



First Responder Resource Line

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Washington State First Responder Peer Support & Wellness Toolkit

Executive Summary

The Washington State First Responder Peer Support & Wellness Toolkit provides a practical, adaptable framework to help public safety agencies strengthen employee wellness and peer support across the course of a first responder's career. It recognizes that repeated exposure to critical incidents, trauma, organizational stress, personal loss, investigations, injury, and other occupational and life challenges can affect first responders in different ways and at different times.

The Toolkit is designed for law enforcement, fire service, emergency medical services, communications, corrections, co-response, and other public safety professionals. Rather than prescribing a single peer-support model, it provides agencies with evidence-informed operational guides that can be adapted to local policy, organizational culture, collective bargaining agreements, available resources, and regional needs.

Each guide emphasizes early connection, voluntary and non-disciplinary peer support, normalization of common stress reactions, healthy coping and protective factors, appropriate referral to culturally competent behavioral health resources, and continued follow-up when appropriate. The Toolkit also reinforces an important distinction between peer support and clinical treatment, investigation, supervision, or fitness-for-duty assessment. Peer supporters are intended to provide emotional and moral support, connection, and resource navigation—not diagnosis, therapy, legal advice, or investigative services.

Confidentiality and trust are foundational to effective peer support. Agencies using this Toolkit should structure their programs consistent with **RCW 5.60.060(6)** and other applicable Washington law. Among other requirements, the statutory testimonial privilege applies to qualifying communications made to an appropriately designated peer supporter while that individual is acting in the capacity of a peer supporter. Agencies should ensure peer supporters understand the scope and limitations of the privilege and clearly communicate those boundaries to personnel receiving peer support.

The Toolkit should be viewed as a companion to—not a replacement for—agency policy, collective bargaining agreements, legal requirements, emergency procedures, or



professional behavioral health care. Agencies are encouraged to review and customize these materials in consultation with agency leadership, peer support personnel, labor representatives, behavioral health professionals, and legal counsel.

Ultimately, the Toolkit is built around a straightforward principle: supporting the people who serve our communities strengthens both individual wellbeing and organizational readiness. By providing practical tools for meaningful connection before, during, and after difficult experiences, agencies can help create a culture in which seeking and providing support are recognized as normal components of a healthy and sustainable public safety career.



Welcome

Every day, first responders answer calls that most people will never experience. They respond to moments of crisis, tragedy, uncertainty, and loss while remaining calm, professional, and mission focused. Whether serving in law enforcement, fire service, emergency medical services, communications, corrections, co-response, or another public safety profession, first responders routinely place the needs of others before their own.

While this commitment to service is a defining strength of the profession, repeated exposure to trauma, critical incidents, operational stress, organizational challenges, and cumulative loss can have a profound impact on individual wellbeing. These experiences affect people differently. Some personnel recover quickly with the support of family, friends, and colleagues, while others may experience delayed or prolonged stress reactions. Neither response reflects strength or weakness; both are normal human responses to extraordinary circumstances.

Peer support has become one of the most effective ways to foster resilience, reduce stigma, and strengthen organizational wellness. Colleagues who understand the unique realities of public safety work are often in the best position to recognize when someone may be struggling and to provide timely support. When combined with supportive leadership, chaplain services, culturally competent behavioral health professionals, employee assistance programs, and strong organizational wellness practices, peer support becomes an essential component of a comprehensive wellness program.

The Washington State First Responder Peer Support & Wellness Toolkit was developed to provide practical, adaptable guidance for agencies across Washington State. Rather than prescribing a single model, this toolkit offers operational wellness guides and evidence-informed resources that agencies may customize to align with their mission, policies, collective bargaining agreements, available resources, and community needs.

Whether your agency is establishing a new peer support program or strengthening an existing one, this toolkit is intended to support the people who dedicate their careers to serving others.



Purpose of This Toolkit

The purpose of this toolkit is to provide Washington State first responder agencies with practical guidance for supporting employee wellness before, during, and after challenging personal and professional experiences.

The operational wellness guides contained in this toolkit are designed to assist peer supporters, supervisors, wellness coordinators, chaplains, and agency leaders in providing timely, compassionate, and culturally informed support following events that may significantly affect the wellbeing of first responders.

These guides are intended to:

- Promote early connection and supportive outreach following critical incidents and major life stressors.
- Normalize common stress reactions without pathologizing normal human responses.
- Encourage healthy coping strategies and reinforce protective factors that contribute to resilience.
- Help peer supporters recognize when additional behavioral health resources may be appropriate.
- Support organizational cultures that prioritize wellness, psychological safety, and help-seeking behaviors.
- Provide adaptable templates that can be incorporated into agency-specific peer support programs.

This toolkit is not intended to replace agency policy, labor agreements, legal requirements, clinical assessment, or professional behavioral health treatment. Instead, it serves as a companion resource that complements existing peer support programs and organizational wellness initiatives.



How to Use This Toolkit

This toolkit is organized into a series of operational wellness guides addressing common events and circumstances encountered throughout a first responder's career. Each guide focuses on a specific type of incident or life event while following a consistent structure to make the information easy to locate and apply.

Each chapter includes:

- A brief overview explaining why the topic matters.
- Common reactions that personnel may experience.
- Evidence-informed strategies for peer support.
- Suggested conversation prompts that encourage supportive dialogue.
- Recommended actions for peer supporters and supervisors.
- Guidance regarding referral to additional resources when appropriate.
- Considerations for confidentiality and agency customization.

The guides are designed to be flexible. Agencies are encouraged to adapt the language, referral resources, activation procedures, and operational practices to reflect their own policies, organizational culture, and regional resources.

Confidentiality Considerations

Trust is the cornerstone of effective peer support. Personnel are significantly more likely to seek assistance when they understand how information will be handled and what protections exist.

Agencies should clearly communicate:

- The purpose of peer support services.
- The scope of confidentiality provided under agency policy and the testimonial privilege available for qualifying peer-support communications under RCW 5.60.060(6).
- Any limitations to confidentiality and/or privilege, including circumstances involving imminent risk of harm, mandatory reporting obligations, or other legally required disclosures.



- Documentation practices, if any, associated with peer support contacts.

Because confidentiality protections may differ among agencies, consultation with agency legal counsel, labor representatives, and policy makers is recommended when developing or revising peer support policies.

Agency Designation Requirement: Agencies should formally designate peer supporters before they provide peer support services and should document procedures identifying when a designated peer supporter is acting in that peer-support capacity. RCW 5.60.060(6) applies only to qualifying communications made to a peer supporter who has been appropriately designated and is acting in that capacity.

A Commitment to Those Who Serve

The profession of public safety is built upon service, courage, and commitment. Supporting the wellbeing of first responders is not simply an individual responsibility—it is an organizational responsibility and a commitment to one another.

Every conversation matters. Every check-in has value. Every act of genuine support contributes to a culture where personnel know they are not expected to carry the weight of this profession alone.

It is our hope that this toolkit serves as a practical resource that strengthens peer support programs, promotes healthy organizational cultures, and reinforces a simple but powerful message: those who dedicate their lives to serving others deserve meaningful support throughout their own careers.



Chapter 1

Use of Force Wellness Guide

Purpose

Use-of-force incidents are an inherent part of many public safety professions. Whether the force used is minimal or significant, these events often carry emotional, psychological, and organizational impacts that extend well beyond the conclusion of the incident itself. Personnel may simultaneously navigate legal processes, administrative reviews, media attention, public scrutiny, and personal reflection while continuing to fulfill their professional responsibilities.

The purpose of this guide is to provide a structured framework for confidential, non-disciplinary peer support following use-of-force incidents. Early outreach can help normalize common stress reactions, reduce isolation, reinforce healthy coping strategies, and identify personnel who may benefit from additional support. This guide is intended to promote wellness—not to evaluate performance, investigate the incident, or assess fitness for duty.

Scope

This guide may be used following any use-of-force incident that has the potential to affect an employee's wellbeing, including but not limited to:

- Officer-involved shootings
- Less-lethal force incidents
- Physical control encounters
- Extended struggles or foot pursuits
- Incidents resulting in serious injury or death
- High-profile incidents involving media attention
- Any use-of-force event that the employee identifies as personally distressing

Agencies should determine activation criteria based on their operational needs, policies, and applicable collective bargaining agreements.



Why This Matters

Although use of force is a lawful and often necessary part of many first responder roles, participating in or witnessing these events can have lasting emotional effects regardless of the outcome. Responders often replay the incident repeatedly, question their decisions, anticipate investigative outcomes, or worry about how the event will affect their careers, families, and reputations.

In addition to the incident itself, responders frequently experience stress related to administrative investigations, criminal investigations, media coverage, civil litigation, community response, and organizational uncertainty. Even when personnel are confident they acted appropriately, the cumulative weight of these stressors can affect overall wellbeing.

Providing proactive wellness support communicates that the organization values the health of its personnel while reinforcing that seeking support is a professional strength rather than a sign of weakness.

Common Responses

Every responder processes use-of-force incidents differently. Some personnel experience little disruption, while others notice changes immediately or weeks later. Delayed reactions are common and should not be viewed as unusual.

Common responses may include:

Physical

- Difficulty falling or staying asleep
- Changes in appetite
- Fatigue
- Headaches or muscle tension
- Increased startle response

Emotional

- Irritability
- Anxiety
- Anger

- Guilt or self-doubt
- Emotional numbness
- Relief followed by unexpected emotional reactions

Cognitive

- Intrusive memories
- Replaying the incident
- Difficulty concentrating
- Hypervigilance

- Questioning decisions made during the event

Behavioral

- Social withdrawal
- Increased alcohol or substance use
- Avoiding conversations about the incident

- Overworking or excessive overtime
- Reduced patience with others

Relational

- Conflict with family members
- Withdrawal from coworkers
- Feeling misunderstood
- Difficulty discussing the incident with loved ones

These reactions are common following high-stress events and do not necessarily indicate the presence of a mental health disorder. Most individuals recover naturally with time, support, and healthy coping strategies.

Protective Factors

Research consistently demonstrates that several factors promote healthy recovery following critical incidents.

Encourage responders to:

- Maintain regular sleep, nutrition, and hydration.
- Stay connected with trusted peers, family, and supportive friends.
- Resume normal routines when operationally appropriate.
- Engage in regular physical activity.
- Limit alcohol and substance use.
- Participate in enjoyable activities outside of work.
- Utilize peer support, chaplain services, or behavioral health professionals when additional support would be beneficial.

Recovery is strengthened through connection rather than isolation.



Suggested Peer Support Conversation

The goal of the conversation is to provide support—not gather facts about the incident.

Whenever possible, begin by explaining the purpose of the contact and reviewing confidentiality within agency policy and Washington law.

Peer Support Selection for Critical Incidents: When an agency intends for RCW 5.60.060(6) testimonial privilege to apply, it should select an appropriately designated peer supporter who was not an initial responding first responder, witness, or party to the incident that prompted the peer-support services.

Examples include:

Opening the Conversation

- How have you been doing since everything happened?
- I wanted to check in and see how you're doing—not to talk about the investigation, but to make sure you're taking care of yourself.

Physical Wellness

- How have you been sleeping?
- Have you been eating regularly?
- Have you noticed any physical changes since the incident?

Emotional Wellness

- What has been the hardest part so far?
- Has anything surprised you about how you've been feeling?
- What has helped you get through the last few days?

Support System

- Who do you feel is in your corner right now?
- Have you been able to talk with anyone you trust?
- How is your family doing through all of this?

Work and Recovery

- Is there anything you're worried about moving forward?



- What would be most helpful over the next week or two?

Closing

- Is there anything you don't want to carry by yourself?
- Would another check-in next week be helpful?

Allow silence. Responders often need time to organize their thoughts before speaking.

Recommended Actions

Peer supporters should focus on practical, compassionate support.

Recommended actions include:

- Listen without judgment or interruption.
- Normalize common stress reactions without minimizing the responder's experience.
- Encourage healthy daily routines.
- Reinforce the importance of connection with supportive people.
- Provide information regarding available wellness resources.
- Offer referral to a culturally competent clinician familiar with first responder culture when appropriate, including resources available through Code4 Northwest or agency-approved providers.
- Schedule follow-up contact when appropriate.
- Respect the responder's pace and readiness to engage.

Peer supporters should avoid attempting to "fix" the situation. Their role is to walk alongside the responder during recovery.

Referral Considerations

Additional support should be encouraged when responders experience:

- Persistent sleep disruption
- Increasing anxiety or depression



- Intrusive memories that interfere with daily functioning
- Significant relationship difficulties
- Escalating alcohol or substance use
- Persistent anger or emotional dysregulation
- Difficulty functioning at work or home
- Requests for professional assistance

Immediate intervention is warranted whenever there are concerns regarding:

- Suicidal thoughts
- Thoughts of harming others
- Significant behavioral impairment
- Acute behavioral health crisis
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency crisis response procedures whenever immediate intervention is necessary.

Supervisor Considerations

Supervisors play an important role in fostering recovery while maintaining appropriate professional boundaries.

