

**How First Responder Careers Negatively Impact Intimate Relationships**

by

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**Abstract**

This capstone project explores how first responder careers impact the first responder themselves, how their career impacts their intimate partner and how it affects their intimate relationships. Due to the high levels of trauma that first responders are exposed to and the stresses of their job they are at an increased risk of post-traumatic stress disorder. Unfortunately, the trauma trickles down to their family life often having a negative impact on their marriage or relationship. This capstone examines what those impacts are specifically and ideas on how to best treat both the first responder, their partner and their relationship looking more at whether the Gottman Method may be effective. There are gaps in research specific to first responder treatments and this will be addressed in hopes that future research can find better ways to serve this population.

*Keywords:* couple counselling, first responder, Gottman Method, intimate relationship, secondary trauma, trauma

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## **Chapter 1: Introduction**

The purpose of this Capstone is to shine light on the importance of treating not only the first responder themselves when PTSD or symptoms of trauma are being experienced but to ensure that both the person's romantic partner as well as the relationship are getting support as well. This paper will explore what current treatment is available as researched for first responders, their partners, and their relationships and then explore whether the Gottman method could be an effective modality to treat any relationship concerns or ruptures that have occurred.

### **Overview of the Topic**

#### ***Effects of First Responder Jobs on the First Responder***

It is no mystery that first responders are exposed to traumatic occurrences more frequently than the general population. A study done by Carlton et al (2019) surveyed different categories of public safety personnel in Canada to determine the types of trauma they have been exposed to during their life, which included their careers. Some of the categories included a physical assault, severe human suffering, sexual assault and a serious transportation accident along with twelve other categories. They found that RCMP officers disclosed that they had been exposed to 11.64 of the 16 categories, paramedics tallied 11.59 of the 16, emergency dispatchers had experienced 10.69 of the 16 and firefighters had been exposed to 10.22 out of the 16 categories. Of note, across all of the professions it was found that all these first responders had found that the most distressing incidents to be exposed to were a sudden violent death, a sudden accidental death or a

serious transportation accident. These rates of exposure are drastically higher than what the general population is exposed to.

There is no doubt that the higher rate of trauma exposures inevitably would have effects on first responder's mental health, and the research indicates that this is what is happening. A study done by Varker et al. (2023) had police officers and civilian personnel working in law enforcement complete a variety of psychometric testing to determine the effects of these exposures. They noted that both police officer and civilian personnel were similarly affected in terms of how their jobs had impacted their mental health. Both groups had very high rates of psychological distress with police officers showing that 25.4 percent had high or very high levels. They also noted high rates of depression with civilian personnel indicating 24.4% with probable depression. Post-traumatic stress levels were compared to the general public, and it was found that 10.4% of police officers and 6.8% of civilian personnel had probable PTSD however just 4.4% of the general population had been diagnosed with PTSD.

Another study done by Menard and Arter (2013) found much higher rates of PTSD than the previous study noted above. Menard and Arter gave a series of questionnaires to a sample of 750 police officers, and they discovered that 18.5% experienced symptoms that met the criteria for PTSD. They also noted that symptoms of PTSD were correlated with increased alcohol use. Alcohol use was noted to be higher in male officers and especially ones who were younger and had fewer years on the job. They also found that those who were exposed to a higher number of traumatic incidents and who had avoidant or negative coping skills were more likely to experience symptoms of PTSD.

***Effects of First responder Jobs on Intimate Partner***

In 2022 Sharp et al., reviewed existing literature to look at how first responder jobs impacted their spouses. They noted that many spouses felt like a single parent due to the long hours and unpredictable shifts worked by the first responder. They said that it impacted the quality time they got to spend with their spouse and noted that when they did get to spend time together the first responder was often closed off or withdrawn. They explained that when the first responder went to work, they worried about their safety and many even met the criteria for PTSD. They reported experiencing nausea, intrusive thoughts, fear and anxiety because of their partners jobs. Spouses said that they often feel like informal caregivers and that they experience psychological distress, decreased quality of life, depression, poor sleep and a decrease in physical activity. Spouses of first responders indicated that they do not respond to their own emotional needs, avoid conflict and try to compensate emotionally to try and mitigate the effects of stress on their relationships.

A study done by Landers et al. (2020) noted that many spouses experience secondary traumatic stress because of their partner experiencing trauma at work. They also indicated similar symptoms to the previous study of nausea, intrusive thoughts, anxiety and worry. These researchers stressed the importance of also focusing on the experiences of spouses because of this secondary trauma but also because they often are one of the main sources of support and coping for the first responder.

***Effects of First Responder Jobs on their Intimate Relationships***

In Karrufa et al. (2015) conducted a study where they gave surveys to policer officers and their partners to determine how police work affected their relationships and home life. Some of the work-family conflicts that were acknowledged as difficulties these couples were experiencing were that the officers often had to miss important family events and that they gave all their energy to their job. The spouses noted that they usually had to work around the officer's schedules meaning that making plans was very difficult as everyone in their lives were expected to be flexible for the officer's work needs. It was also noted that the officers often yelled at the family when they had had a tough day at work and that they seemed to release word stress when they got home and that they often stay in "police mode" even at home. Several of the spouses said that one difficulty they share that is impactful is that they have a hard time dealing with their officer partner detaching from their emotions. They stated that it was difficult to communicate and that it was difficult for the officer to share their emotions. The officers seemed to agree with one noting that the job had "robbed him" of his ability to feel emotion.

### **Purpose Statement**

This capstone aims to examine the literature on psychological and relational impacts of first responder careers on both first responders and their intimate partners, with particular attention to trauma exposure and the prevalence of post-traumatic stress disorder (PTSD). It seeks to explore how occupational stress and trauma influence relationship functioning, including communication, emotional connection, and overall relationship satisfaction. Furthermore, this paper evaluates existing treatment approaches for individuals and couples, with a specific focus on the effectiveness of the Gottman

Method in supporting first responders and their partners. By identifying gaps in current research, this capstone aims to inform future interventions tailored to the unique needs of this population. The main research question is as follows: how do occupational trauma and stress experienced by first responders affect their intimate relationships, and to what extent is the Gottman Method an effective intervention for improving individual and relational outcomes in this population?

### **Contribution to the Field**

In recent years, the psychological impact of trauma on first responders has become widely recognized, and there is growing societal acknowledgment of the mental health risks associated with these professions. Research and interventions have largely centered on the individual first responder, emphasizing diagnosis, coping strategies, and treatment for conditions such as post-traumatic stress, anxiety, and depression (Haugen et al., 2017; Díaz-Tamayo et al., 2022). While this individual-focused approach is critical, it often overlooks the broader relational context in which first responders live and function.

This work seeks to expand the field by shifting part of the focus toward the intimate relationships of first responders, particularly their partners, who are frequently affected by secondary trauma, emotional strain, and shifts in communication and attachment patterns. These partners often play a central role in the responder's support system, yet their experiences and needs remain underrepresented in both research and clinical practice. By examining the reciprocal impact of trauma within these relationships, this research highlights how untreated relational stress can both exacerbate and be exacerbated by the responder's psychological challenges.

Ultimately, this contribution advocates for a more systemic and integrative approach to care—one that recognizes the couple or family unit as an interconnected system rather than treating the first responder in isolation. Incorporating relationship-focused interventions alongside individual treatment has the potential to improve not only mental health outcomes for first responders but also relational stability, resilience, and overall quality of life for both partners. In doing so, this work aims to fill a critical gap in the literature and encourage more holistic models of support within the field.

