuals have highest levels of catecholamines immediately after their exercise.

Coping Flexibility

Leaders must develop hardy, realistic training and help subordinates build psychological body armor, but they also must model coping flexibility after a traumatic event so that subordinates can see the various ways to process and move forward. The trajectories for individuals facing PTEs show that coping flexibility can make all the difference between whether someone develops PTSD or not. Individuals should be provided opportunities to talk about the event with their leader. They should be allowed to take time to journal, sleep, be with their families, talk to a peer supporter, take time off, and engage in other helpful coping opportunities, depending on the type of event and the needs of the individual. (1,7)

Preparing for PTEs

To build subordinates' psychological body armor (resources, their social support (including family members), and trust in their leaders), the goal of training should be to develop "hardiness." This requires rigorous physical training and realistic simulations of what PTE might be like, including simulations of how to care for wounded peers or peers. Training should teach them they can handle the PTE and should answer any "what if" questions they might have, such as, "What would it be like if I got injured or if a peer didn't make it?" In every phase, leaders should explain how the training connects to a PTE, showing the purpose of the training, (1,7)

Within very rigorous training, subordinates are pushed to their limits to pull together with their units and develop social support for one another. This adds to a person's list of external resources when facing a PTE. However, be aware that intense situations can create a pack mentality, where one individual becomes treated as the outsider, sometimes even the scapegoat for teasing. That individual's performance will diminish if you allow him to remain there. His sense of resources depends on camaraderie. To combat a pack mentality, the leader should model vulnerability for his subordinates and work to build a culture of vulnerability to build unit trust and cohesiveness in his unit/department.

Before a PTE

The leader's role shifts depending on what stage he is in regarding a PTE. Before a PTE, the leader's job is to physically and psychologically prepare subordinates for the various ambiguous scenarios they may face. Equally important, he should build a positive interpersonal relationship with each individual. In the "before a PTE" phase, the leader should operate as 50 percent task-oriented and 50 percent relational oriented toward his subordinates. (1,7)

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This 50:50 breaks down into the following tasks:

Task-oriented:

- Set and enforce clear standards.
- Provide rigorous, realistic, physical, and profession-specific training.
- Provide psychological skills-based training.

Relational oriented:

- Establish positive interpersonal relationships: Learn about subordinates' personal lives, families, ambitions.
- Explain the purpose for training and missions: regular one-on-one conversations about how training is preparing them for PTEs.
- Strengthen the bonds between individual and the unit and the individual and his family.

Emotional and Social Leadership

Leaders whose subordinates develop fewer cases of PTSD typically are known for their emotional and social leadership. They display empathy regularly. Empathy is seeing others' feelings and how they see things, being actively interested in their concerns, picking up on cues of what they are feeling and thinking, listening attentively to understand their point of view, and sensing unspoken emotions.8"Fundamentally, leadership involves relationships … To be effective in those relationships, leaders must understand the perspectives of the people with whom they are working. What leaders need is empathy." (8)

Leaders should strive to pick up on subordinates' feelings through their verbal and nonverbal cues and experience what subordinates are feeling by putting themselves in the subordinates' shoes. Understanding the perspective of another person and the forces that informed that perspective helps them and the leader to work as a team to be resilient. Picking up on another person's feelings through verbal and nonverbal cues, and experiencing what they are feeling makes both the leader and the subordinate human. (7)

If empathy does not come naturally for some, it can be developed by practicing. Employ curiosity and deep listening. When we are curious about other people, we learn about their perspective. Ask questions, and really listen to their answers. After you have asked questions, really listen to the answers. Pay attention to how people answer. Are they excited about your question? Distracted? Harried? Over time, as you practice using being curious and listening closely, you'll be able to tell more accurately how others think and feel.

Introverted Leadership

Leadership style is a product of the individual personality. Most people picture a great leader as a big personality with charisma who stands at the front of a crowd.9But, studies have demonstrated the power of the introvert leader. Most firefighters are introverts, and the leadership skills that come from introverts can be quietly powerful.