Supervisors should:

- Express concern for the employee's wellbeing.
- Encourage use of available wellness resources.
- Support reasonable opportunities for rest and recovery when operationally feasible.
- Maintain regular communication without becoming intrusive.
- Model healthy help-seeking behaviors.

Supervisors should avoid:

- Asking investigative questions during wellness conversations.
- Critiquing tactics or decision-making.



- Speculating about legal or administrative outcomes.
- Assuming an employee is "fine" simply because they returned to work.

Wellness conversations should remain separate from investigative processes whenever possible.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Agency Customization Notes

Each agency should adapt this guide by incorporating:

- Peer Support Team contact information
- Wellness Coordinator contact information
- Chaplain services
- Employee Assistance Program information
- Behavioral health referral resources
- Code4 Northwest clinician directory or other culturally competent clinician network



- Agency-specific confidentiality language
- Collective bargaining considerations
- Agency reporting and documentation expectations

Agencies should review this guide periodically to ensure consistency with current policies, operational practices, and available wellness resources.



Chapter 2

Child Death or Serious Harm Incident Support Guide

Purpose

Incidents involving children are among the most emotionally challenging experiences encountered by first responders. Whether responding to a fatality, severe injury, abuse, neglect, sudden infant death, pediatric medical emergency, motor vehicle collision, drowning, or other traumatic event, these calls often leave a lasting emotional impact regardless of the outcome or the responder's level of experience.

The purpose of this guide is to provide a structured framework for confidential, compassionate, and non-disciplinary peer support following incidents involving the death or serious harm of a child. Early outreach helps normalize common stress reactions, reduce isolation, reinforce healthy coping strategies, and connect personnel with additional resources when appropriate.

This guide is intended to support wellness—not to evaluate job performance, investigate operational decisions, or provide clinical treatment.

Scope

This guide may be used following any incident involving children that has the potential to significantly impact the wellbeing of responders, including but not limited to:

- Pediatric fatalities
- Sudden infant death responses
- Child abuse or neglect investigations
- Severe pediatric trauma
- Fatal or serious injury motor vehicle collisions involving children
- Pediatric drownings
- Suicide involving a child or adolescent
- Child homicide investigations
- Mass casualty incidents involving children
- Any call involving children that the responder identifies as emotionally distressing



This guide is appropriate for law enforcement, fire service, EMS, dispatch, corrections, co-responders, investigators, medical examiners, victim advocates, and allied emergency services personnel.

Agencies should adapt activation criteria to align with local policy and operational practices.

Why This Matters

Calls involving children often affect responders differently than other critical incidents. Even seasoned professionals who have managed years of traumatic exposures may find these incidents unexpectedly difficult. The innocence of children, the emotional reactions of parents and caregivers, and the sense that a young life has been interrupted can create a profound emotional response.

For many responders, these calls also intersect with their personal lives. Personnel who are parents, grandparents, caregivers, or who have experienced pregnancy loss, infertility, childhood trauma, or the death of a child may experience particularly strong reactions. Others may notice increased anxiety about their own families or find themselves becoming more emotionally protective of loved ones in the days and weeks that follow.

It is important to remember that there is no "correct" response. Some responders may openly express emotion, while others continue functioning without obvious signs of distress. Both reactions—and everything in between—can be normal. Providing proactive support helps reduce stigma, encourages healthy recovery, and reminds responders they do not have to process these experiences alone.

Common Responses

Personnel may experience immediate or delayed reactions following incidents involving children. Responses vary widely and may evolve over time.

Physical

- Difficulty sleeping or nightmares
- Fatigue or exhaustion
- Changes in appetite
- Muscle tension

- Headaches

- Gastrointestinal discomfort

Emotional

- Grief
- Sadness



- Irritability
- Helplessness
- Anger
- Emotional numbness
- Guilt
- Moral injury

Cognitive

- Intrusive memories or imagery
- Replaying the incident repeatedly
- Difficulty concentrating
- Questioning clinical or tactical decisions
- Increased concern for the safety of one's own children or family members

Behavioral

- Avoiding reminders of the incident
- Social withdrawal
- Increased alcohol or substance use
- Difficulty returning to pediatric-related calls
- Becoming overly protective of family members

Relational

- Increased parenting anxiety
- Emotional distance from loved ones
- Conflict within relationships
- Feeling that others cannot understand the experience

These reactions are common following highly emotional events and do not necessarily indicate a mental health disorder. Most responders recover naturally with time, healthy coping strategies, and meaningful social support.

Protective Factors

Several factors consistently promote recovery following pediatric critical incidents.

Encourage responders to:

- Maintain regular sleep, nutrition, and hydration.
- Stay connected with trusted peers, family, and supportive friends.
- Spend intentional, meaningful time with loved ones.
- Engage in regular physical activity.
- Resume normal routines when appropriate.



- Participate in enjoyable activities outside of work.
- Utilize peer support, chaplain services, or culturally competent behavioral health professionals when additional support would be beneficial.
- Recognize that emotional reactions are a reflection of compassion—not weakness.

Recovery is supported through connection, routine, and self-compassion rather than emotional suppression.

Suggested Peer Support Conversation

The goal of the conversation is to provide support, not to encourage detailed retelling of the incident.

Begin by explaining the purpose of the conversation and reviewing confidentiality consistent with agency policy and applicable Washington law.

Peer Support Selection for Critical Incidents: When an agency intends for RCW 5.60.060(6) testimonial privilege to apply, it should select an appropriately designated peer supporter who was not an initial responding first responder, witness, or party to the incident that prompted the peer-support services.

Opening the Conversation

- I wanted to check in after that call and see how you're doing.
- Calls involving children can affect people differently. How have the last few days been for you?

Physical Wellness

- How have you been sleeping?
- Have you been eating regularly?
- Have you noticed any physical changes since the incident?

Emotional Wellness

- What part of the call has stayed with you the most?
- What has been the hardest part?
- Has anything surprised you about how you've been feeling?



Family and Social Support

- Who have you been able to lean on?
- How is your family doing?
- Have you noticed yourself interacting differently with your children or loved ones?

Coping

- What has been helping?
- What has helped you through difficult calls in the past?
- What would be most helpful right now?

Closing

- You don't have to carry this by yourself.
- Would it be helpful if I checked in again next week?

Remember that silence is acceptable. Some responders may simply appreciate knowing someone cared enough to ask.

Recommended Actions

Peer supporters should focus on creating a safe, supportive environment while reinforcing healthy recovery.

Recommended actions include:

- Normalize emotional reactions without minimizing the responder's experience.
- Encourage hydration, nutrition, sleep, and physical recovery.
- Reduce isolation by maintaining supportive contact.
- Encourage connection with trusted peers, family, or chaplain services.
- Monitor for cumulative exposure if the responder has recently experienced multiple pediatric incidents.
- Offer referral to a culturally competent clinician familiar with first responder culture when symptoms persist or the responder requests additional support.



- Schedule follow-up contact within 24 to 48 hours, again within one week, and as needed thereafter.

Responders should never be pressured to discuss details of the incident if they are not ready.

Referral Considerations

Additional behavioral health support should be encouraged when responders experience:

- Persistent intrusive memories or distressing imagery
- Ongoing sleep disruption
- Emotional reactions that continue to intensify over time
- Significant parenting anxiety or avoidance of family interactions
- Difficulty returning to work responsibilities
- Persistent grief or guilt
- Increased alcohol or substance use
- Requests for additional support

Immediate intervention is warranted whenever there are concerns regarding:

- Suicidal thoughts
- Thoughts of harming others
- Acute behavioral health crisis
- Significant impairment in daily functioning
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency crisis response procedures whenever urgent intervention is necessary.

Supervisor Considerations

Supervisors play an important role in supporting recovery while maintaining appropriate professional boundaries.



Supervisors should:

- Acknowledge that pediatric calls may affect responders differently than other incidents.
- Encourage personnel to utilize available peer support and wellness resources.
- Allow reasonable opportunities for rest and decompression when operationally feasible.
- Monitor for cumulative exposure when responders experience multiple pediatric incidents within a short period.
- Foster a work environment where emotional reactions are viewed as understandable rather than stigmatized.

Supervisors should avoid:

- Assuming experience eliminates emotional impact.
- Comparing responders' reactions.
- Pressuring personnel to discuss the incident.
- Suggesting that emotional responses reflect weakness or lack of resilience.

Supportive leadership reinforces that asking for help is consistent with professional readiness.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following



critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Chaplain services
- Employee Assistance Program information
- Pediatric specialty resources available within the community
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Agency-specific confidentiality language
- Regional crisis resources
- Internal wellness activation procedures

Agencies are encouraged to review this guide regularly to ensure consistency with current policy, available resources, and emerging best practices.

Chapter 3

Major Collision, Fatality, and Mass Casualty Wellness Guide

Purpose

Major collisions, fatality incidents, prolonged extrications, and mass casualty events place extraordinary physical, emotional, and cognitive demands on first responders. These incidents often involve chaotic scenes, multiple patients, significant loss of life, extended operational periods, and emotionally charged interactions with survivors and family members. While responders are trained to perform under pressure, the cumulative impact of these events can affect wellbeing long after the incident has concluded.

The purpose of this guide is to provide a structured framework for confidential, non-disciplinary peer support following major collisions, fatality incidents, and mass casualty events. Early wellness outreach helps normalize common stress reactions, encourages healthy recovery, reduces isolation, and reinforces a culture where seeking support is viewed as a component of professional readiness.

This guide is intended to promote wellness—not to evaluate operational performance, conduct an after-action review, or provide clinical treatment.

Scope

This guide may be used following any large-scale or high-impact incident that has the potential to significantly affect responder wellbeing, including but not limited to:

- Fatal motor vehicle collisions
- Multi-fatality incidents
- Mass casualty incidents (MCIs)
- Active violence events
- Train, aviation, or marine disasters
- Large structure fires involving fatalities
- Industrial accidents
- Technical rescue incidents with fatalities
- Extended extrications



- Natural disasters
- Any prolonged incident involving significant human suffering or loss of life

This guide is intended for all personnel involved in the response, including:

- Law enforcement officers
- Firefighters
- Emergency medical personnel
- Dispatchers and communications professionals
- Corrections personnel
- Co-responders
- Emergency management personnel
- Medical examiners and investigators
- Public works and support personnel
- Supervisors, command staff, and allied emergency services

Every role contributes to the response, and every role may be impacted differently.

Why This Matters

Unlike many routine emergency responses, major incidents often expose responders to prolonged operational stress, repeated traumatic imagery, overwhelming sensory input, difficult rescue efforts, and circumstances beyond anyone's control. Responders may spend hours or days working in hazardous environments while making rapid decisions under intense emotional and physical demands.

For some personnel, the greatest challenge is not a single moment but the accumulation of many difficult moments throughout the operation. Treating multiple critically injured patients, notifying families, recovering fatalities, managing distraught survivors, or working alongside other agencies can create a level of cumulative stress that is not immediately recognized.

Not everyone who responds to these incidents experiences lasting distress. Many personnel recover naturally with support from colleagues, family, and healthy routines. However, proactive wellness outreach demonstrates organizational commitment to



responder wellbeing and helps identify individuals who may benefit from additional support before stress reactions become more significant.

Common Responses

Responses following major incidents vary considerably depending on an individual's role, previous experiences, cumulative trauma exposure, and available support systems. Some reactions may appear immediately, while others develop days or weeks later.

Physical

- Physical exhaustion
- Sleep disruption
- Muscle soreness or tension
- Changes in appetite
- Headaches
- Increased fatigue after the operational period ends
- Replaying portions of the incident
- Intrusive memories
- Self-questioning
- Hypervigilance
- Difficulty transitioning away from "incident mode"

Emotional

- Sadness
- Irritability
- Frustration
- Helplessness
- Anger
- Emotional numbness
- Grief
- Relief that the incident has concluded
- Social withdrawal
- Increased alcohol or substance use
- Working excessive overtime
- Avoiding conversations about the incident
- Difficulty relaxing

Cognitive

- Difficulty concentrating
- Withdrawal from family
- Reduced patience with loved ones
- Feeling misunderstood
- Increased conflict at home
- Loss of interest in normal activities

Behavioral

Relational



These reactions are common following highly stressful operational events and often improve with time, connection, and healthy coping strategies.

Protective Factors

Research consistently demonstrates that early recovery is strengthened when responders are encouraged to care for both their physical and psychological wellbeing.

Protective factors include:

- Adequate hydration and nutrition during and after the incident
- Sufficient rest and sleep following extended operations
- Rotation of personnel during prolonged incidents whenever operationally feasible
- Time for physical and emotional decompression before returning to routine duties
- Regular exercise and physical activity
- Connection with trusted peers, family members, and supportive friends
- Participation in peer support or chaplain services
- Access to culturally competent behavioral health professionals when appropriate
- Returning to normal routines as recovery progresses

Recovery begins with meeting basic human needs before expecting personnel to return to peak performance.

Suggested Peer Support Conversation

The purpose of the conversation is to provide support—not to conduct an operational critique or after-action review.

Whenever possible, begin by reviewing confidentiality and explaining the purpose of the conversation.

Peer Support Selection for Critical Incidents: When an agency intends for RCW 5.60.060(6) testimonial privilege to apply, it should select an appropriately designated peer supporter who was not an initial responding first responder, witness, or party to the incident that prompted the peer-support services.