### **Personal Reflection and Positionality Statement**

This research topic is meaningful to me as I have spent the last eleven years working as full-time police 911 dispatcher for the RCMP in both the lower mainland of British Columbia as well as in Iqaluit, Nunavut and Whitehorse, Yukon. In my eleven years I have experienced some very traumatic calls that have impacted both myself the coworkers around me. I have also seen how hard working and devoted dispatchers, as well as police officers are to their job. I have been in a romantic relationship with an RCMP officer for the last four years and my ex-husband was a correctional officer. I have seen first-hand how these jobs have the ability to impact romantic relationships. My ex-husband battled with PTSD for seven years of our relationship and I was witness to both how it affected him and his treatment options as well as the impacts it had on my personal mental health and my overall wellbeing as a spouse.

I identify as a white, upper-middle class, cisgender female, born and raised in Canada, primarily the Greater Vancouver area, who has had family in law enforcement all my life. My experiences with law enforcement and first responders have always been

beyond positive. I recognize that not everyone has been lucky enough to have these positive experiences. I understand that law enforcement, to some, has a very different impact.

I have witnessed how sometimes the system fails first responders and makes it difficult for them to get the help they need in a timely manner. I have also seen how spouses are an afterthought in treating trauma in first responders, even though they are impacted as well. And I have experienced the demise of a relationship because of workplace trauma and how it corroded a marriage.

I hope that in exploring this topic in my Capstone I will bring awareness to these issues. I also hope to bring what I've learning into my future practice as a counsellor to better help those who are experiencing the impacts of a first responder job on their intimate relationships.

### **Data Collection Procedure**

For this paper, data collection was from a variety of info databases, such as PsychInfo, which I have been given access to through City University. Most of the articles utilized are peer reviewed journal articles to ensure the information provided is accurate and well researched. Most of the articles used are specific to first responders however a few were studies where participants were veterans who generally face many of the trauma and stressors as first responders. I have tried to utilize as many articles as possible that were written in the last five years so ensure that the research is current however there are occasionally older articles when these were relevant and had information that likely would still be valid.

**Definition of Terms**

*Couple helping overcome PTSD and enhance relationships (HOPES):* an online intervention for couples to minimize symptoms of PTSD and improve their relationship satisfaction (Monson et al., 2022).

*Cognitive Behavioural Therapy (CBT):* A semi-structured, well researched modality of treatment that aims to shift thinking that is “excessively negative, exaggerated, and/or shortsighted to thinking that is accurate, balanced, and wise (Wenzel, 2021).

*Eye Movement Desensitization and Reprocessing (EMDR):* A therapeutic model that uses bilateral stimulation to allow for processing of traumatic experiences and integration of these memories (Balbo et al., 2019).

*First Responder:* For the purposes of this Capstone, I have included police officers, firefighters, paramedics, 911 dispatchers and correctional officers.

*Intimate Relationship:* For the purposes of this paper this term is defined as a coupled romantic relationship between two people of any gender which involved emotional or physical closeness.

*Methylenedioxymethamphetamine (MDMA):* An illegal drug that has been tested for treating posttraumatic stress disorder (Haycraft, 2023).

*Motivational Interviewing (MI):* A therapeutic modality which is based on the idea that if an individual is motivated to change that change is more probable (Steinkopf et al., 2015).

*Post-traumatic stress disorder (PTSD):* A group of symptoms in one who has experienced trauma as defined by the DSM-V (American Psychiatric Association [APA], 2022).

*Royal Canadian Mounted Police (RCMP):* Canada's federal law enforcement agency. They station their police officers across Canada and internationally.

*Selective Serotonin Reuptake Inhibitor (SSRI):* A type of medication that can be used to treat post-traumatic stress disorder, specifically Sertraline and Paroxetine (Nohr et al., 2021).

*Solution Focused Brief Therapy (SFBT):* A modality of therapy where the client envisions their desired future and the therapist uses the process of "listen, select, build" to explore ways to work towards this outcome (Pooley & Turns, 2022).

*Written Exposure Therapy (WET):* A type of exposure therapy that uses expressive writing about their trauma narratives to reduce PTSD symptomology (Marx, 2024).

### **Outline of the Capstone Project Chapters**

This chapter has introduced the topic of first responder trauma, how it affects their intimate partners, how it affects their intimate relationships and why it is important to treat all parts of this system. It has also explored the purpose of this paper and how I hope it will contribute to the field of treating first responder trauma as well and my own positionality and personal connection to this field. Chapter two will explore the current literature on first responder trauma, the effects of first responder jobs on their spouse and the impact of first responder jobs on relationships. The second chapter will further explore what the current research suggests are the best ways to treat these areas. Chapter three will then expand

on the current research to examine if the Gottman method may be a helpful tool in treating first responder relationships in the face of trauma.

## **Chapter 2: Literature Review**

### **Introduction**

This literature review will explore how first responder careers can and do impact the intimate relationships they are involved in. It will firstly look at how these careers affect the individual themselves and then will specifically dive into the effects on their relationships and briefly their families. Finally, it will review current research that focuses on how best to treat these couples are their unique needs and then will explore the Gottman theory and how this therapy may be a good fit for these couples and why.

### **The Impact of First Responder Careers on Individual's Mental Health**

It has become common knowledge in society that first responder careers inevitably change those in these roles. Over the last decade specifically, we have accepted that trauma and stress come with these jobs, we have started to destigmatize the idea of seeking help when they are struggling and have started to develop more programs and put more supports in place to lessen the impacts of these roles. Nonetheless, first responders are still dying by suicide and are still being diagnosed with PTSD at a much higher rate than the general population. This section will explore the experiences of these individuals as a starting point to how these careers can negatively impact their intimate relationships.

### ***Exposure to Trauma in First Responders***

As previously noted, it is a commonly known fact that first responders have high levels of exposure to traumatic events and work-related stress. The trauma they are exposed to is repeated and becomes cumulative over time. In the words of one researcher,

They're exposed to types of things on a daily basis as part of their role that the general public may only be exposed to once in their lifetime. Once or twice if they're unlucky. Their exposure to what we would consider traumatic events, so fatal car accidents or suicides – the list goes on forever ... That's just their bread and butter; it's what they do every day. (Arjmand et al., 2024, p. 4).

One study of Australian Police and emergency services personnel noted that 83% of those working in these fields had been exposed to a stressful event that deeply affected them. One interesting finding is that those reporting the lowest levels of exposure to a traumatic event were recruits and trainees which could be related just simply to the fact that they have not been on the job as long. This study did not find that the longer one is in a first responder position the more likely it was that they would be exposed to a traumatic event. It seems that for these men and women, it is just a matter of time in most cases. They also found that exposure to traumatic situations that caused one distress were directly related to post traumatic stress symptoms and psychological distress (Kyron et al., 2022). Many studies focus just on police or military but there is a high number of unsworn civilians, like dispatchers, working in high stress environments as well. One study (citation) looked to compare sworn members of a police service to unsworn staff members. They noted both some similarities as well as some differences. They found that there were similar reported levels of psychological distress but noted that civilian staff had lower exposure levels to critical incidents and lower exposure to organizational and operational stress. Interestingly, unsworn staff had higher levels of anxiety, probable depression, burnout and alcohol misuse. Relating back however to the high rates of exposure of first

responders to traumatic events, this study also reported extremely high levels for sworn officers. Their research showed that 76% of officers had been exposed to a traumatic event and 44% of unsworn staff had as well (Varker et al., 2022). In Canada, Carleton et al., (2018). looked at how traumatic exposures in public safety personnel. They included police, paramedics, correctional officers, firefighters and dispatchers. They found that these responders were exposed to high rates of trauma. They found that the most distressing events for these people were a physical assault as well as being experiencing severe human suffering. The results support the rest of the research showing that these employees are more likely to have mental health issues such as post-traumatic stress disorder, depression, anxiety, panic disorder and social anxiety.