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Introverts bring a unique and strong perspective to leadership:

- They prepare. They consider all the angles, questions that need to be asked, and people who need to be addressed before an event.
- They are present. Because they are prepared and focused on being with you, they typically do not multi-task. This builds trust with co-workers/employees because the leader listens to them.
- They push themselves. They look for ways to grow and sharpen skills.
- They practice. This is especially effective in first responders! Introverts are great at rehearsing possibilities to get better and improve outcomes.10

Leaders who are introverts can leverage the things that they are naturally good at when bringing subordinates where they need to go. Introverted leaders can listen and empathize. They can look beneath the surface at staff performance problems and work to find a real solution rather than a “suck it up and do it” flippant phrase. (9) They also think deeply, but act with purpose. Introverts think before they act so they can strategize the best plan of action and be intentional to speak up when they have thought it through. Introvert leaders are also strong at remembering that sometimes less is more. They bring a subtle approach to problem solving, which can fix issues without conflict or resistance, (9)

Balance is key. Remember that although personality types do direct our actions, they do not have to define us. Introversion and extroversion is a spectrum. Introverts possess traits that some of the best leaders have. Introverts need to augment their natural abilities with the ability to speak up and drive change. (9)

During a PTE

Communicating with a subordinate during a PTE can be difficult in the intensity of the moment. For this reason, relationship-building should be done before a PTE. During a PTE, a leader’s job is to make timely decisions and maintain subordinates’ trust. If there is time to talk, do quick check-ins with subordinates to see how they are doing and see the event from their perspective. During a PTE, the balance of relational and task orientations shifts to 70 percent task and 30 percent relational. (1, 7)

Task-oriented:

- Accomplish the mission.
- Minimize unnecessary trauma.
- Share the same risks as the subordinates.
- Show physical and moral courage.
- Exhibit clear and rapid decision making.

Relational-oriented:

- Check the subordinates’ well-being.
- Look at the situation from the subordinates’ perspective

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Allowing them to see your personal strengths during the PTE will enable them to have a greater sense of their external resources. Quick check-ins, if they are possible, will verify for them that they can trust you with their lives. (1,7)

After a PTE

After a PTE, the demeanor of the unit will shift dramatically, and the leader's job will be to facilitate coping flexibility in the units and model coping flexibility, help subordinates learn lessons from the PTE, and talk to each person about what went right and what went wrong. (1, 7) After a PTE, the relational and task-orientation balance shifts again, and leaders should be about 35 percent task oriented and about 65 percent relational oriented:

Task-oriented:

- Take lessons learned from the PTE.
- Create tactics and training to handle the next PTE.

Relational oriented:

- See subordinates as unique with different coping needs.
- Tell subordinates, "Good job."
- Develop self-awareness.
- Model coping flexibility. (1,7)

After a traumatic event, subordinates will have a renewed sense of social support from a leader who is relational. Additionally, some of the most resilient firefighters came from units with shared trauma (including firefighters on 9/11), where their peers provided social support and could talk about the shared incident.

At times critical incident stress debriefing (CISD) may prove to be less effective than a leader who cares and models coping flexibility, even showing vulnerability to his subordinates. Leaders can allow peers to know that they are seeking help from a peer supporter or counselor, or they can mention that a certain activity has helped them, such as being in nature or talking with a spouse.

Modeling coping flexibility and encouraging individuals to find healthy coping mechanisms may be more effective than CISD for several reasons. CISD may focus on the wrong things and miss allowing individuals to talk about anxiety, mood disorders, or even turning to substances.11In addition, mandatory CISD has been shown to cause greater aggravation and higher levels of stress than authentic conversations between leaders and subordinates or between peers. (11) But, be aware that some leaders can experience secondary trauma if they hear details to which they had not been individually exposed.

Sadly, some individuals will turn to unhealthy coping mechanisms like substances or behaviors that help them dull the pain or drown their sorrows for a time. This may not necessarily be caused by the leader's model of coping flexibility but rather to the individual's background. Typically, individuals who faced childhood trauma

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or abuse, individuals who are introverted, individuals striving to be perfect, or individuals whose sense of self-worth is based on performance will have a harder time coping in healthy ways.

For those who are ready to talk about a traumatic incident, they may benefit from validation of the events, getting others' perspectives, filling in the information gaps to help them make sense of what occurred, and the ability to talk candidly in a safe environment.

Leaders have the power to direct the lives of their subordinates. They can get them ready, or they can allow them to fail. They can connect with and show empathy to them, or they can tell them to "suck it up." Leaders can be friends. And, leaders can know that their subordinates have the capability to head toward resiliency every time they face a PTE if they are given the right support. It is not the trauma that creates the insurmountable pain, but the lack of support thereafter.

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