Opening the Conversation

- I wanted to check in after the incident and see how you're doing.
- That was a significant response. How have things been since you left the scene?

Physical Wellness

- Have you been able to get some rest?
- How have you been sleeping?
- Are you eating and staying hydrated?

Emotional Wellness

- What part of the incident has stayed with you the most?
- What has been the hardest part since everything wrapped up?
- Has anything surprised you about how you've been feeling?

Operational Recovery

- Have you noticed any changes since the incident?
- How has returning to work been?
- Are there any upcoming calls or reminders you're concerned about?

Support System

- Who have you been able to talk with?
- Is there someone checking in on you outside of work?
- What has been helping you recover?

Closing

- What support would be most helpful right now?
- I'd like to check back in with you next week if that's okay.

The objective is to create space for conversation without requiring responders to revisit traumatic details.

Recommended Actions



Following major incidents, agencies should prioritize both operational recovery and personnel wellness.

Recommended actions include:

- Ensure responders have opportunities for hydration, nutrition, and rest during extended operations.
- Rotate personnel during prolonged incidents whenever practical.
- Provide voluntary peer support outreach within the first 24 to 72 hours.
- Encourage recovery-focused time off when operationally appropriate.
- Maintain regular follow-up contact over the following weeks.
- Encourage exercise, healthy routines, and social connection.
- Offer chaplain services and culturally competent behavioral health referrals when requested or indicated.
- Include dispatchers, investigators, communications personnel, logistics staff, and other support roles in wellness outreach.

Recovery should extend beyond the personnel who had the most visible operational roles.

Referral Considerations

Additional behavioral health support should be encouraged when responders experience:

- Persistent intrusive memories
- Significant sleep disruption
- Ongoing anxiety or depression
- Emotional reactions that worsen over time
- Difficulty functioning at work or home
- Persistent avoidance of reminders
- Escalating alcohol or substance use
- Requests for additional support

Immediate intervention is warranted whenever there are concerns regarding:



- Suicidal thoughts
- Thoughts of harming others
- Acute behavioral health crisis
- Significant behavioral impairment
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency crisis response procedures whenever urgent intervention is necessary.

Supervisor Considerations

Leadership has a significant influence on how personnel recover following large-scale incidents.

Supervisors should:

- Prioritize responder safety and basic physiological needs during extended operations.
- Encourage personnel to utilize peer support resources.
- Recognize that delayed reactions are common.
- Monitor personnel for cumulative fatigue following prolonged responses.
- Include communications personnel, investigators, supervisors, and support staff in wellness follow-up.
- Model healthy recovery behaviors by utilizing available support themselves when appropriate.

Supervisors should avoid:

- Assuming only field responders were affected.
- Expecting personnel to immediately "move on" after the incident.
- Requiring emotional processing or mandatory discussion groups.
- Minimizing the emotional impact because responders "signed up for the job."

Supportive leadership recognizes that resilience includes recovery.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Chaplain services
- Employee Assistance Program information
- Behavioral health referral resources
- Code4 Northwest clinician directory or other culturally competent clinician network
- Mass casualty response procedures
- Mutual aid wellness contacts
- Regional crisis resources



- Agency-specific confidentiality language

Agencies are encouraged to coordinate wellness outreach across disciplines following large-scale incidents to ensure all affected personnel receive appropriate support.



Chapter 4

Supporting a Peer Struggling with Substance Use

Purpose

Substance use concerns affect every profession, including public safety. The unique demands of first responder work—including repeated trauma exposure, shift work, chronic stress, organizational pressures, sleep disruption, and a culture that often values self-reliance—can increase vulnerability to unhealthy coping behaviors. Alcohol, prescription medications, and other substances may initially seem to provide temporary relief from stress, anxiety, physical pain, or sleep difficulties, but over time they can contribute to worsening mental health, strained relationships, impaired job performance, and increased safety risks.

The purpose of this guide is to help peer supporters recognize potential signs of substance misuse, engage in compassionate conversations, reduce stigma, and connect fellow responders with appropriate resources. This guide emphasizes support rather than discipline and encourages early intervention before concerns develop into a crisis.

Peer support is not treatment. Rather, it serves as a trusted bridge that helps responders access the care and resources they need while preserving dignity, hope, and connection.

Scope

This guide may be used whenever a peer supporter, supervisor, or colleague has concerns that a first responder may be struggling with alcohol, prescription medications, or other substances.

This guide may be appropriate when concerns arise due to:

- Changes in behavior or mood
- Increased alcohol consumption
- Misuse of prescription medications
- Concerns expressed by coworkers, family members, or friends
- Noticeable changes in attendance or work performance
- Increased risk-taking behaviors
- Significant personal or occupational stress



- Return to work following treatment
- A responder voluntarily requesting support

This guide is intended for all first responder disciplines, including law enforcement, fire service, EMS, dispatch, corrections, co-responders, emergency management, and allied public safety agencies.

Why This Matters

Substance use rarely begins as the problem. More often, it develops as an attempt to manage something else—unresolved trauma, chronic stress, anxiety, depression, grief, chronic pain, sleep disruption, relationship difficulties, or burnout.

First responders may be particularly reluctant to seek help due to concerns about confidentiality, career impact, professional reputation, or being perceived as weak. As a result, many struggle silently for months or years before anyone recognizes they need support.

Peer supporters are uniquely positioned to notice subtle changes because they understand the realities of the profession and often have established trust with their colleagues. A simple, compassionate conversation held early can reduce isolation, interrupt worsening patterns, and encourage someone to seek help before significant personal or professional consequences occur.

The goal is not to diagnose, confront, or investigate. The goal is to remind a fellow responder that they matter and that help is available.

Common Indicators of Concern

Changes in behavior should always be viewed within the context of the individual's baseline functioning. A single indicator rarely suggests a substance use problem; however, multiple changes occurring together may warrant a supportive conversation.

Physical

- Frequent fatigue
- Bloodshot eyes
- Noticeable changes in appearance
- Declining personal hygiene
- Slowed reaction time
- Frequent illnesses or unexplained injuries

Emotional

- Irritability
- Mood swings
- Increased anxiety
- Depression
- Emotional withdrawal
- Defensiveness when concerns are expressed
- Frequent tardiness or absenteeism
- Declining work performance
- Increased risk-taking
- Missed appointments
- Changes in social interactions
- Withdrawal from peer relationships

Cognitive

- Difficulty concentrating
- Poor decision-making
- Forgetfulness
- Confusion
- Reduced attention to detail

Behavioral

- Increased alcohol or substance use

Relational

- Family conflict
- Financial difficulties
- Loss of trust among coworkers
- Increased isolation
- Relationship instability

These indicators should be viewed as opportunities for compassionate outreach rather than evidence of wrongdoing.

Protective Factors

Recovery is supported by strong relationships, early intervention, and connection to appropriate resources.

Protective factors include:

- Trusted peer relationships
- Healthy sleep and nutrition
- Regular physical activity
- Supportive family and social connections
- Access to culturally competent behavioral health care



- Employee Assistance Programs (EAP)
- Peer support teams
- Recovery support programs
- Healthy stress management strategies
- Organizational cultures that encourage help-seeking without stigma

Early support often leads to better outcomes than waiting until concerns become a crisis.

Suggested Peer Support Conversation

Conversations regarding substance use require sensitivity, privacy, and genuine concern. Whenever possible, choose a confidential setting where the responder can speak openly without interruption.

Avoid making assumptions or accusations. Focus on specific observations rather than conclusions.

Opening the Conversation

- I wanted to check in because I've noticed you don't seem like yourself lately.
- I care about you, and I wanted to see how you've been doing.
- You've been on my mind recently. How are things going?

Exploring Concerns

- What has life been like for you lately?
- You've had a lot on your plate. How have you been managing everything?
- What has been the biggest challenge recently?

Discussing Coping

- What have you been doing to manage the stress?
- What's been helping?
- Have there been things that haven't been helping as much as you'd hoped?

Offering Support

- You don't have to handle this alone.



- There are confidential resources available if you want them.
- Whatever you're dealing with, we can help you find support.

Closing

- What would be most helpful right now?
- Would you be open to me checking in again in a few days?
- Is there someone else you'd like involved in supporting you?

Remember that the goal is connection—not persuasion. The responder may not be ready to accept help during the first conversation.

Recommended Actions

Peer supporters should approach every conversation with empathy, patience, and respect.

Recommended actions include:

- Meet privately whenever possible.
- Express concern without judgment.
- Listen more than you speak.
- Avoid labels such as "alcoholic" or "addict."
- Reinforce that seeking help demonstrates strength and professionalism.
- Provide information about confidential resources.
- Encourage voluntary engagement with peer support, EAP, recovery services, or culturally competent behavioral health professionals.
- Continue checking in even if the responder initially declines assistance.

Peer supporters should avoid arguing, threatening, or attempting to force someone into treatment. Maintaining trust is essential to future engagement.

Referral Considerations

Encourage referral to additional support when:

- Substance use is interfering with work performance.



- Relationships are deteriorating.
- The responder expresses concern about their own use.
- Alcohol or substance use is increasing over time.
- There are signs of depression, anxiety, or unresolved trauma.
- The responder requests professional assistance.

Immediate intervention is necessary whenever there are concerns regarding:

- On-duty impairment
- Driving while impaired
- Overdose or suspected overdose
- Suicidal thoughts
- Thoughts of harming others
- Acute behavioral health crisis
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency policy and emergency procedures whenever immediate safety is at risk.

Supervisor Considerations

Supervisors have a responsibility to maintain workplace safety while also supporting employee wellbeing.

Supervisors should:

- Address observable performance or safety concerns promptly.
- Separate disciplinary responsibilities from wellness conversations whenever possible.
- Encourage use of available wellness resources.
- Respect employee dignity throughout the process.
- Consult agency policy, labor agreements, and human resources when appropriate.

Supervisors should avoid:



- Public confrontation or embarrassment.
- Speculating about substance use without objective observations.
- Attempting to provide counseling beyond their role.
- Delaying intervention when safety concerns are present.

Responders are more likely to seek help when they believe they will be treated fairly and respectfully.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Employee Assistance Program information



- Department-approved recovery resources
- Chaplain services
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Local substance use treatment resources
- Agency-specific fitness-for-duty and reporting procedures
- Applicable collective bargaining provisions
- Agency confidentiality language

Agencies are encouraged to establish partnerships with providers who understand first responder culture and the unique barriers responders may face when seeking treatment.



Chapter 5

Major Life Change Wellness Guide

Purpose

Throughout their careers, first responders experience significant personal life events that can affect their wellbeing just as profoundly as critical incidents encountered on duty. Divorce, separation, the death of a loved one, serious illness, caregiving responsibilities, financial hardship, infertility, miscarriage, military deployment, or other major life transitions can challenge a responder's emotional resilience, relationships, and overall functioning.

Unlike operational critical incidents, these experiences often occur outside the workplace and may be less visible to coworkers and supervisors. Many first responders continue reporting for duty while privately carrying substantial emotional burdens, believing they should manage these challenges on their own.

The purpose of this guide is to provide a structured framework for confidential, non-disciplinary peer support for personnel experiencing significant personal life changes. Early outreach reinforces that the organization cares about the whole person—not just the employee—and encourages connection before isolation and stress begin to affect personal wellbeing or job performance.

This guide is intended to promote wellness and resilience. It is not intended to replace professional counseling, legal advice, financial guidance, or other specialized services.

Scope

This guide may be used whenever a first responder is experiencing a significant personal life event that has the potential to affect their wellbeing or workplace functioning.

Examples include, but are not limited to:

- Divorce or separation
- Death of a spouse, child, parent, sibling, friend, or partner
- Serious illness or injury involving the responder or a loved one
- Caregiving responsibilities for aging parents or family members
- Pregnancy loss, infertility, or adoption challenges



- Birth or adoption of a child
- Relationship conflict
- Empty nest transition
- Major financial hardship
- Relocation
- Military deployment or reintegration
- Any significant personal event identified by the employee as overwhelming or life-changing

This guide is appropriate for personnel across all first responder disciplines, including law enforcement, fire service, EMS, dispatch, corrections, co-responders, emergency management, and allied emergency services.

Why This Matters

First responders are often exceptionally skilled at managing crises for others while minimizing or compartmentalizing their own personal struggles. The culture of public safety values reliability, composure, and perseverance, qualities that can unintentionally discourage individuals from seeking support during difficult seasons of life.

Major life changes can significantly influence sleep, concentration, decision-making, emotional regulation, and physical health. While these experiences are common, they often occur alongside the ongoing demands of shift work, trauma exposure, court obligations, overtime, and family responsibilities, creating cumulative stress that can overwhelm even highly resilient individuals.

Supportive outreach reminds responders that they do not have to choose between being strong and accepting help. Wellness includes recognizing when life outside of work deserves the same level of attention and care as operational stress.

Common Responses

Every life transition is unique, and reactions vary depending on personal history, available support systems, and the nature of the event.