In a literature review looking at how exposure to trauma changed the behaviours of first responders Casas and Benuto, (2022), found that they experience “mood changes, detachment, hypervigilance, reexperiencing, anxiety, avoidance, carrying a weapon off duty, crying, irritability, exhaustion, distrust, low self-esteem” (p. 214). Further to this, the authors noted that in terms of their physical health they were also more likely to experience “frequent headaches, backpain, kidney stones, ulcers, and digestive issues, and changes to alcohol consumption, eating, smoking, and exercise behavior due to stress” (p. 214).

Exposure to trauma also has been shown to increase avoidant coping mechanisms in first responders, which can look like not wanting to talk about a stressful incident, avoiding any stimuli that may be a reminder of the trauma or turning to substance use, especially alcohol to minimize the negative feelings one may have about workplace trauma or stress (Arble & Arnetz, 2017). These avoidant coping mechanisms may be detrimental to

their long-term wellbeing as it may create a negative reinforcement pattern which may increase fears around feeling the negative emotions later on. However, it was noted that avoidant coping strategies in the short term, do serve some purpose which is they seem to allow space for first responders to process their reactions and eventually result in posttraumatic growth.

### ***The impact on Sexual Health***

A correlation has been found between women's sexual desire levels, their exposure to trauma and a posttraumatic stress disorder diagnosis (O'Loughlin & Brotto, 2020). Some of the events the authors included as a trauma event were a fire or explosion, a physical assault, combat exposure or witnessing a sudden violent death. While this study did not specifically examine the experiences of first responders, these are all situations these females are exposed to on a regular basis at work. This study showed a correlation between women who had been exposed to these situations who were in turn, diagnosed with post-traumatic stress disorder and a significantly diminished sex drive. Another similar study looked at the association between sexual dysfunction (specifically low sexual arousal and low sexual satisfaction), suicidal ideation, depression and post-traumatic stress disorder specifically in female service members and veterans (Blais et al, 2018). There was a significant correlation between suicidal ideation in this group of women and sexual dysfunction. Although this study looked only at the correlation rather than the cause of the combination of symptoms, they reflected on some similar studies done with male populations where it was found that one of the factors that lead to suicidality was the inability to satisfy their partners and overall sexual dysfunction. Of note, veterans who

reported sexual dysfunction problems were most often diagnosed specifically with reduced libido (Caloudas et al., 2023).

Another study by Kehler et al. (2023) compared female law enforcement officers to civilian females and noted that those in the law enforcement group were significantly more likely have a miscarriage. The researchers noted that this was correlated to both their exposure to greater stress as well as their shift work schedule. Another study by Mockun-Pietrzak et al. (2022) looked at the impact of shift work on midwife's reproductive and sexual health. While not directly related to law enforcement, this study too noted that shift work is directly associated to a greater risk of miscarriage as well as sexual and reproductive difficulties in general. Furthermore, this study noted that there was a negative impact on women's fertility rates when they were working a shift work schedule. Bird et al. (2021) looked at the relationship between post-traumatic stress disorder in male and female military personnel and veterans and found that a post-traumatic stress diagnosis was correlated with having at least one sexual dysfunction, most frequently sexual function, desire, satisfaction and distress.

As noted previously, shift work influences women's reproductive health. It also, however, can have an effect of male reproductive health and their sexual health. One study measured testosterone and pregnenolone levels in males who work shift work and found low levels of testosterone and pregnenolone in shift workers (Bracci et al, 2022). The authors found that there is an involvement of pregnenolone in sperm production leading researchers to believe the low levels of pregnenolone in shift workers would be related to reproductive difficulties. Shift work does not just lead to difficulties in sexual health, it also

contributes to issues within the couple's sexual relationship. For example, Karaffa et al., (2015) interviewed spouses of first responders and one spouse stated "Because our work hours are so different, we don't get to see each other very often. That makes it hard since we only have been married for two months" (p. 125). The literature therefore suggests that when couples are unable to physically spend time with each other that both their sexual satisfaction as well as their emotional connection are negatively affected.

### ***Alcohol as a Coping Mechanism***

According to Author (year), first responders use alcohol to cope with the traumas they are faced with and the daily stresses of their job at a higher rate than the general population. This is because responder culture has normalized drinking, and alcohol becomes a way to connect with coworkers and decompress at the end of a stressful shift and unfortunately in many ways this can become problematic.

First responder alcohol use has been studied extensively. In one study, it was found that those first responders who met the criteria for PTSD, had significant levels of anger as well as anxiety and depression and high levels of suicidal ideation had the highest level of hazardous alcohol use, reported as 42.2. percent (Gryshchuk et al., 2022). Of note, however, those first responders who had lower rates of anxiety and depression, lower levels of anger and limited PTSD symptomology still had high rates of problematic alcohol misuse, reported at 21 percent. Similar correlations were also noted when correctional officers were studied specifically. There seemed to be a link to overuse of alcohol to major depressive disorder, generalized anxiety, suicidal ideation, PTSD and panic disorder (Riciardelli et al., 2024). And again, firefighters who had high levels of alcohol misuse,

characterized by the inability to stop drinking once they start, having a blackout in the last year and having a family member or friend express concern about their drinking behaviours, also had high levels of depression, anxiety, PTSD and suicide risk (Rotunda et al., 2025). The correlation between alcohol use in firefighters and anger is thought to be of particular concern due to the increased risk of interpersonal violence this could lead to (Miloslavich et al., 2023).

Researchers believe that avoidant coping, such as self-blame appears to be a risk factor in this population both alcohol use concerns and developing PTSD (Gryshchuk et al., 2022). Alternatively, other researchers noticed that high levels of emotional demands at work for correctional officers resulted in burn out. In turn, the feelings of burnout experiences were what appeared to lead to problematic drinking behaviours (Sheperd et al., 2018). Yet another study reported that critical incidents that happened at work increased police officer's drinking behaviours, and they noted that younger officers were more likely to drink in a problematic way to fit into the subculture they were newly part of (Menard & Artur, 2013). Knowing the possible reasons that lead to the alcohol in this population could be especially useful in developing effective counselling treatments for first responders. Some protective factors against problematic that were identified for firefighters specifically were being in a romantic relationship as well as having fewer years of firefighting experience (Smith et al., 2019). In contrast, cumulative stress and exposure to trauma throughout a firefighting career was found to be a risk factor (Rotunda et al., 2025).

While first responders seemed to have challenges engaging in conversation in therapy about spirituality and faith in session, likely due to their subculture of self-reliance and stigma around mental health challenges, it was found that those receiving treatment for PTSD as well as alcohol use disorder (AUD) using spirituality as a coping mechanism helping manage PTSD symptoms (Kaufman et al., 2024). This likely was impactful as many first responders experiencing PTSD and alcohol use disorder experienced a loss of moral certainty due to repeated trauma exposures and a loss of faith and having a connection to their spirituality, whether that was a religious affiliation or otherwise, helping them find meaning in the trauma they experience as well as helped them stay sober. It is also suggested that spirituality can be a protective or a risk factor in first responders who are experiencing PTSD and problematic drinking (Kaufman et al, 2024). Spirituality that helps one find meaning can be protective however when someone feels spiritually conflicted this can be a risk factor that increases problematic drinking.