Physical

- Fatigue
- Sleep disruption
- Changes in appetite
- Low energy
- Frequent headaches
- Muscle tension
- Reduced decision-making confidence
- Forgetfulness
- Worry about the future

Behavioral

- Withdrawal from coworkers
- Reduced participation in social activities
- Increased overtime to avoid home stress
- Declining motivation
- Increased alcohol or substance use
- Difficulty maintaining routines

Emotional

- Grief
- Sadness
- Anxiety
- Irritability
- Anger
- Loneliness
- Emotional exhaustion
- Feeling overwhelmed

Relational

- Conflict within relationships
- Isolation from family or friends
- Changes in parenting interactions
- Difficulty asking for help
- Feeling disconnected from others

Cognitive

- Difficulty concentrating
- Racing thoughts

These reactions are often temporary and represent normal human responses to significant life changes. Compassionate support and healthy coping strategies frequently help responders navigate these transitions successfully.



Protective Factors

Healthy recovery is strengthened by maintaining routines, meaningful relationships, and a willingness to accept support.

Protective factors include:

- Consistent sleep and nutrition
- Regular physical activity
- Strong family and social connections
- Trusted peer relationships
- Healthy daily routines
- Time away from work when appropriate
- Access to behavioral health professionals
- Chaplain support
- Employee Assistance Programs
- Participation in hobbies and meaningful activities outside of work

Resilience is not about avoiding life's hardships—it is about remaining connected while moving through them.

Suggested Peer Support Conversation

The goal of the conversation is to acknowledge the life change, provide support, and explore how the responder is coping without attempting to solve the problem.

Begin by meeting privately and reviewing confidentiality consistent with agency policy and applicable Washington law.

Opening the Conversation

- I've been thinking about you and wanted to check in.
- I know you've had a lot going on recently. How have you been doing?
- I wanted you to know you don't have to go through this alone.



Physical Wellness

- How have you been sleeping lately?
- Have you been taking care of yourself?
- Are you finding time to eat and rest?

Emotional Wellness

- What has been the most difficult part of all of this?
- What has surprised you the most?
- How are you managing everything emotionally?

Support System

- Who do you have in your corner right now?
- Have you been able to lean on family or friends?
- Is there someone you wish understood what you're going through?

Coping

- What has been helping?
- What has made things more difficult?
- What would help make the next couple of weeks more manageable?

Closing

- I appreciate you talking with me.
- I'd like to check in again soon if that's okay.
- Remember, asking for support is part of taking care of yourself.

The conversation should move at the responder's pace. Sometimes the greatest support comes from simply listening without trying to fix the situation.

Recommended Actions

Peer supporters can make a meaningful difference by providing steady, compassionate support over time.

Recommended actions include:



- Maintain regular contact through brief check-ins.
- Encourage healthy routines, including sleep, nutrition, and exercise.
- Reduce isolation by inviting connection rather than waiting for the responder to reach out.
- Encourage the use of available leave or schedule flexibility when appropriate and operationally feasible.
- Provide information regarding agency wellness resources.
- Offer referrals to grief-informed or culturally competent behavioral health professionals when requested or appropriate.
- Include family support resources when desired by the responder.
- Continue follow-up after the initial crisis has passed, recognizing that many emotional challenges emerge later.

Small, consistent gestures of support often have greater impact than a single lengthy conversation.

Referral Considerations

Additional behavioral health support should be encouraged when responders experience:

- Persistent sleep disruption
- Ongoing anxiety or depression
- Difficulty functioning at work or home
- Significant grief that continues to intensify
- Persistent withdrawal from others
- Increased alcohol or substance use
- Difficulty adapting to the life change
- Requests for professional support

Immediate intervention is warranted whenever there are concerns regarding:

- Suicidal thoughts



- Thoughts of harming others
- Acute behavioral health crisis
- Significant impairment in daily functioning
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency crisis response procedures whenever urgent intervention is necessary.

Supervisor Considerations

Supervisors often become aware that an employee is struggling before others do. Supportive leadership can significantly influence how personnel navigate major life transitions.

Supervisors should:

- Express genuine concern for the employee's wellbeing.
- Encourage use of peer support and available wellness resources.
- Consider reasonable scheduling flexibility when operationally feasible.
- Respect employee privacy while maintaining supportive communication.
- Recognize that temporary changes in performance may reflect significant life stress rather than lack of commitment.

Supervisors should avoid:

- Assuming personal problems should remain completely separate from work.
- Pressuring employees to disclose personal details.
- Comparing one employee's situation to another's.
- Waiting until performance problems become severe before offering support.

Supporting the person ultimately strengthens the organization.



Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Employee Assistance Program information
- Chaplain services
- Grief and family support resources
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Community counseling resources
- Leave and benefit information
- Agency-specific confidentiality language



Agencies should also consider developing partnerships with community organizations that provide grief support, caregiver resources, financial counseling, and family services to strengthen the continuum of care available to personnel.



Chapter 6

Financial Wellness and Occupational Stress Guide

Purpose

Financial wellbeing is an essential, yet often overlooked, component of first responder wellness. While public safety careers provide meaningful opportunities to serve others, many responders experience financial pressures related to overtime dependence, rising living expenses, unexpected emergencies, retirement planning, secondary employment, or significant life events. Left unaddressed, financial stress can contribute to burnout, relationship conflict, sleep disruption, anxiety, depression, and unhealthy coping behaviors.

The purpose of this guide is to provide a framework for supporting first responders experiencing financial stress through education, early intervention, peer support, and connection to trusted financial resources. By normalizing conversations about financial wellness, agencies can reduce stigma, strengthen resilience, and help personnel build long-term financial stability.

This guide is intended to promote wellness and financial preparedness. It is not intended to provide legal, tax, investment, or individualized financial advice.

Scope

This guide may be used whenever a first responder expresses concerns related to financial stress or when peers, supervisors, or wellness personnel recognize that financial strain may be affecting overall wellbeing.

Examples include:

- Dependence on overtime to meet financial obligations
- Significant consumer debt
- Financial hardship following divorce or separation
- Medical expenses or family caregiving costs
- Housing affordability concerns
- Preparing for retirement
- Financial stress following a career-ending injury



- Transitioning between careers
- Major life changes affecting household income
- Requests for financial planning resources

This guide is appropriate for all first responder disciplines, including law enforcement, fire service, EMS, dispatch, corrections, co-responders, emergency management, and allied public safety personnel.

Why This Matters

Financial stress rarely remains isolated to a bank account. It often influences nearly every aspect of a responder's life, including emotional health, family relationships, physical wellbeing, decision-making, and job performance.

Many first responders work substantial overtime to support their families or maintain a desired lifestyle. While overtime can provide financial security, chronic reliance on additional shifts may reduce opportunities for rest, family connection, physical recovery, and healthy stress management. Over time, this cycle can contribute to fatigue, burnout, compassion fatigue, and cumulative stress exposure.

Financial concerns may also prevent responders from seeking behavioral health care, taking needed leave, or planning for retirement. Some may experience embarrassment or shame discussing money, believing financial struggles reflect personal failure rather than recognizing them as common life challenges.

Creating opportunities to discuss financial wellness helps agencies address a significant source of occupational stress while reinforcing that overall wellness includes physical, emotional, relational, and financial health.

Common Responses

Financial stress may present in subtle ways before becoming readily apparent.

Physical

- Sleep disruption
- Chronic fatigue
- Headaches

- Increased muscle tension
- Elevated stress levels

Emotional

- Anxiety

- Irritability
- Hopelessness
- Persistent worry
- Shame or embarrassment
- Feeling overwhelmed
- Increased alcohol or substance use
- Impulsive spending
- Delaying medical or behavioral health care
- Taking on multiple jobs with limited recovery time

Cognitive

- Difficulty concentrating
- Constant preoccupation with finances
- Indecisiveness
- Reduced problem-solving ability
- Fear about the future

Behavioral

- Working excessive overtime
- Avoiding financial discussions

Relational

- Conflict with partners regarding finances
- Family stress
- Reduced participation in family activities
- Increased isolation
- Difficulty discussing financial concerns with trusted individuals

These reactions are understandable responses to ongoing financial pressure and often improve when practical support, education, and healthy planning strategies are introduced.

Protective Factors

Long-term financial wellness is strengthened through planning, education, and proactive support.

Protective factors include:

- A realistic monthly budget
- Emergency savings
- Responsible debt management
- Retirement planning



- Financial literacy education
- Trusted financial advisors familiar with first responder benefits
- Healthy work-life balance
- Limiting reliance on chronic overtime
- Open communication within families regarding financial goals
- Access to employee financial wellness resources

Building financial resilience is a gradual process. Small, consistent steps often produce meaningful long-term results.

Suggested Peer Support Conversation

Financial concerns can feel deeply personal. Conversations should be respectful, confidential, and free from judgment.

The objective is not to review someone's finances but to understand how financial stress may be affecting their overall wellbeing.

Opening the Conversation

- You've seemed under a lot of pressure lately. How have things been going?
- I know life outside of work can be stressful. How are things going for you right now?
- I wanted to check in because you've mentioned picking up a lot of extra shifts.

Exploring Stress

- What's been weighing on you the most recently?
- How are things outside of work?
- Do you feel like you're getting enough time to recover between shifts?

Financial Wellness

- Is financial stress playing a role in what you're dealing with?
- Are you finding yourself working overtime because you want to or because you have to?



- Have you been able to think about longer-term financial goals, or does it feel like you're just trying to keep up?

Support System

- Have you talked with anyone about what you're experiencing?
- Is there anything that would make things feel more manageable?
- Would information about financial resources or planning be helpful?

Closing

- You're not alone—financial stress affects a lot of people.
- There are resources available if you'd like to explore them.
- I'd be happy to check in again if that would be helpful.

The goal is to reduce shame while opening the door to practical support.

Recommended Actions

Peer supporters should focus on encouragement, education, and resource connection rather than providing financial advice.

Recommended actions include:

- Normalize conversations about financial stress.
- Encourage realistic budgeting and long-term planning.
- Reinforce the importance of balancing overtime with recovery and family life.
- Provide information about trusted financial professionals who understand first responder careers and retirement systems.
- Encourage use of agency financial wellness programs, if available.
- Promote healthy discussions about finances within families.
- Continue periodic follow-up, recognizing that financial recovery often occurs over time.

Peer supporters should avoid criticizing financial decisions or attempting to serve as financial advisors.



Referral Considerations

Additional support may be appropriate when financial stress is contributing to:

- Significant anxiety or depression
- Chronic sleep disruption
- Relationship conflict
- Excessive overtime resulting in burnout
- Increased alcohol or substance use
- Difficulty meeting basic financial obligations
- Requests for financial education or planning assistance

Referrals may include:

- Certified financial planners
- Credit counseling services
- Employee Assistance Programs
- Behavioral health professionals
- Legal resources when appropriate
- Retirement planning specialists
- Community financial assistance programs

Immediate behavioral health intervention should occur whenever financial stress is accompanied by suicidal thoughts, hopelessness, or any circumstance involving immediate safety concerns.

Supervisor Considerations

Supervisors may recognize signs of financial stress before employees openly discuss them. While financial matters remain personal, supportive leadership can help create an environment where seeking assistance feels acceptable.

Supervisors should:

- Encourage healthy work-life balance.
- Monitor for fatigue associated with excessive overtime.
- Promote agency wellness resources.
- Normalize conversations about financial wellness during broader wellness initiatives.
- Support financial education opportunities for employees and families.

Supervisors should avoid:

- Making assumptions about an employee's financial circumstances.
- Criticizing overtime decisions without understanding the underlying reasons.
- Offering personal financial advice beyond their expertise.
- Discussing an employee's financial concerns with others without permission.

Supporting financial wellness contributes directly to operational readiness and long-term career sustainability.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.



Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Employee Assistance Program information
- Retirement system resources
- Deferred compensation program information
- Financial education opportunities
- Vetted financial professionals familiar with first responder benefits
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Community financial assistance resources
- Agency-specific confidentiality language

Agencies are encouraged to partner with reputable financial professionals who understand public safety retirement systems, disability benefits, deferred compensation plans, and the unique financial challenges faced by first responders and their families.



Chapter 7

Career-Ending Injury and Long-Term Rehabilitation Wellness Guide

Purpose

A career-ending injury or long-term rehabilitation can be one of the most significant losses a first responder experiences. For many, the profession is more than a job—it is a calling, a source of identity, a community, and a way of life. When an injury suddenly limits or ends the ability to serve, responders often face not only physical recovery but also profound emotional, social, financial, and professional challenges.

The purpose of this guide is to provide a structured framework for confidential, non-disciplinary peer support for first responders recovering from significant occupational injuries or navigating a transition away from active duty. Early and ongoing support helps reduce isolation, reinforces hope, maintains connection to the agency, and encourages healthy adjustment throughout the rehabilitation process.

This guide is intended to promote wellness and resilience. It is not intended to replace medical treatment, rehabilitation services, vocational counseling, or professional behavioral health care.

Scope

This guide may be used whenever a first responder experiences an injury or illness that results in prolonged recovery, significant work restrictions, medical retirement, or permanent separation from operational duties.

Examples include:

- Serious line-of-duty injuries
- Traumatic brain injuries
- Orthopedic injuries requiring extended rehabilitation
- Occupational illnesses
- Chronic pain conditions
- Permanent disability
- Medical retirement
- Career-ending psychological injuries



- Long-term workers' compensation cases
- Any injury or illness that significantly alters a responder's ability to continue serving

This guide is appropriate for personnel across all first responder disciplines, including law enforcement, fire service, EMS, dispatch, corrections, co-responders, emergency management, and allied public safety agencies.

Why This Matters

Most first responders spend years developing their professional identity. The uniform, the team, the schedule, and the mission become woven into daily life. When an injury suddenly changes that reality, responders often describe feeling as though they have lost a part of themselves.

Recovery is rarely limited to healing physical injuries. Many individuals experience uncertainty about the future, grief over lost abilities, financial concerns, chronic pain, changing family roles, and questions about purpose or self-worth. Some struggle with watching coworkers continue serving while they remain on the sidelines. Others experience reduced contact from the agency over time, leading to feelings of abandonment or isolation.

Healing from a career-ending injury involves more than rehabilitation—it often requires rebuilding identity, redefining purpose, and discovering meaningful ways to remain connected to family, community, and the profession.

Consistent peer support reminds injured responders that while their role may change, their value does not.

Common Responses

Recovery from a significant injury is rarely linear. Responders may experience periods of optimism followed by frustration, setbacks, or grief.

Physical

- Chronic pain
- Fatigue
- Sleep disruption

- Reduced mobility
- Ongoing medical procedures
- Medication-related side effects

Emotional

- Grief
- Depression
- Anxiety
- Frustration
- Anger
- Hopelessness
- Loss of confidence
- Fear about the future

Cognitive

- Difficulty concentrating
- Uncertainty regarding career decisions
- Loss of professional identity
- Reduced motivation
- Worry about finances or family responsibilities

Behavioral

- Social withdrawal
- Avoiding contact with coworkers
- Reduced participation in hobbies
- Increased alcohol or substance use
- Difficulty following rehabilitation plans
- Isolation from agency activities

Relational

- Changes in family roles
- Increased stress within relationships
- Feeling disconnected from coworkers
- Reduced social engagement
- Difficulty asking for help

These responses are common and often reflect the significant life transition rather than personal weakness. Recovery involves both physical healing and emotional adjustment.

Protective Factors

Research consistently demonstrates that long-term recovery is strengthened when injured responders remain connected, engaged, and hopeful.

Protective factors include:

- Regular contact from peers and supervisors
- Active participation in rehabilitation
- Strong family support
- Access to behavioral health professionals familiar with first responder culture



- Connection to peer support and chaplain services
- Participation in meaningful activities outside of work
- Vocational rehabilitation and career planning
- Healthy daily routines
- Realistic goal setting
- Opportunities to contribute to the organization in new ways when appropriate

Maintaining a sense of purpose is one of the strongest predictors of healthy long-term adjustment.

Suggested Peer Support Conversation

Recovery often extends over months or years. Consistent, genuine check-ins communicate that the responder remains a valued member of the organization.

Begin by explaining the purpose of the conversation and reviewing confidentiality consistent with agency policy and applicable Washington law.

Opening the Conversation

- I've been thinking about you and wanted to see how you're doing.
- How has recovery been going since we last talked?
- I know this has been a major life change. How are you doing—not just physically, but overall?

Physical Recovery

- How is your rehabilitation progressing?
- Have there been any recent changes in your treatment?
- How are you managing day to day?

Emotional Wellness

- What has been the most difficult part of this process?
- How are you feeling about everything that's changed?
- What has surprised you the most during your recovery?



Identity and Purpose

- What concerns are weighing on you the most right now?
- What parts of your identity outside the profession remain important to you?
- Have you found activities that continue to give you a sense of purpose?

Support System

- Who has been supporting you through this?
- Do you feel connected to the department?
- What additional support would be helpful?

Closing

- I'd like to keep checking in if you're comfortable with that.
- You remain an important part of this team, regardless of what your future role looks like.
- You don't have to navigate this transition alone.

Recovery conversations should acknowledge both physical progress and emotional adjustment without creating unrealistic expectations.

Recommended Actions

Peer supporters can play a meaningful role throughout rehabilitation by maintaining consistent connection rather than waiting for the responder to reach out.

Recommended actions include:

- Maintain regular contact throughout recovery, not just immediately after the injury.
- Encourage participation in medical treatment and rehabilitation.
- Include family members when requested by the responder.
- Reinforce that identity extends beyond the profession.
- Encourage participation in hobbies, volunteer work, education, mentoring, or other meaningful activities.
- Provide information regarding vocational rehabilitation and transition resources.



- Offer referrals to culturally competent behavioral health professionals when appropriate.
- Continue outreach following retirement or separation from the agency.

The goal is to help responders remain connected to people, purpose, and hope throughout recovery.

Referral Considerations

Additional behavioral health support should be encouraged when responders experience:

- Persistent depression or anxiety
- Ongoing hopelessness
- Difficulty accepting changes in physical ability
- Significant social withdrawal
- Increased alcohol or substance use
- Chronic pain accompanied by emotional distress
- Family or relationship difficulties
- Difficulty identifying purpose beyond the profession
- Requests for professional support

Immediate intervention is warranted whenever there are concerns regarding:

- Suicidal thoughts
- Thoughts of harming others
- Acute behavioral health crisis
- Significant impairment in daily functioning
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency crisis response procedures whenever urgent intervention is necessary.



Supervisor Considerations

The manner in which an organization supports injured personnel often has a lasting impact on recovery and the employee's perception of the agency.

Supervisors should:

- Maintain regular communication throughout recovery.
- Ensure injured personnel continue receiving important organizational updates when appropriate.
- Include employees in agency events whenever feasible and desired.
- Encourage participation in available wellness resources.
- Support gradual return-to-work planning when medically appropriate.
- Recognize that recovery timelines differ significantly between individuals.

Supervisors should avoid:

- Limiting communication to administrative or workers' compensation matters.
- Assuming that physical healing reflects emotional recovery.
- Allowing prolonged isolation from the agency.
- Defining an employee's value solely by their operational role.

An injured responder should never feel forgotten because they are no longer able to perform their previous duties.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first

responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Workers' compensation resources
- Return-to-work coordinators
- Vocational rehabilitation services
- Employee Assistance Program information
- Chaplain services
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Retirement and disability resources
- Agency-specific confidentiality language

Agencies are encouraged to develop formal outreach plans to ensure employees recovering from long-term injuries receive consistent contact throughout rehabilitation, regardless of whether they ultimately return to active duty.



Chapter 8

Internal Investigation Wellness Guide

Purpose

Few experiences create as much uncertainty for a first responder as becoming the subject of an administrative or criminal investigation. Regardless of the nature or outcome of the investigation, personnel often experience significant emotional, psychological, professional, and family-related stress while navigating an unfamiliar and frequently lengthy process.

The purpose of this guide is to provide a structured framework for confidential, non-disciplinary peer support for personnel involved in internal affairs investigations, administrative reviews, criminal investigations, or other formal accountability processes. Early and consistent wellness outreach helps reduce isolation, reinforce healthy coping strategies, and remind responders that support remains available throughout the investigative process.

This guide is intended to promote wellness—not to discuss case facts, influence investigative outcomes, provide legal advice, or interfere with investigative processes.

Scope

This guide may be used whenever a first responder becomes involved in an administrative, criminal, licensing, or other formal investigation that may significantly affect their wellbeing.

Examples include:

- Internal affairs or professional standards investigations
- Administrative reviews
- Criminal investigations
- Officer-involved shootings
- Use-of-force investigations
- Citizen complaints resulting in formal investigation
- Licensing or certification investigations
- Critical incident investigations



- Civil litigation related to employment
- Any investigation identified by the employee as creating significant stress

This guide is appropriate for all first responder disciplines, including law enforcement, fire service, EMS, dispatch, corrections, co-responders, emergency management, and allied public safety agencies.

Why This Matters

For many first responders, the investigation itself becomes more stressful than the original incident.

Investigations often unfold over weeks or months and may involve repeated interviews, administrative leave, legal consultation, media attention, uncertainty regarding employment, and concern about professional reputation. Responders frequently describe feeling as though every aspect of their career—and in some cases their identity—is temporarily placed on hold while waiting for answers beyond their control.

This prolonged uncertainty can affect sleep, concentration, family relationships, confidence, and overall emotional wellbeing. Personnel may withdraw from coworkers, avoid social interactions, or hesitate to ask for support out of concern that doing so will be perceived as an admission of wrongdoing.

Regardless of the reason an investigation occurs, every employee deserves access to compassionate wellness support. Supporting someone's wellbeing should never be interpreted as expressing an opinion regarding investigative findings or accountability. Organizations can simultaneously uphold professional accountability while ensuring employees are treated with dignity, respect, and humanity.

Common Responses

Every investigation is unique, and individual reactions vary considerably depending on the circumstances, organizational culture, and available support systems.

Physical

- Difficulty sleeping
- Fatigue
- Changes in appetite

- Muscle tension
- Headaches
- Elevated stress levels

Emotional

- Anxiety
- Fear
- Shame
- Embarrassment
- Anger
- Frustration
- Guilt
- Emotional numbness

Cognitive

- Persistent worry
- Difficulty concentrating
- Racing thoughts
- Fear of worst-case outcomes
- Self-doubt
- Difficulty making decisions

Behavioral

- Withdrawal from coworkers
- Avoiding agency events
- Increased alcohol or substance use
- Reduced motivation
- Social isolation
- Over-monitoring news or social media coverage

Relational

- Increased family stress
- Conflict within relationships
- Difficulty discussing the investigation
- Feeling misunderstood
- Loss of trust in others

These reactions are common during periods of prolonged uncertainty and do not necessarily indicate the presence of a mental health disorder.

Protective Factors

Healthy adjustment during an investigation is strengthened by maintaining routines, relationships, and perspective despite uncertainty.

Protective factors include:

- Regular sleep, nutrition, and exercise
- Continued connection with trusted peers
- Strong family and social support
- Access to legal representation when appropriate

- Peer support and chaplain services
- Culturally competent behavioral health care
- Limiting unnecessary exposure to media and social media
- Maintaining normal daily routines whenever possible
- Focusing on factors within one's control

While responders cannot control the pace or outcome of an investigation, they can influence how they care for themselves throughout the process.

Suggested Peer Support Conversation

The goal of the conversation is to support the individual—not to discuss the investigation.

Peer supporters should clearly explain that the purpose of the conversation is wellness and should avoid questions related to investigative facts.

Begin by reviewing confidentiality consistent with agency policy and applicable Washington law.

Opening the Conversation

- I wanted to check in and see how you're doing.
- I know this process can be incredibly stressful. How have things been for you?
- I'm not here to talk about the investigation—I just wanted to see how you're holding up.

Physical Wellness

- How have you been sleeping?
- Have you been eating regularly?
- Are you finding ways to stay active?

Emotional Wellness

- What has been the hardest part of this process?
- How has all of this been affecting you outside of work?
- Is there anything that's been weighing on you the most?



Support System

- Who has been supporting you through this?
- Have you been able to lean on your family or trusted friends?
- Are you finding yourself pulling away from people?

Coping

- What has been helping you manage the stress?
- What has made things more difficult?
- What would help make the next few weeks more manageable?

Closing

- You still deserve support while this process unfolds.
- You don't have to go through this alone.
- I'd like to check in again if you're comfortable with that.

Allow the responder to guide the conversation. Silence, uncertainty, and emotion are all appropriate responses.

Recommended Actions

Peer supporters should focus on maintaining connection throughout the investigative process, recognizing that distress often increases as investigations become prolonged.

Recommended actions include:

- Maintain regular, confidential contact.
- Reinforce that seeking support is appropriate regardless of the investigation.
- Encourage healthy daily routines including sleep, nutrition, exercise, and social connection.
- Encourage responders to remain connected with trusted peers and family.
- Remind responders to utilize legal counsel for legal questions rather than discussing investigative matters with peers.



- Offer referrals to culturally competent behavioral health professionals when appropriate.
- Continue follow-up after major investigative milestones, including interviews, administrative decisions, media events, court proceedings, and case resolution.

Support should continue even after an investigation concludes, as emotional reactions often emerge during the transition back to normal duties.

Referral Considerations

Additional behavioral health support should be encouraged when responders experience:

- Persistent anxiety or depression
- Significant sleep disruption
- Difficulty functioning at work or home
- Escalating alcohol or substance use
- Persistent isolation from family or coworkers
- Feelings of hopelessness
- Significant emotional distress related to the investigation
- Requests for professional support

Immediate intervention is warranted whenever there are concerns regarding:

- Suicidal thoughts
- Thoughts of harming others
- Acute behavioral health crisis
- Significant impairment in functioning
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency crisis response procedures whenever urgent intervention is necessary.



Supervisor Considerations

Supervisors have an important responsibility to support employee wellbeing while preserving the integrity of investigative processes.

Supervisors should:

- Separate wellness conversations from investigative responsibilities whenever possible.
- Express concern for the employee's wellbeing without discussing case details.
- Encourage use of peer support, chaplain services, Employee Assistance Programs, and behavioral health resources.
- Maintain professional communication throughout the investigation.
- Recognize that prolonged uncertainty can significantly affect employee wellbeing.
- Continue outreach following the conclusion of the investigation.