### **The Impact of First Responder Stress on Spouses and Intimate Relationships**

There are a large variety of ways in which working as a first responder can impact intimate relationships and marriages. Job stress that is brought home at the end of the day was impactful in relationships regardless of marital satisfaction, work schedule or whether or not the couple had children (Roberts & Levenson, 2001), but it was also found that when a first responder has higher levels of post-traumatic stress, a correlation was found with lower relationships satisfaction (Rennebohm et al., 2023). One study tried to determine what the sources of stress were in first responder relationships (Karaffa et al., 2015). Fifty

per cent of couples studied reported a medium or high level of conflict with emotional intimacy. One spouse stated the following:

I feel that in order to maintain his own sanity and emotional well-being, my spouse detaches himself from his feelings. This causes difficulty between us because he has become essentially unable to get in touch with any emotion at all. I feel the negativity he sees at work on a daily basis causes him to mistrust others and have a negative outlook on life society – including family members. (Karaffa et al., 2015, p. 126)

Further to this 38% of spouses believed that their first responder partner was more likely to talk openly with their co-workers rather than their partner, further leading to feelings of emotional disconnection. This disconnect was also experienced specifically in the wives of firefighters who felt that their partners only shared limited information about their day (Sharp et al., 2022). They suggested that one possible reason is an attempt to protect the partner from some of the traumatic details of their job, but it also could be because of the need for confidentiality of first responder careers. The situations they deal with, and the people they encounter have a right to privacy and limiting the information being shared with their spouse is an ethical requirement of their work.

It was noted that 33% percent of spouses said that their first responder partner was likely to yell at family members if they experienced something stressful at work that day (Karaffa et al., 2015). Changes in personality are common when someone becomes a police officer. One spouse explained it as, “The job is never over; it’s part of who he is as a person. Being an officer has changed my spouse. He is not as joyful and carefree as he

once was in college. He trusts no one” (Karaffa et al., 2015, p. 126). Military related post-traumatic stress disorder, when compared to post-traumatic stress disorder in civilians, was associated with increased symptoms of anger and hostility, and anger and hostility, in turn, have been found to increase a partner’s emotional distress within a relationship (Lambert et al., 2012).

Unfortunately, at times this stress can lead to intimate partner violence. One study found a strong correlation indicating that military personnel who have been diagnosed with post-traumatic stress disorder show association to physical aggression in intimate relationships as well as intimate relationship discord and psychological aggression in relationships. This was especially true of males in the military who were experiencing post-traumatic stress disorder (Taft et al., 2011). Further to this, exposure to violence, which essentially all first responders are exposed to, had a significant correlation to violence in relationships which was believed to be due to burnout as well as authoritarian spillover (Johnson et al., 2005). An example of authoritarian spillover given by one of the participants in this specific study was “My job conditioned me to expect to have the final say on how things are done in my household” (Johnson et al., 2005, p. 7). When considering that control of a situation at work potentially saving one’s own life or their coworkers lives, one can see how this necessity at work could spill over into family life, but also how detrimental that could be to a relationship.

First responder work can also create hypervigilance in the first responder that can result in being overprotective as a parent (Regehr, 2006). One spouse of a paramedic explained when discussing parenting “Safety has always been up there, because he has

seen the results of what happens if you don't" (Regehr, 2006, p. 107). If the partner has a different style of parenting since they have not been repeatedly exposed firsthand to situations where traumatic things happened to children, this can cause difficulties in the relationship causing arguments over how to parent their children. In addition to this there can be fears from the partner of the paramedic, or other first responder, related to them bringing home illness or disease, like them transmitting HIV or being exposed to flesh eating disease, to their family unit.

### ***The Impact of Shift Work on First Responder Relationships and Families***

Shift work is something that most first responders will face at least for a period time at the beginning of their career, but many will work their entire career in a shift work rotation, often taking overtime shifts and having training scheduled in their days off. Inevitably, this has an impact on first responder relationships. Partners report at times feeling like they are single parents and struggle with the stretches of time their first responder partner is away from the family, including missing important holidays or events (Regehr et al., 2005) as well as the need to take on the majority of the household tasks (Sharp et al., 2022). This also can be negative for intimate relationships just due to the lack of consistent time together and limits to communication when the partner is away and busy at work. Partners report that they feel that do not have the ability to speak up about the difficulties that come with shift work because of the perception that because the job is important, it takes the priority, even over family (Regehr et al., 2005).

### ***The positive Impacts of First Responder Jobs for Spouses***

Another thing that many first responder partners have is a pride for their partner and the job that they do (Porter & Henriksen Jr, 2018). They said that the pride extended to both partners personally, but also to the family unit. They felt that their partner was doing good for the community in their job as a first responder but that that civic mindedness was who they had become as a family. They also said that a positive of the job was that it brought them and their family a sense of identity. They felt that the camaraderie that came with the job, the events outside of work such as softball games and cook offs became an identity for them that was understood by those also in similar positions. Part of that felt identify was from the specific role of being a first responder spouse where they felt they could meet up with other partners who understood the stress of shift work or tough days and that having that connection helped get through the hard times.

First responder spouses also report their own experiences that follow their first responder partner attending a traumatic call. Landers et al., (2020) found that while the first responder themselves can experience “mood changes, detachment, internalizing, hypervigilance reexperiencing or replaying the event, anxiety and avoidance” (p.312) their partner in turn experiences “intrusive thoughts, anxiety, shaking, confusion, mood changes, fear and worry”( p. 314). Spouses have the knowledge that being killed on the job is a real possibility and that comes with worry when their loved one leaves for work.

### ***Partner Accommodation in First Responder Relationships***

Partner accommodation refers to actions taken by the partner who is not diagnosed with PTSD to reduce or avoid triggering distress in the partner with PTSD (Xiang et al., 2025). This can mean avoiding certain topics, taking over tasks that their partner finds stressful,

being cautious to prevent anger or distress or rearranging plans to prevent conflict.

Spouses describe their ways of supporting their first responder partner as “being empathetic, taking on additional responsibilities, providing emotional support, caregiving, using humor, providing encouragement, being flexible and adapting to the needs showing that many of the ways that first responders need support is accommodation for the stressors of the job (Landers et al., 2020, p??). It was found when a non-PTSD partner increased accommodations within the relationship this partner had higher levels of symptoms of depression and increased anxiety (Xiang et al., 2025). Arguing within the relationship also became more ineffective and accommodations decreased both partners level of satisfaction in the relationship. It is suggested by Xiang (2025) that relationship satisfaction is decreased because accommodations reinforce avoidant patterns, reduce healthy communication and increase levels of emotional strain in the non-PTSD partner. While generally these accommodations come from a place of trying to help their partner or their relationship unfortunately, they often have the opposite effect.

Even low levels of partner accommodation have been found to lead to reduced relationship satisfaction and worsening mental health for both partners (Gitt et al., 2025). Additionally, according to Gitt et al., in military service members specifically, an increased level of accommodation within the relationship which was an attempt to try and reduce conflict in their relationship was, interestingly, correlated to increased severity of PTSD symptoms as well as depression and hostility in both partners.

### ***Support for First Responders from their Partners***

Partners of first responders report that supporting their partner can become “all consuming, over-whelming, and lonely” (Tjin et al., 2022, p. 13). There are various means that spouses support their partner that fall into three main categories: providing support, finding support and supporting needs. When looking at how partners offer emotional support, the most important take away was the ability to create a safe space for them to be able to confide their stresses daily. This unfortunately often came with the expense of them putting their partners emotional needs over their own fears and feelings.