Supervisors should avoid:

- Asking investigative questions during wellness conversations.
- Speculating about investigative outcomes.
- Offering legal advice.
- Discussing confidential investigative information.
- Assuming the employee is coping well simply because they appear composed.

Supporting employee wellness does not compromise accountability; both responsibilities can and should coexist.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to



testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Peer supporters should also remind responders that discussions regarding investigative strategy, legal advice, or protected case information should occur only with their attorney or designated representative. Maintaining clear role boundaries protects both the responder and the integrity of the investigative process.

Being transparent about confidentiality strengthens trust and promotes informed decision-making.

Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Employee Assistance Program information
- Chaplain services
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Agency legal support resources
- Union or association representative information
- Administrative leave wellness procedures
- Agency-specific confidentiality language
- Applicable collective bargaining provisions



Agencies should consider establishing routine wellness outreach during lengthy investigations to ensure personnel remain connected and supported regardless of the eventual outcome.



Chapter 9

Officer-Involved Shooting and Multi-Agency Critical Incident Wellness Guide

Purpose

Officer-involved shootings and other multi-agency critical incidents are among the most complex events encountered in public safety. Beyond the immediate operational demands, these incidents often involve multiple responding disciplines, lengthy investigations, media attention, legal proceedings, and lasting emotional impacts on everyone involved. While much attention is appropriately focused on the primary involved personnel, many others—including dispatchers, firefighters, EMS providers, investigators, supervisors, chaplains, evidence technicians, and support staff—may also experience significant psychological effects.

The purpose of this guide is to provide a structured framework for confidential, non-disciplinary peer support following officer-involved shootings and other multi-agency critical incidents. The goal is to ensure that every responder affected by the event has access to timely, compassionate, and culturally competent wellness support throughout the recovery process.

This guide is intended to promote wellness—not to investigate the incident, evaluate performance, determine legal responsibility, or provide clinical treatment.

Scope

This guide may be used following any critical incident involving multiple responding agencies or disciplines, including but not limited to:

- Officer-involved shootings
- Active violence incidents
- Barricaded subjects
- Hostage situations
- Line-of-duty deaths
- Critical incidents involving multiple casualties
- Tactical operations resulting in serious injury or death
- High-profile incidents involving prolonged operations or media attention
- Any event that significantly affects multiple responders across agencies



Wellness outreach should consider all personnel who were impacted by the event, not solely those directly involved in the use of force or tactical response.

Potentially affected personnel may include:

- Primary involved officers or responders
- Witness officers or responders
- Firefighters
- EMS personnel
- Dispatchers and communications professionals
- Tactical teams
- Crisis negotiators
- Investigators
- Crime scene and evidence personnel
- Medical examiners
- Supervisors
- Command staff
- Chaplains
- Peer Support Team members
- Public information officers
- Mutual aid personnel
- Support staff

Every role contributes to the response, and every role deserves consideration during post-incident wellness outreach.

Why This Matters

Critical incidents rarely affect only those at the center of the event.

Dispatchers may replay radio traffic for weeks. Firefighters and EMS personnel may remember unsuccessful lifesaving efforts. Investigators and evidence technicians often



spend prolonged periods processing emotionally difficult scenes. Supervisors and command staff carry the responsibility of supporting personnel while simultaneously managing operational, legal, administrative, and community expectations.

In many cases, responders experience multiple stressors simultaneously, including exposure to traumatic events, intense media coverage, public scrutiny, legal uncertainty, disrupted schedules, and concern for coworkers. These cumulative demands may affect individuals differently depending on their role, previous trauma exposure, support systems, and personal experiences.

Recovery should never be limited to those who fired a weapon or made a critical decision. Comprehensive wellness programs recognize that trauma exposure occurs across the entire response system.

Early, compassionate outreach reinforces organizational commitment to employee wellbeing while helping identify responders who may benefit from additional support throughout the investigative and recovery process.

Common Responses

Responses to officer-involved shootings and multi-agency incidents vary considerably depending on an individual's role and personal experiences. Some responders notice changes immediately, while others experience delayed reactions days, weeks, or even months later.

Physical

- Difficulty sleeping
- Fatigue
- Muscle tension
- Headaches
- Changes in appetite
- Increased startle response

Emotional

- Anxiety
- Irritability

- Sadness
- Anger
- Guilt
- Emotional numbness
- Relief mixed with grief
- Moral injury

Cognitive

- Intrusive memories
- Replaying the incident
- Difficulty concentrating



- Hypervigilance
- Self-questioning
- Difficulty "turning off" after the event

Behavioral

- Withdrawal from coworkers or family
- Increased alcohol or substance use
- Avoidance of reminders
- Working excessive hours
- Changes in routine
- Emotional distancing

Relational

- Increased conflict at home
- Feeling misunderstood
- Difficulty discussing the incident
- Reduced patience
- Social isolation



These responses are common following significant critical incidents and do not necessarily indicate the presence of a mental health disorder. Most responders recover naturally with support, healthy routines, and meaningful connection.

Protective Factors

Research consistently demonstrates that recovery is strengthened when responders receive practical support, remain connected to trusted individuals, and have access to evidence-informed wellness resources.

Protective factors include:

- Early peer support outreach
- Strong family and social support
- Adequate sleep, nutrition, and hydration
- Regular physical activity
- Connection with trusted coworkers
- Participation in chaplain services when desired
- Access to culturally competent behavioral health professionals
- Maintaining healthy routines
- Clear communication from agency leadership
- Opportunities for recovery between operational demands

Organizations that normalize wellness support create environments where personnel are more likely to seek help early.

Suggested Peer Support Conversation

The purpose of the conversation is to support the responder—not to discuss tactical decisions, investigative findings, or legal issues.

Begin by explaining the purpose of the conversation and reviewing confidentiality consistent with agency policy and applicable Washington law.



Peer Support Selection for Critical Incidents: When an agency intends for RCW 5.60.060(6) testimonial privilege to apply, it should select an appropriately designated peer supporter who was not an initial responding first responder, witness, or party to the incident that prompted the peer-support services.

Opening the Conversation

- I wanted to check in and see how you've been doing since the incident.
- I'm not here to talk about the investigation. I just wanted to make sure you're taking care of yourself.
- A lot of people were affected by what happened. How have things been for you?

Physical Wellness

- How have you been sleeping?
- Have you been eating regularly?
- Are you getting opportunities to rest?

Emotional Wellness

- What has been the hardest part since the incident?
- Has anything surprised you about how you've been feeling?
- What has stayed with you the most?

Support System

- Who have you been able to lean on?
- How is your family doing?
- Have you been spending time with people you trust?

Recovery

- What has been helping you the most?
- Is there anything that has made recovery more difficult?
- What would be helpful over the next few weeks?

Closing

- You don't have to go through this alone.

- I'd like to check in again after things settle down a bit.
- If you need additional support, we can help connect you with resources.

The conversation should focus on the responder's wellbeing rather than the details of the incident.

Recommended Actions

Agencies should adopt a proactive, coordinated approach to wellness following officer-involved shootings and other multi-agency critical incidents.

Recommended actions include:

- Initiate peer support outreach within the first 24 hours whenever practical.
- Conduct additional wellness check-ins within 72 hours, one week, one month, and following significant investigative milestones.
- Ensure support is available to all affected disciplines—not only primary involved personnel.
- Encourage hydration, nutrition, rest, and decompression immediately following the incident.
- Offer voluntary access to peer support, chaplain services, and culturally competent behavioral health professionals.
- Support family communication needs whenever appropriate.
- Continue wellness outreach following interviews, media events, court proceedings, administrative decisions, and case adjudication.
- Recognize that anniversaries and similar future incidents may reactivate emotional responses.

Support should be viewed as an ongoing process rather than a single post-incident event.

Referral Considerations

Additional behavioral health support should be encouraged when responders experience:

- Persistent intrusive memories
- Ongoing sleep disruption

- Significant anxiety or depression
- Difficulty functioning at work or home
- Persistent guilt, shame, or moral injury
- Increased alcohol or substance use
- Withdrawal from family or coworkers
- Requests for additional support

Immediate intervention is warranted whenever there are concerns regarding:

- Suicidal thoughts
- Thoughts of harming others
- Acute behavioral health crisis
- Significant behavioral impairment
- Any circumstance involving immediate safety concerns

Peer supporters should follow agency crisis response procedures whenever urgent intervention is necessary.

Supervisor Considerations

Leadership plays a critical role in establishing the tone for organizational recovery following a critical incident.

Supervisors should:

- Ensure personnel have opportunities for physical and emotional recovery.
- Encourage voluntary participation in available wellness resources.
- Recognize that different disciplines may experience different stressors.
- Maintain regular communication throughout investigative and recovery processes.
- Continue wellness outreach after personnel return to normal assignments.
- Model healthy help-seeking behaviors when appropriate.

Supervisors should avoid:

- Requiring personnel to participate in mandatory emotional processing.



- Assuming only directly involved responders require support.
- Discussing investigative matters during wellness conversations.
- Equating a return to work with complete recovery.
- Focusing solely on operational performance while overlooking employee wellbeing.

Effective leadership recognizes that supporting responders is essential to sustaining operational readiness.

Confidentiality

Trust and confidentiality are foundational to effective peer support. Peer support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications between a peer support services recipient and a peer supporter who has been appropriately designated by their employing agency and is acting in their capacity as a peer supporter. Subject to the requirements and limitations of the statute, a peer supporter may not be compelled to testify regarding a protected communication without the consent of the peer support services recipient. The statutory privilege does not apply in all circumstances. Among other limitations, it does not apply when the peer supporter was an initial responding first responder, witness, or party to the incident that prompted the peer support services. Agencies should consider these limitations when selecting peer supporters following critical incidents. Peer supporters should clearly explain the purpose of peer support, the scope and limitations of confidentiality and applicable privilege, and any circumstances in which disclosure may be required by law or agency policy. Agencies should consult legal counsel when developing confidentiality, documentation, disclosure, and peer-support designation procedures.

Evidence-Informed Considerations

Current research and national best practices support a recovery model that emphasizes practical assistance, human connection, and voluntary support rather than mandatory emotional processing.

Key principles include:



- Psychological First Aid emphasizes safety, practical support, stabilization, connection, and access to ongoing resources.
- Peer support complements—but does not replace—professional behavioral health care.
- Mandatory emotional debriefings are not recommended as a universal intervention following traumatic events.
- Cumulative trauma exposure should be considered when assessing ongoing wellness needs.
- Recovery should be viewed as an ongoing process rather than a single event.

Agencies should ensure wellness practices remain consistent with current evidence and evolving best practices in first responder behavioral health.

Agency Customization Notes

Agencies should adapt this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Chaplain services
- Employee Assistance Program information
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Multi-agency wellness coordination procedures
- Mutual aid peer support contacts
- Family support resources
- Agency-specific confidentiality language
- Critical incident response protocols

Agencies are encouraged to establish regional relationships with neighboring peer support teams to ensure adequate wellness resources are available following large-scale or prolonged incidents involving multiple jurisdictions.



Chapter 10

Arrest of a First Responder Wellness Guide

Purpose

The arrest of a first responder can create significant emotional, psychological, professional, organizational, and family-related stress. Within a short period of time, an employee may experience arrest or detention, removal from duty, uncertainty regarding employment, legal proceedings, media attention, public scrutiny, financial concerns, and disruption of normal routines and relationships.

The impact often extends beyond the arrested employee. Coworkers, supervisors, family members, peer supporters, and agency personnel may also experience shock, anger, confusion, grief, concern, or uncertainty regarding how to respond.

The purpose of this guide is to provide a structured framework for confidential, non-disciplinary wellness and peer support following the arrest of a first responder. Because the needs and interests of the arrested employee may differ substantially from those of coworkers and the agency, this guide emphasizes clear role boundaries and, whenever possible, separate support resources for different individuals or groups affected by the event.

This guide is intended to support the people affected by the arrest while maintaining clear boundaries around the criminal, administrative, and employment processes.

Scope

This guide may be used following the arrest, or anticipated arrest, of a first responder or when criminal charges create significant stress for the employee, their coworkers, or the agency.

This may include circumstances involving:

- Arrest or detention
- Criminal charges
- Release from custody following arrest
- Continued detention or incarceration
- Administrative leave related to criminal allegations
- Criminal allegations involving significant media or public attention
- Criminal proceedings extending over a prolonged period



- Employment actions occurring alongside criminal proceedings

This guide is appropriate for law enforcement, fire service, EMS, dispatch, corrections, co-responders, emergency management, and allied public safety agencies. Agencies should adapt activation procedures to align with local policy, collective bargaining agreements, investigative requirements, and available wellness resources.

Why This Matters

An arrest can affect multiple areas of a first responder's life simultaneously.

For the arrested employee, the event may create uncertainty regarding employment, finances, reputation, relationships, and future involvement in their chosen profession. Individuals who are accustomed to functioning in a public safety role may suddenly find themselves navigating the criminal justice system from a very different position. Administrative leave, surrender of credentials or equipment, separation from coworkers, and uncertainty regarding what comes next may further disrupt identity, routine, and social connection.