According to Author (year) Partners also offered what was called appraisal support which was the constant monitoring of the first responders experiences to look for signs of post-traumatic stress disorder and then using verbal reassurance, positive affirmations or positive reframes about their experiences to help in the face of adversity. They also offer informational support by educating themselves about post-traumatic stress disorder in general but also about their partner’s treatment and what their triggers are. They also offered their partner formal coping and use of resources which includes seeking professional services like couple therapy, accessing support programs offered by the organizations their partner works for or other outside programs and they also offered information coping like using their own self-taught regulation methods to calm situations with their partner, self-care of spending time doing their own individual interests. In the literature it is noted that the constant monitoring of their partners emotional state can shift in hypervigilance (Waddell et al., 2019). With the energy spent on tending to their relationship, this can become alienating from their family and friends. Often there is a lack of understanding from their close ones which can create a sense of loneliness. As

previously stated, all these efforts to manage the emotional needs of the first responder, as well as their own personal emotional needs without the support of their partner, can become all-consuming which inevitably can create strain in even the strongest intimate relationships.

### **Treatment Options for First Responders and their Spouses**

#### ***Effective individual treatment for first responders: Medication Options***

One of the first lines of treatment for PTSD in first responders is medication prescribed by a psychologist or doctor. While most of the research is for PTSD in general, or PTSD in combat veterans, it can be assumed that the same medications would have a similar effect in first responders. One of the medications that can be effective as treatment for PTSD are SSRIs, specifically Sertraline and Paroxetine which are the only two SSRIs that have been approved in the United States for PTSD treatment (Norh et al., 2021). It should be noted that this line of treatment is not effective in everyone. SSRIs are more effective in those who have PTSD in addition to high levels of depression and anxiety (although not meeting the diagnostic criteria for depression or anxiety) and it was found that these medications are moderately effective in treating combat related PTSD specifically. Of note, this same study noted that females generally respond more positively to SSRI's than males and given first responder jobs have higher male populations this is of importance.

Another medication option that has been shown to have effectiveness when added to SSRI's is Quetiapine which is commonly known as Seroquel (Vilibic et al., 2022). This medication was shown to be especially effective in improving sleep quality in combat veterans who has continued to have sleep difficulties while taking SSRIs and

benzodiazepines. It was found that after taking Quetiapine in addition to their regular medications there were significant improvements in their sleep duration, the number of arousals per night and the number of distressing dreams. Other medications that show some effect in PTSD symptoms are Mirtazapine, paroxetine and amitriptyline which are all other types of anti-depressants however antipsychotics and anticonvulsants appear to have no effect on symptoms (Cooper, 2023).

Because traditional therapies like SSRIs are not effective for everyone there is a growing field of research committed to looking at psychedelic agents to treat PTSD (Haycraft, 2023). None of these drugs are currently approved as treatment for PTSD but are being investigated in the United States by the FDA to determine their effectiveness for treatment. MDMA, when used in combination with psychotherapy when used to treat PTSD is more effective than a single use intervention. It reduces symptom severity and increases the bond and therapeutic trust between the patient and the therapist when used during psychotherapy. This was seen to increase client's ability to better retrieve and process their past traumas with their therapist. Ketamine can also be an effective treatment for PTSD, and it was found that there was a significant reduction of symptoms within 24 hours of the first administration and these results lasted for a median of 27.5 days (Feder et al., 2021). There was significant improvement in participants' intrusive thoughts, avoidance, and negative mood and cognitions. Cannabis has also been used to treat PTSD and due to legalization in Canada and many states this is one of the more accessible options. Medical cannabis has been found to significantly reduce the symptoms of PTSD 3 months after starting treatment (Lynskey et al., 2024).

There was a small study done looking at the effectiveness of ayahuasca to treat PTSD specifically in war veterans during a three-day intervention in Central America (Weiss et al., 2023). During the ayahuasca ceremony over 50% of participants experienced intrusive memories of their trauma with varying levels of distress, one participant stating, “[t]he first night was the hardest night of my life, I could feel all negative emotions (fear, guilt, shame, sadness, etc.) of the whole world” (Weiss et al., 2023, p. 3). However, of the treatments looked at so far, this has the highest success rate with 87.5% of veterans showing clinically significant improvements post treatment, specifically noting that they experienced reductions in the intensity of their symptoms as well as increased emotional stability, compassion and openness as well as social connection.

### ***Effective Individual Treatment for First Responders: Therapeutic Options***

There are many suggested possibilities for working with trauma in first responders such as EMDR, exposure therapies, trauma focused CBT and cognitive processing therapy. While each come with their own strengths and limitations it was found overall, therapeutic interventions are highly effective when working with first responders (Alshahrani et al, 2022). Some generalizations that were found when treating first responder trauma are the clinical led treatment programs are more effective than those led by non-clinicians and a higher number of sessions showed better outcomes overall.

**Exposure Therapies.** Exposure therapy has been found to be especially beneficial to first responders and a brief therapy model this could be especially helpful for a population that is results driven (Taylor et al., 2003). Exposure therapy was found to be faster in treating symptoms than EMDR or relaxation training but also that larger reductions

in symptoms of avoidance than these other two therapies and more likely to no longer meet the diagnostic criteria for PTSD. One specific type of exposure therapy that has been found to be work well with veterans, which likely could extend to first responders, is written exposure therapy (WET). This is a “brief, evidence-based, trauma focused treatment consisting of psychoeducation about PTSD symptoms and a treatment rationale, followed by writing about the trauma in each of the five sessions. WET is exposure-based, with prompts for patients to write about the details of the traumatic event and, in later sessions, the impact of the trauma” (LoSavio et al., 2023, p. 749). Although WET is a relatively new treatment options with most studies being published in the last three years it is emerging as an effective treatment option (Marx, 2024). WET was found to significantly decrease symptomology of PTSD, depression and functional impairment (LoSavio et al., 2023).

Narrative exposure therapy, which is a brief therapy model that guides the client to narrate their life story, including the traumatic event can also decrease levels of PTSD (Wei & Chen, 2021). The current research has been conducted with refugees and not first responders so future research would be needed to confirm if this extends to this population. Of note, group exposure therapy was found to be extremely effective with veterans and has the benefit of being a cost-effective possibility for treatment (Ready et al., 2012). After 16 weeks of treatment 36 percent of the group no longer met the criteria for PTSD and 73 percent had reductions in symptoms. Group therapy also had a very low drop-out rate which could be contributed to group cohesion and positive peer pressure. Lastly, when using exposure therapy to for treatment of trauma, it was found that adding cognitive restructuring to sessions for 8 weeks increased the efficacy of treatment (Bryant et al.,

2008). Cognitive restructuring is grounded in the idea that recognizing and reshaping catastrophic or unrealistic beliefs about a traumatic experience and one's future well-being can reduce symptoms, as these revised cognitive frameworks are less likely to produce psychopathological outcomes.