The event may also significantly affect coworkers and the agency. Personnel may struggle to reconcile the allegations with the colleague they know, worry about victims or others affected by the alleged conduct, question previous interactions, experience anger or betrayal, or become concerned about the effect on the agency or profession.

Supporting the arrested employee's wellbeing should not be interpreted as expressing an opinion regarding the allegations or outcome of the case. Similarly, providing support to coworkers who experience anger, betrayal, or distress does not require the organization to take a position beyond the established investigative and accountability processes.

Organizations can maintain accountability while ensuring that all affected personnel have appropriate access to wellness support.

Separate Support Pathways

The arrest of a first responder may create several distinct support needs. Depending on the circumstances, wellness resources may be needed for:

- The arrested employee
- The employee's spouse, partner, or family
- Close coworkers or partners
- The employee's unit or workgroup



- Supervisors or command staff
- Personnel directly involved in the investigation or arrest

These individuals may have very different experiences of the event. In some circumstances, their perspectives or interests may conflict. Whenever practical, agencies should consider assigning different peer supporters, clinicians, chaplains, or wellness resources to different affected groups. For example, one peer supporter or clinician may support the arrested employee while another may support the employee's unit or coworkers. A separate resource may support command staff or personnel directly involved in the investigation while family members may be connected with their own support resources when appropriate. Separating these roles helps protect confidentiality, trust, neutrality, and psychological safety. The goal is to ensure that individuals receiving support can speak openly without concern that the same person is simultaneously supporting someone whose experience, interests, or perspective may be substantially different.

Role and Conflict-of-Interest Considerations

Peer supporters and behavioral health professionals should consider potential conflicts of interest before assuming a support role. Whenever possible, the individual providing primary wellness support to the arrested employee should not simultaneously serve as the primary support resource for the directly affected unit or agency.

The arrested employee may need to discuss:

- Fear or uncertainty regarding the future
- Shame or embarrassment
- Family concerns
- Perceived loss of professional identity
- Anger toward the agency or investigative process
- Feelings of isolation or abandonment
- Employment or financial concerns

Coworkers may simultaneously be processing:

- Shock or disbelief
- Anger or betrayal
- Concern regarding alleged victims
- Questions about previous interactions with the employee
- Increased workload or operational disruption
- Concern about public or media attention
- Conflicted loyalty toward the employee

- Effects on trust within the unit

Using the same support provider for both groups may create actual or perceived concerns regarding confidentiality, neutrality, or divided loyalties. Behavioral health professionals should evaluate potential dual-role and conflict-of-interest concerns consistent with their professional responsibilities and should separate clinical or organizational roles when appropriate.

Supporting the Arrested Employee

Immediate Support

The period immediately following arrest may involve significant disruption and uncertainty. Initial peer-support efforts should focus on safety, stabilization, practical needs, and connection rather than detailed emotional processing. When permitted by agency policy and the circumstances of the case, consider identifying a designated peer-support or wellness contact for the employee.

Initial support may include:

- Confirming that the employee knows how to access peer support and behavioral health resources
- Determining whether the employee has been released or remains in custody
- Assessing immediate wellness and safety concerns
- Encouraging connection with trusted family, friends, or other supports
- Encouraging attention to basic needs including sleep, nutrition, hydration, medications, and safe transportation
- Providing information regarding chaplain, EAP, union or association, and culturally competent behavioral health resources
- Establishing a plan for continued wellness contact when appropriate

If the employee remains in custody, agencies should determine what forms of peer-support or wellness contact are permitted and appropriate. The goal of initial contact is exclusively to support the employee's wellbeing.

Common Responses

Individual responses following arrest vary considerably and may change throughout the criminal and administrative processes. These reactions are normal during periods of significant uncertainty and do not necessarily indicate the presence of a mental health disorder.

Physical

- Difficulty sleeping, fatigue
- Changes in appetite
- Headaches, muscle tension
- Elevated stress levels
- Gastrointestinal discomfort

Emotional

- Anxiety, fear, shock
- Shame, embarrassment
- Anger, frustration
- Guilt
- Sadness, hopelessness
- Emotional numbness

Cognitive

- Preoccupation with employment or legal consequences
- Racing thoughts
- Fear of worst-case outcomes
- Difficulty concentrating or making decisions

Behavioral

- Social isolation, withdrawal
- Avoiding agency personnel or events
- Increased alcohol or substance use
- Reduced motivation
- Changes in normal routines
- Impulsive decision-making
- Over-monitoring media or social media coverage

Relational

- Increased family stress
- Conflict with a spouse or partner
- Withdrawal from family or friends
- Feeling judged or misunderstood
- Fear of disappointing loved ones
- Loss of connection with coworkers

Identity and Professional Loss

For many first responders, the profession is closely connected to identity, purpose, community, and social connection. Arrest, administrative leave, removal of credentials, or separation from coworkers may therefore affect more than employment. Personnel may experience the event as a sudden loss of role, belonging, or future direction. Peer supporters should pay particular attention when an employee expresses intense hopelessness or makes statements suggesting that their career, reputation, or current circumstances have eliminated any meaningful future. For example, saying, "everything is gone," "there is no coming back from this," "I can't face anyone," or "my family would be better off without this."

These statements should be explored rather than dismissed or immediately reassured away. While they do not necessarily indicate suicidal intent, they may warrant additional

assessment, particularly when accompanied by severe isolation, intoxication, significant losses, agitation, or other safety concerns.

Protective Factors

Healthy adjustment following arrest is strengthened by maintaining connection, routine, and access to appropriate resources despite uncertainty. While the employee cannot control the pace or outcome of criminal or administrative proceedings, they can influence how they care for themselves throughout the process.

Protective factors include:

- Connection with trusted family and friends
- Continued contact with appropriate peers
- Regular sleep, nutrition, and physical activity
- Access to legal representation
- Peer support and chaplain services
- Culturally competent behavioral health care
- Limiting unnecessary exposure to media and social media
- Maintaining normal routines when possible
- Avoiding excessive alcohol or substance use
- Focusing on immediate needs and factors within the individual's control

Examples of A Peer Support Conversation With the Arrested Employee

The goal of the conversation is exclusively to support the individual. Peer supporters should clearly explain that the purpose of the contact is wellness and should avoid questions regarding the allegations or investigative facts. Begin by reviewing confidentiality consistent with agency policy and applicable Washington State law.

If the employee begins discussing detailed case facts, peer supporters should redirect the conversation and encourage the employee to discuss investigative or legal matters with their attorney or designated representative. Allow the responder to guide the conversation. Silence, uncertainty, anger, and emotion are all appropriate responses.

Opening the Conversation

- I just wanted to check in on you.
- I'm not calling to get into what happened. I just wanted to see how you're doing.
- I know you've got a lot coming at you right now. How are you holding up?
- How are you doing today?
- What's this been like for you so far?

- I figured you might be getting a lot of calls and questions right now, so I wanted to make sure somebody was checking on *you*.
- You don't need to explain anything to me. I just wanted to see where you're at.

Immediate Needs

- Did you get any sleep last night?
- Have you eaten anything?
- Are you at home right now?
- Are you by yourself, or is somebody with you?
- Do you have what you need for the next couple of days?
- Is there anything practical that's making this harder right now?
- Is there anything you need help figuring out today?
- Do you have somewhere you can actually shut things down and get some rest?
- Who's around you right now?
- What would make today a little easier?

Emotional Wellness

- What's been the hardest part of this so far?
- What's getting to you the most right now?
- What are you finding yourself thinking about over and over?
- Is there one part of this that feels heavier than everything else?
- How are you doing when things get quiet?
- Are you able to shut your brain off at all?
- What's been hitting you the hardest—work, family, the uncertainty, people knowing?
- Has anything about your own reaction surprised you?
- Are you mostly angry, scared, numb, overwhelmed, or kind of all over the place?
- How are you doing when you're not having to hold it together for everybody else?

Support System

- Who's in your corner right now?
- Who have you actually been able to talk to?
- Is there anybody you feel like you can be completely open with in terms of how you're actually doing and what your needs are?
- Are people checking in, or has it gotten pretty quiet?
- Are you letting people help you, or are you mostly keeping to yourself?
- Who do you trust enough to be around right now?
- How's your family doing with all of this?
- Is there anyone you're avoiding because you don't know what to say to them?

- Are you finding yourself wanting to disappear from everybody for a while?

Coping

- What are you doing to get through the day right now?
- What's helping, even a little?
- What's making it worse?
- Are you sleeping at all, or just running on adrenaline?
- Are you drinking more than you normally would?
- Are you getting out of the house at all?
- Have you been able to do anything that feels remotely normal?
- What part of your routine have you been able to hang onto?
- What usually works for you when things get bad? Is any of that helping now?
- What do you need to get through the next 24 hours?
- Don't worry about next month right now. What would help with the next day or two?

If They Start Talking About the Case

- You don't have to explain any of that to me.
- I'm going to stay out of the details of the case, but I'm happy to talk about how all of this is affecting you.
- That's probably something you want to save for your attorney. I'm more interested in how you're doing with everything around it.
- I don't need to know whether you did or didn't do something to check on you.
- We can leave the facts of the case alone. What's this doing to you personally?
- I'm not the person who needs the details, and I don't want to put you in a bad position by asking.

If They Seem Ashamed or Worried About What Everyone Thinks

- You don't have to figure out what everybody thinks right now.
- I know it probably feels like everybody is talking about you. Try not to live in that space all day.
- You're probably going to have people react in a lot of different ways. You don't have to manage everybody else's reaction right now.
- You don't have to defend yourself to me.
- I'm not here to judge you or make you explain yourself.
- Whatever happens with the case is going to happen through that process. Right now I'm checking on whether you're okay.

If They Are Isolating



- I get wanting to shut everybody out, but I don't want you disappearing on us completely.
- Who's one person you're willing to stay connected to?
- Are you answering anybody's calls right now?
- Is there somebody who can come sit with you for a while?
- I'm not asking you to be social. I just don't want you carrying all of this alone.

Closing

- I'm going to check on you again.
- You don't need to have anything figured out before we talk again.
- If tonight gets rough, call me [or reference the safety plan].
- If you don't want to talk, that's fine. I can still check in.
- You don't have to give me an update on the case when I call. I just want to know how *you're* doing.
- I'm not going anywhere just because this got complicated.
- We'll take this one piece at a time.
- For now, just get through today.
- I'll check back in tomorrow.
- If something changes and you need somebody before then, reach out.

Recommended Actions for Supporting the Arrested Employee

Peer supporters should focus on maintaining connection while preserving clear boundaries between wellness and investigative processes. It is important to remember that support needs may change throughout the process. A single contact immediately following arrest may not be sufficient.

Recommended actions may include:

- Maintain appropriate, confidential contact.
- Reinforce that accepting wellness support does not imply wrongdoing.
- Encourage healthy daily routines including sleep, nutrition, exercise, and social connection.
- Encourage connection with trusted family and friends.
- Provide information regarding available peer support, chaplain, EAP, and behavioral health resources.
- Remind responders to utilize legal counsel for legal questions.
- Monitor for increasing isolation, hopelessness, substance use, or significant changes in functioning.



- Continue follow-up after significant criminal, administrative, or employment milestones.

Potential periods of increased stress may be:

- Initial arrest or release from custody
- Filing of criminal charges, first court appearance,
- Media coverage
- Administrative or employment decisions
- Court hearings, trial or plea proceedings, case disposition
- Return to work or separation from employment

Supporting Coworkers, the Unit, and the Agency

Why This Matters

The arrest of a coworker may significantly affect personnel who worked alongside the employee. Coworkers may have longstanding personal or professional relationships with the individual and may struggle to reconcile those experiences with the information they are now receiving. Personnel may simultaneously care about the employee while also feeling anger, disappointment, concern, or uncertainty regarding the allegations. Some personnel may want to maintain contact with the employee. Others may want distance. Some may feel strongly about the allegations, while others may feel unable to form an opinion without additional information.

Wellness support should create space for these different reactions without requiring personnel to adopt a shared view of the employee or the allegations. These responses may evolve as additional information becomes available or as criminal and administrative proceedings continue.

Common Responses Among Coworkers

Emotional

- Shock, disbelief, confusion
- Anger, frustration, betrayal
- Sadness
- Embarrassment

Cognitive

- Replaying previous interactions
- Wondering whether warning signs were missed
- Difficulty reconciling the allegations with prior experiences of the employee
- Concern about what additional information may emerge
- Worry about the effect on the agency or profession

Behavioral

- Increased discussion or rumors within the workplace
- Repeated monitoring of news or social media
- Avoiding conversations about the incident
- Increased conflict within the unit
- Withdrawal from coworkers
- Difficulty concentrating at work

Relational and Organizational

- Conflicted loyalty toward the employee
- Concern about supporting the employee being interpreted as condoning alleged behavior
- Concern about distancing from the employee
- Reduced self-efficacy or reduced trust within the unit
- Increased workload following the employee's absence
- Concern regarding public perception
- Fear of being interviewed, subpoenaed, or otherwise involved in the investigation

Conflicted Loyalty

Personnel may experience significant conflict when someone they respect and/or care about is accused of behavior that appears inconsistent with their understanding of that individual or with the values of the profession. They may feel pressure to decide immediately whether they support or reject the employee. Peer supporters should normalize the possibility that people may hold conflicting feelings at the same time. A responder may care about a longtime friend while also taking allegations seriously. They may feel concern for an alleged victim while also worrying about the wellbeing of the arrested employee. They may feel angry with the employee while grieving the loss of the relationship they previously knew. Wellness support should not attempt to resolve these conflicts for the individual or pressure personnel toward a particular position but rather help to create space for the individual to sit with these opposing emotions.