**Eye Movement Desensitization and Reprocessing (EMDR).** EMDR has increased in popularity in recent years to be a way of treating PTSD or trauma and while there is a lot of research done on this modality, there does not seem to be any that are first responder specific. Eye movement desensitization and reprocessing (EMDR) is a therapy that was developed by Francine Shapiro in 1989 (Balbo & Fernandez, 2019; Shapiro & Brown, 2019) to treat traumatic memories. EMDR is believed to be effective because when bilateral stimulation is used while accessing the traumatic memory the client's memory can move through the information processing system of the brain and be moved to the working memory where it can be processed. Processing the trauma allows the client to cognitively restructure the memory and therefore reduce those maladaptive thoughts and behaviours (de Jongh, 2023). In the current research there are some inconsistencies around the effectiveness of EMDR to treat trauma. One study found that while it was more effective than no therapy at all they also found that it was no more effective than other exposure-based therapies and that the bilateral stimulation piece seemed to have little to no effect when combined with the exposure a recollection of the traumatic events (Davidson & Parker, 2001). Another study found that cognitive behavioural therapy was more effective than EMDR for treating trauma (Hoppen et al., 2023) however yet another study found

similarities in effectiveness between cognitive processing theory and EMDR suggesting both should be a first line treatment option (de Jongh, 2023).

**Motivational Interviewing (MI).** It has been suggested that motivational interviewing could be an effective line of treatment for first responders in general rather than specifically those experiencing post-traumatic stress disorder (Stienkopf et al., 2015). MI focuses on building rapport, enhancing capacity for change and aligning behaviour change with the clients' values so this could increase treatment commitment in police officers who often hold an "us versus them" mentality and possibly reduce the stigma associated to accessing mental health services by allowing them to be the expert of their own experience. While this study recognizes that research needs to be done with first responders specifically, they note that MI has been shown to be effective in some of the issues first responders often battle with such as alcohol misuse, depression and relationship conflicts. One study specifically explored alcohol misuse in military personnel and how a program developed called "Warrior Check Up" (a confidential, brief motivational interviewing intervention program) worked to change their drinking patterns (Walker et al., 2016). They noticed that after completing the program that soldiers drank less alcohol on a weekly basis and had lower rates of alcohol dependence after 6 months. While MI may not target trauma of the job, it likely is an effective treatment to target specific issues that first responders face.

### ***Summary of Treatment Options for the First Responder***

It is clear there are many options to treat first responders and a growing body of research to show how each can be therapeutic and effective in their own ways. Likely, for

most first responder clients, a multimodal approach will be most effective (Lanza et al., 2018). It has been noted that both non trauma focused as well as trauma focused interventions were both found to be beneficial in treating PTSD if the method was evidence based (Hoppen et al., 2023). It is imperative to remember that while first responders can be categorized in a group which has a similar response to trauma exposure and job-related stressors, the most effective therapeutic approach will always be one that is tailored specifically to the individual we are treating and may be a combination of counselling and medication to achieve the best result. Of note, when given a choice on treatment options for PTSD, generally people chose therapeutic options over medication options (Shifrin et al., 2023). Knowing that first responders are generally a group with high levels of self-efficacy it seems imperative to offer this group at least one therapeutic option to consider and allow them to have autonomy in their decision making.

### ***Individual Treatment Options for First Responder Spouses***

Unfortunately, it does not appear there is significant research into options to treat first responder spouses and their unique needs. This could be seen as an attestation for the lack of resources available for first responder partners. There is a program that was developed in California specifically for first responder partners which is a 6-day retreat led by peers, clinicians and chaplains (Geiger, 2024). The 6 days are filled with psychoeducation, group processing, nutritional meals and daily group activities with other first responder partners. Overall, the program was found to be transformational for the participants with one saying, "It's the almost immediate, collective understanding and validation of your own experiences" and another saying, "With the permission I didn't know

I needed, I was finally able to feel my feelings” (Geiger, 2024, p. 408). While programs like this are obviously not accessible to all spouses, if available they appear to be a solid treatment option which gives spouses the connection and support that they are lacking in their day to day lives and some skills and education to bring home to support them upon their return.

### ***Researched Options for First Responder Couples***

Couple therapy, in general, is found to be effective to increase emotional intimacy, improve relationship satisfaction overall, self-reported and observed communication within the relationship as well as relationship cognitions (Roddy et al., 2020). In this analysis, researchers noticed that couples placed in control groups where they were waitlisted for therapy did not show much of an increase in relationship satisfaction, or in the other areas listed previously leading them to conclude that it was the therapy itself that caused the relationship improvements. There is not a lot of research on types of modalities that work specifically well for first responder couples. There was a paper written that examined using solution-focused brief therapy (SFBT) for law enforcement families and it appears some of the rationale for why this may be an effective treatment could be extended to couples as well (Pooley & Turns, 2022). The authors noted that because it is a brief therapy this likely would work well for law enforcement families where varying schedules and shift work can make scheduling and attending appointments difficult. Because SFBT is based on the perspective that the client is the expert of their own experience this could be especially useful for first responders who oftentimes feel like therapist cannot relate to their experiences. SFBT is also homework heavy which can be

useful for law enforcement families who tend to want solutions for their problems, and it also often focuses on techniques that would be useful to solve the problem rather than dive in feelings of grief or sadness. While this modality theoretically could be useful for this population, no actual research has been done to confirm the efficacy.

One other option that has been studied for first responder and military couples experiencing PTSD in their relationships is called HOPES which stands for couple helping overcome PTSD and enhance relationships which draws from cognitive-behavioural conjoint therapy (Monson et al., 2022). This is an online program where couples complete watch 7 videos together and then complete exercises and assignments for each 7 modules on their own however they can view each other's responses. This is augmented by 4 coaching sessions throughout the therapy plus an additional coaching session if needed. The sessions are run by coaches with a minimum of a bachelor's degree but supervised by a therapist. Using this approach, Monson et al. found that the partner experiencing PTSD has a reduction in symptoms and the partner showed an increased in relationship satisfaction. They did note that the partners levels of relationship satisfaction did decrease over the course of a month, however this self-directed approach is still a worthy option due to the accessibility of being provided online and at a much lower cost than traditional therapies.

Cognitive Behavioural Couple Therapy may also be a possibility as a study showed that this modality was more effective than a PTSD psychoeducation intervention delivered to veteran couples experiencing PTSD (Morland et al., 2022). They noted that this modality was effective when delivered either in office or virtually which is encouraging for first

responder couples who may live more remotely and may not have access to in person counselling with a therapist experienced working with this population. This modality is effective because of the homework assigned to the couple outside of therapy which reduces PTSD related avoidance, partner symptoms accommodation which as previously noted is very common in these relationships as well as increased relationship satisfaction and engagement.

### ***Gottman Therapy Overview***

The Gottman Method is a therapeutic modality developed by John and Julie Gottman that stemmed from research done by John Gottman and Dr. Robert Levinson that led to them being able to predict with 90% accuracy the fate of a relationship based solely on a couple interactions and physiological responses (Cole & Cole, 2025). This theory is based on the idea that there are three systems within a relationship that can lead a relationship to be healthy and satisfying. The three systems are the friendship system, the conflict management system, and the shared meaning system. These systems and their subsystems make up the "sound relationship house" and the walls of this house are trust and commitment. To determine where a couple stands in these systems the therapist initially conducts a throughout assessment of the couple. This assessment consists of a couple session where the couple presents their narrative as to why they are coming to therapy and then an oral history interview with the couple to learn about their relationship history. There are then individual sessions with each partner to learn their own personal narratives as well as their own personal histories that may impact the relationship. The therapist also uses self-report questionnaires and has a couple during the first session

spend 10 minutes having a conversation about recent events and other about an area of conflict. This allows the therapist to observe their interactions first-hand. Everything that is learned in the questionnaires is then compiled and presented to the couple as a report highlighting their strengths and weaknesses as a couple and areas to work on in therapy. The therapist then uses Gottman Method interventions that are used to improve conflict patterns and ameliorate emotional connectedness. They target the four horsemen: criticism, defensiveness, contempt and stonewalling to try and minimize these in conversation. The goals of Gottman Method therapy are to deepen friendship, develop listening skills, increase empathy and curiosity towards their partner as well as build fondness and admiration for each other (citation).