Things a Peer Supporter Might Say to Coworkers

The goal is exclusively to check in on how the event is affecting the person and the team. Peer supporters should keep the conversation focused on how the event is affecting the person, not on what they know, what they heard, or what they think happened. If the conversation starts moving into investigative facts, rumors, or evidence, redirect it. Anything relevant to the investigation should go through the appropriate investigative or legal channel.

Opening the Conversation

- How are you doing with all of this?
- How's this been sitting with you?
- I know this has been a lot for the team. How are you doing?
- How are things feeling around [the unit/agency] right now?
- I just wanted to check in. I know everybody's probably processing this differently.
- Has this hit you harder than you expected?
- What's this been like for you since you heard?

If They Seem Shocked or Conflicted

- Does this feel hard to reconcile with the person you knew?
- Are you finding yourself going back over old conversations or interactions?
- Are you feeling pulled in a couple different directions about it?
- Is part of you still trying to make sense of it?
- Are you feeling like you're supposed to know how you feel about this already?
- It's okay if your reaction is all over the place right now.
- You can care about somebody and still have a lot of feelings about what they're accused of doing.
- You don't have to pick a side in your head today.

Emotional Impact

- What's been the hardest part for you?
- What's bothering you the most?
- Are you more angry, disappointed, confused, worried, or some mix of all of it?
- Has anything about your own reaction surprised you?
- Is there something about this that you can't seem to stop thinking about?
- Are you finding yourself taking this home with you?
- Is this affecting you more than you want people at work to know?
- Are you feeling guilty about how you're reacting either way?

Impact on the Team

- What's the atmosphere been like at work since this happened?
- Has it changed how people are interacting with each other?
- Are people talking about it constantly, or avoiding it completely?
- Are there different camps starting to form?
- Has this created tension between people?
- Has the workload changed since they've been gone?
- Are people feeling like they don't know what they're allowed to say?
- Is everyone getting their information from rumors and social media right now?
- Is there something leadership could clarify that would make things easier?

If They Were Close to the Arrested Employee

- Have you been able to talk to anyone about what this is like for you personally?
- Are you worried people are judging you because you were close with them?
- Do you feel like you have to defend them, or distance yourself from them?
- Are you feeling guilty either way?
- Are you trying to figure out whether you should reach out?
- Do you know what you're allowed to do as far as contact?
- It's okay if you don't know what that relationship looks like right now.

If They Feel Angry or Betrayed

- Are you pissed off?
- Do you feel like they put the rest of the team in a bad position?
- Are you feeling betrayed by them?
- Are you worried about what this does your squad or the agency?
- Are you angry that everyone else now has to deal with the fallout?
- Is that anger making it hard to focus at work?
- Do you feel like people are telling you how you're supposed to react?

If They're Worried About the Alleged Victim or Conduct

- Is part of what's hard for you thinking about the person or people who may have been harmed?
- Are you struggling with the nature of what's being alleged?
- Does this hit something personally for you?
- Is it changing how you think about the person you worked with?
- Are you having a hard time separating what you know from what you're hearing?

Media, Public Attention, and Rumors

- Are you getting questions from people outside of work?



- Are you checking the news or social media more than you normally would?
- Is the public attention getting to you?
- Are you hearing things that you don't know whether to believe?
- Are rumors inside the agency making this harder?
- Are you feeling like you have to explain or defend the agency to people?
- Are you worried about what people now think about the unit?

Support

- Who are you talking to about this?
- Is there anybody at work you can be honest with about how you feel?
- Are people checking in on each other?
- Is anyone getting left out or isolating?
- Are there people on the team you're worried about?
- Would it help to talk with someone outside the unit?
- Is there anything you need from peer support right now?
- What would actually be helpful over the next week or two?

If the Conversation Starts Turning Into Case Discussion

- I don't want to get into the facts of the case, but I'm happy to talk about what you're experiencing because of it.
- Let's stay away from what you heard or what you think happened. How is all of this affecting you?
- I don't want to put you in a weird position by asking about anything investigative.
- You don't need to tell me anything you may end up being asked about officially.
- If you have information that matters to the investigation, that needs to go through the right channel. I'm here to talk about how you're doing.
- We can talk about the impact without talking about the evidence.

If They're Judging Their Own Reaction

- There really isn't a right way to feel about this.
- You don't have to feel the same way everybody else does.
- You can be angry with someone and still care about them as a person.
- You can care about the person and still take the allegations seriously.
- You don't have to decide today what this means about your relationship with them.
- It's okay if your reaction changes as things unfold.

Closing

- I just wanted to make sure somebody was checking on you too.

- If this starts getting heavier, reach out.
- I'm going to check back in.
- You don't have to wait until you're really struggling to call.
- If you need to vent without getting into the case, I'm around.
- If work starts feeling harder because of all this, let somebody know.
- Keep an eye on yourself over the next couple of weeks. Sometimes this stuff hits later.
- If you notice someone else on the team shutting down or struggling, let us know so we can check on them.

Recommended Actions for Supporting the Unit

Personnel who are directly involved as investigators, witnesses, complainants, victims, arresting personnel, or decision-makers may require additional or separate support.

Recommended actions may include:

- Provide access to peer support or behavioral health resources separate from those supporting the arrested employee whenever practical.
- Acknowledge that personnel may have different and conflicting reactions.
- Provide opportunities for voluntary individual or small-group support.
- Monitor personnel who had especially close personal or professional relationships with the employee.
- Recognize the effect of increased workload or staffing changes.
- Address rumors and uncertainty through appropriate organizational communication when possible.
- Encourage personnel to limit unnecessary exposure to media and social media.
- Provide clear guidance regarding whether and how personnel may contact the arrested employee when appropriate.
- Continue wellness outreach as the criminal and administrative processes unfold.

Personnel Directly Involved in the Matter

Some personnel may occupy multiple roles in the situation. A coworker may also be a witness. A supervisor may be responsible for administrative decisions. A close friend may be assigned investigative responsibilities. Other employees may have participated directly in the arrest or underlying investigation. Whenever possible, personnel with direct investigative, evidentiary, supervisory, or decision-making roles should not serve as the primary peer supporter for the arrested employee. Agencies should also consider whether these personnel require wellness support separate from the broader unit. Maintaining clear



role boundaries protects both the integrity of the investigative process and the effectiveness of peer support.

Family Considerations

The arrest of a first responder may create a significant crisis for spouses, partners, children, and other family members. Family members should not automatically be viewed as an extension of the arrested employee's support system. In some circumstances, their experience or interests may differ substantially from those of the employee. When appropriate, agencies should consider providing spouses or family members with separate wellness resources or referral options. This is particularly important when a spouse, partner, or family member may be directly involved in or affected by the underlying allegations.

Family members may experience:

- Fear regarding employment or income
- Financial concerns related to legal expenses or loss of work
- Media or social media attention
- Questions from friends, neighbors, or extended family
- Changes in childcare or household responsibilities
- Anger, fear, confusion, or embarrassment
- Uncertainty regarding what information they can discuss
- Loss of connection with the first responder community
- Significant relationship conflict

Supervisor Considerations

Supervisors play an important role in supporting employee and unit wellbeing while maintaining the integrity of criminal and administrative processes. Supporting employee and organizational wellness does not compromise accountability. Both responsibilities can and should coexist.

Supervisors may want to:

- Separate wellness conversations from investigative responsibilities whenever possible.
- Ensure the arrested employee knows how to access available wellness resources.
- Ensure affected personnel also have access to appropriate support.
- Recognize that different groups may require different peer-support or clinical resources.



- Maintain appropriate professional communication with the employee consistent with agency policy.
- Provide personnel with clear information regarding available resources and expectations when appropriate.
- Recognize that prolonged criminal proceedings can affect both the employee and the workgroup.
- Monitor the operational impact of the employee's absence.
- Continue wellness outreach following significant case or employment milestones.

Supervisors may consider avoiding:

- Asking investigative questions during wellness conversations.
- Speculating about guilt, innocence, criminal outcomes, or employment decisions.
- Offering legal advice.
- Requesting information disclosed during confidential peer-support or clinical contacts.
- Asking peer supporters or clinicians to serve investigative functions.
- Assuming that all employees within the unit share the same reaction to the event.
- Assuming that personnel are coping well simply because they remain functional at work.

Referral Considerations

Peer supporters should follow agency crisis response procedures whenever urgent intervention is necessary. Additional behavioral health support should be encouraged when an arrested responder or affected employee experiences:

- Persistent anxiety or depression
- Significant sleep disruption
- Difficulty functioning at work or home
- Escalating alcohol or substance use
- Persistent isolation
- Significant relationship difficulties
- Feelings of hopelessness
- Intense shame or inability to envision a future beyond the current circumstances
- Significant emotional distress related to the arrest or investigation
- Requests for professional support

Immediate intervention is warranted whenever there are concerns regarding:

- Suicidal thoughts
- Thoughts of harming others



- Acute behavioral health crisis
- Severe intoxication associated with significant emotional distress
- Significant impairment in functioning
- Any circumstance involving immediate safety concerns

Confidentiality

Trust and confidentiality are particularly important when peer support occurs alongside criminal and administrative proceedings. Peer-support communications should be handled confidentially consistent with agency policy, applicable collective bargaining agreements, and Washington law. RCW 5.60.060(6) provides a testimonial privilege for qualifying communications made to a designated peer supporter while that person is acting in a peer-support capacity. The privilege has specific requirements and limitations, and agencies should ensure both peer supporters and personnel receiving support understand when those protections apply. Agencies should be especially thoughtful when selecting a peer supporter following an arrest, as the statutory privilege does not apply when the peer supporter was an initial responder, witness, or party to the incident that led to the peer-support contact.

Discussions regarding criminal allegations, investigative strategy, legal exposure, or protected case information should occur with the individual's attorney or designated representative. Clear role boundaries protect the responder, peer supporter, agency, and integrity of the investigative process.

Peer supporters should avoid:

- Gathering investigative information
- Asking the employee to explain or defend the allegations
- Providing legal advice
- Discussing investigative strategy
- Sharing confidential peer-support communications with supervisors or investigators except when disclosure is legally required
- Serving simultaneously in peer-support and investigative roles related to the same matter

Agency Customization Notes

Agencies should consider identifying the following procedures prior to an arrest occurring so that peer support, wellness personnel, supervisors, and leadership understand their respective roles when an event occurs.



Agencies should consider adapting this guide by incorporating:

- Agency Peer Support Team contact information
- Wellness Coordinator contact information
- Employee Assistance Program information
- Chaplain services
- Code4 Northwest clinician directory or other culturally competent behavioral health providers
- Agency legal support resources
- Union or association representative information
- Administrative leave wellness procedures
- Procedures for activating wellness support following an employee arrest
- Procedures regarding contact with employees who are in custody or on administrative leave
- Guidance regarding coworker contact with an arrested employee
- Procedures for assigning separate support resources when conflicts of interest may exist
- Family and spouse support resources
- Agency-specific confidentiality language
- Criminal and administrative investigation considerations
- Media and communication procedures
- Return-to-work and reintegration wellness procedures
- Resources available when employment ends while criminal proceedings continue



References

The following references informed the development of the **Washington State First Responder Peer Support & Wellness Toolkit**. This toolkit incorporates current research, evidence-informed practices, national consensus guidelines, and Washington State resources related to first responder behavioral health, peer support, trauma recovery, resilience, suicide prevention, and organizational wellness.

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Washington State Resources

Code4 Northwest. <https://code4northwest.org>

Washington Association of Sheriffs and Police Chiefs. <https://www.waspc.org>

Washington State Criminal Justice Training Commission. <https://www.cjtc.wa.gov>

Washington State Department of Health. <https://doh.wa.gov>



Washington State Employee Assistance Program. <https://des.wa.gov>

Washington State Legislature. RCW 5.60.060(6), Peer Support Services Testimonial Privilege.

Washington State Patrol.

Washington State University. Area Health Education Center. First Responder Behavioral Health Resources.

Additional Professional Resources

American Foundation for Suicide Prevention. <https://afsp.org>

Centers for Disease Control and Prevention. *NIOSH Total Worker Health*®.

International Critical Incident Stress Foundation. <https://icisf.org>

National Alliance on Mental Illness. <https://www.nami.org>

National Center for PTSD. <https://www.ptsd.va.gov>

National Fallen Firefighters Foundation. *Behavioral Health Programs*.
<https://www.firehero.org>

National Law Enforcement Officers Memorial Fund. Officer Safety and Wellness Resources. <https://nleomf.org>