### ***Why Gottman Theory May Be Beneficial for First Responder Couples***

In a study by Roberts and Levenson (2001) that looked at physiological indicators, on days when the first responder experiences more stress both the first responder (police officers in this specific study) and their partners experienced higher levels of autonomic activation during regular conversations. These researchers also noted elevated cardiovascular levels yet less bodily movements in both partners on high stress workdays indicating a possible freeze response that is often associated with fear, or alternatively, possibly indicating a state of hypervigilance which, in high stress jobs, can be useful to accelerate response time like one would need to do in a job such as policing to respond to a critical incident. Research done by Gottman himself (Gottman & Levenson 1992; Levenson & Gottman, 1985) has shown that these markers of psychological arousal before and during conversations in couples can be an indicator that a marriage is experiencing

marital distress and is likely to come to an end. Couples with these types of physiological arousal often experience challenges around thinking clearly and solving problems and end up using self-protective behaviours to navigate problems that arise in relationships.

Gottman Therapy has devised interventions to specifically target some of these critical or defensive ways of engaging in conflict.

First responders work in a world of standard operating procedures, standardized reviews and written reports. This is what creates a feeling of safety for them. Everything has a reason; everything has a purpose and no matter what there is a standardized plan to fall back on. The Gottman Method is research backed and is built on the idea that extensive testing and analysis at the beginning of therapy will result in a detailed report that will outline specifically what needs to be done to repair their relationship. While there is not any research currently examining specifically the efficacy of using the Gottman method as a therapeutic approach when working with first responders, it seems that the concept of this therapy being research based, having specific interventions that are tailored to a couple's unique assessment follows the same lines as their world of standard operating procedures. Since vulnerability can be challenging for first responders, especially with those outside of their own world, it seems as through the standardization of this method would create a container of safety that would allow the first responder to begin to open up to therapy.

Another reason why the Gottman method may be especially useful in first responder couples is that it has been shown that both improvements in communication and emotional connection improved relationship satisfaction in veteran couples. This is unique

as it was found that it was not bidirectional, relationship satisfaction did not predict better communication or emotional closeness. The Gottman method uses the sound relationship house (Citation, year; see Figure A1 in Appendix A) to build a relationship from the ground up beginning with friendship (the bottom levels of the house which are build love maps and share fondness and admiration) and then focuses on communication in conflict (the levels of turn towards instead of away, the positive perspective and manage conflict). It then goes on to work on the upper steps (levels of make life dreams come true and create shared meaning), seemingly recognizing that without the lower levels intact that these can't be realized by a couple. This lines up in accordance with research showing the importance of building a solid foundation of strong communication and emotional closeness in a partnership.

As mentioned, there is no research demonstrating the effectiveness with first responders, there is research indicating that the Gottman Method is more effective for betrayal trauma for couples than other usual approaches (Irvine et al., 2024). When treating trauma and betrayal using the Gottman method, there is a three-step process which starts with atonement where the involved partner answers any questions the uninvolved partner may have and apologizing to the uninvolved partner. The second step is attunement where the couple explores the currently challenges of the relationship and interventions are used to enhance communication and rebuild the relationship. The third step is the attachment phase where the focus is on rebuilding trust and learning to appreciate each other. This method showed increased levels of relationship improvement compared the usual therapies as well as decreased levels of separation proneness for the

uninvolved partner. Since there is a higher level of infidelity, and other betrayals like emotional connections someone other than their partner in first responder relationships this study lends itself to the idea that the Gottman Method could be a good first line approach to treating first responder couples.

### **Chapter Three: Discussion, Application and Conclusions**

This capstone examined the psychological and relational impacts of first responder careers on both responders and their intimate partners, with a focus on trauma exposure and the prevalence of PTSD. It explored how occupational stress and trauma affected key aspects of relationship functioning, including communication, emotional connection, and overall relationship satisfaction. The paper also evaluated existing treatment approaches for individuals and couples, with particular attention to the effectiveness of the Gottman Method in supporting this population. It identified gaps in the current research to inform future, more tailored interventions, and investigated how occupational trauma influences intimate relationships and the extent to which the Gottman Method improves individual and relational outcomes.

#### **Discussion**

##### ***Barriers to First Responders Seeking Treatment***

While there is certainly progress in the stigma that first responders face when dealing with mental health issues, stigma still remains one of the most prominent barriers to seeking treatment (Rodrigues et al., 2023). Police culture specifically factors in on this where there begins to be an “us versus them” mentality where it can become difficult for them to trust someone outside of their own subculture. There also may be fears around information being passed on to their department that may leave to them being deemed unfit for duty or rumors that may circulate if a colleague finds out that may lead to be them being passed over for a promotion.

Accessibility to services can also be a factor to first responders not seeking treatment. Many are stations in remote or rural areas with limited availability of counsellors in general, but specifically those trained in working with this population. Additionally, in these small, remote areas, first responders may worry about confidentiality breaches given the small population and interconnectedness. Oftentimes, police officers in these rural areas are one of only two officers and there may be fears of the community losing trust in them if they are seen as not mentally fit to perform well.

### ***Challenges in Working with Police Culture as a Therapist***

There is no doubt that police culture impacts the police officer, their family and their partner but it also influences how a therapist will work with them. Police culture can vary in each organization or department but there are common aspects of the subculture in most detachments (Woody, 2005). The importance of police culture is that it must be adhered to by the officer to be accepted, to keep their employment and to advance in rank. While police culture can have positive effects on them, it also can create social isolation and create a sense of estrangement even from their non-law enforcement family and friends. One of the phrases they may often hear while on the job from their organization is “remember that there are people out there who will kill you and go home and sleep like a baby”. Some of the tenants of police culture are aspects of coercive control and danger and uncertainty. This leads to a need for survival which can be staying safe from physical injury or death, but also to survive the inevitable public criticism that comes with the job. This leads to an allegiance between law enforcement officers as they literally and socially have to protect each other. While having supportive camaraderie between officers can be

important for mental health is can create an “us versus them” mentality. One of the ways this can influence therapy for police officers is the desperate need for skills to cope with all of the horrendousness they are exposed to however there may be a mistrust of the therapist is not part of their subculture and as therapy naturally encourages vulnerability, this may go against their believe that they need to stay stoic, especially towards the public. Another role the therapist can engage in with the officer is finding ways to minimize characterizing people outside of their work as untrustworthy or unable to understand. This can be especially important when there is a disconnect with a partner in a first responder relationship.

### ***Suggestions to Improve Mental Health Services to First Responder Partners***

Prevention and education are somethings that the literature suggests could be improved. Departments of the first responders should have the contact information for spouses not only for emergency contact reasons but to offer support services when available (Alrutz et al., 2020). Further to this, just as the first responder themselves receives training and education when they start the job, first responder spouses should receive this as well, learning how to access information within the department, what challenges their partner is likely to face as also to introduce them to other spouses for future peer support as needed. Departments should also offer some sort of training on how to manage stress, what risk factors their partner faces, how to recognize the symptoms of stress and how to manage their partner’s reactions to stressors. Information about how they may be affected by their partners job and how to access help for themselves should also be included. One fire department reported having information sessions for the

spouses of new firefighters and another reported attempting a peer support program for families however both lost momentum rapidly as there were no follow up and no volunteers to continue these programs (Regehr et al., 2005). Future considerations would be potentially seeing the importance of these roles and having financial remuneration for volunteers or having a program led by a therapist.

At a management level, having a leader that creates a culture that creates an environment where mental wellbeing is integral to part of the job can make all the difference in how a department view seeking treatment (Rodrigues et al., 2023). This allows first responders that space to receive mental health treatment without feeling like they are broken or unfit for their job. It changes the dynamic where rumors around seeking counselling do not matter since it's expected that first responders will prioritize their mental health. This would also facilitate participation in prevention and early intervention programming which could minimize the impact of trauma longer-term.

### ***Ethical Considerations***

When working with clients experiencing trauma, in general, the therapist themselves can experience vicarious trauma. This can be explained as “when helping professionals’ perspectives and beliefs about the world around them become deeply altered over time due to the repeated and prolonged involvement and exposure to the trauma of others” (Mailloux, 2013, p. 52). This can also show up in therapists if they themselves have experienced their own trauma in the past it may be retriggered by witnessing the trauma of their clients. Because of the nature of trauma work, it is imperative that therapists seek supervision regularly to ensure that vicarious trauma is not getting in the way of ethical

work with the client and to ensure that the therapist is doing good for a client who is already in a vulnerable position.

While explaining the limitations of confidentiality is extremely important with all clients, with the first responder population it is extremely important to build a trusting therapeutic relationship that they know exactly what information will be shared and to whom and in what circumstances. Since there likely will already be fears of being deemed unfit for duty and being taken off their job, to build a strong therapeutic alliance and for them to be able to vulnerable and honest in session they need to believe that information shared in session will not be reported to their department. And in circumstances where a therapist must give information to the department the client needs to know how much is being shared and to who.

### ***Future Considerations***

While the BCACC website and Psychology Today search functions for a therapist show many who say they specialize in first responder trauma, there is not regulating body to show that these therapists have any specific knowledge of first responder culture, their specific needs, their barriers to treatment or the best practice to treat first responders, their partners or their relationships. As a therapist, due to the heightened risk of suicidality, and the access to lethal means of first responders, a future consideration would be to ensure that when working with this specific population that extra clinical training should be required.

### **Application**

This Capstone paper has reviewed the literature currently available about first responders, their spouses and their relationships and aims to guide clinicians working with this population of clients. First responder couples come to counselling with unique challenges, when compared to other civilian couples. These challenges as outlined previously are the exposure to trauma that the first responder has faced in their careers which can bring post-traumatic stress into the relationship and then possibly secondary trauma to the spouse, the occupational stress from the job itself which includes shift work, overtime, and police culture that at times may exclude the spouse as well as emotional disconnect that often comes from the stressors mentioned.

A trauma informed approach is integral with working with first responders and their spouses. Given the high prevalence of post-traumatic stress and chronic physiological arousal that is often seen in both partners immediately introducing self-regulation techniques early on is imperative. In addition to starting to regulate the nervous system in both partners, the clinician needs to prioritize psychoeducation of how trauma impacts relationship which a focus on first responder roles specifically and the chronic nature of the trauma exposures, introduce effective communication skills and start to understand behavioural responses to situations within the relationship to attempt to reduce reactivity and escalation.

When introducing effective communication strategies, the clinician can bring in the Gottman's work on maladaptive communication patterns and the pursuer-withdrawal cycles. The clinician can aim to target the four horsemen which are criticism, defensiveness, contempt and stonewalling which the Gottman's have found to be the

leading predictors of divorce. Bid for connections can also be introduced helping the couple to recognize when one partner is making an attempt at connection and helping the other to turn towards the partner in those moments rather than turn away or turn against which can strengthen the emotional connection. We can also start to recognize whether the partnership follows a pursuit and withdrawal pattern and work on recognizing the behaviours that stem from this as well as managing activation that occurs to be able to sit with the discomfort rather than engage in a negative cycle.

By strengthening communication patterns and working to have the couple connect emotionally more frequently can target the lower levels of the Sound Relationship House and start to move into the middle layers of conflict resolution. In addition, we can help the couple to understand the internal experiences of their partner and to come to conversations from a place of curiosity to further strengthen the emotional connection and friendship. As clinicians, we can create a safe space which allows both partners to be vulnerable as many first responders have been conditioned to suppress their emotional experience. This can translate into having a safe space within their relationship to express their vulnerabilities.

The structured interventions of the Gottman method can help to establish safety, in the first responder specifically, due to the structured, at time methodical and researched backed ideas that it has been created around. This can align well with their workplace mindset where everything is based around procedures and can be very task oriented. Working with the couple to develop a therapeutic plan can help the first responder feel at ease as well to know there is some predictability in future sessions. Given the many of the

Gottman Method interventions come across as skill based this may feel less intimidating for the first responder feeling like there is less pressure around opening up about all of their feelings. Given that the first responder will continue to be exposed to trauma and the relationship will continue to be under the strain of occupational stress it is extremely important to give the couple skills to use in the future rather than solely process past issues within the relationship.

### **Limitations to Capstone**

First responder careers tend to be male dominated roles, and the research is of a similar nature. While some studies used did include females, others had only male participants so conclusions about first responders in general were made on a male dominated sample. Further to that, research about spouses was female dominated and research about first responder couples was dominated by first responder males with female spouses. Additionally, most of the couples researched where heterosexual couples so further research on same sex couples would be beneficial to the field. While this may be the predominant demographic within this population, further research is required to determine the impacts of the non-normative gender roles. Given these jobs are male dominated, I suspect there are some unique impacts for male spouses of female first responders and there are likely impacts on the female first responder themselves in trying to fit into a world where they are an anomaly.

Many of the research studies used in this Capstone used primarily Caucasian men or if it was noted that there were participants from other cultures or ethnic backgrounds the research did not explore how culture or ethnicity may play a factor in developing or

experiencing post-traumatic stress disorder. It is important to note however, that the Black population has the highest prevalence of PTSD (8.7% to 9.1%) and the Asian community has the lowest (2%) (Grau et al., 2022). Research has shown that Latinx and White populations have similar rates of post-traumatic stress disorder, (about 5.6% to 6.5%). The research on post-traumatic stress disorder in general has a huge underrepresentation of Persons of Color. While we cannot be certain of how ethnicity may factor into post-traumatic stress in first responders specifically as this does not appear to have been studied we can be certain that it is tremendously important to ensure that treatments we offer are effective within the community we are working with and there seems to be a lack of research that specifically examines Persons of Color.

While already noted in the chapter two section that explores Gottman therapy as a possible methodology with first responder couples, direct research is needed to find out whether this modality would in fact be beneficial for first responder couples and also to develop ways to possibly tailor Gottman Method intervention to this population. The Gottmans have developed specific protocols for treating new parents or couples dealing with infidelity and I wonder if this is a population that could have their own interventions or protocols developed.

## **Conclusions**

Both first responders and their partners experience unique stressors in their relationships when compared to civilians but also have shared meaning that comes from the job of the first responder. One spouse summed up the essence of what it means to be a first responder wife by saying,

This job, this life, is stressful and scary... it is also so rewarding and my husband is passionate about his job. Unfortunately, we don't live in a perfect society so there will always be men, women, children, elderly ... there will always be abuse, there will also be hatred, prejudice. And when you have to fight that on a daily basis it just wears someone's faith down. No matter how much you love the job, and we all love the job, it will never love you back. You will have many good days, but you will also have days that you struggle, your family struggles. Financially ... Emotionally ... all of it. This life is not for the faint of heart, you have to be tough, have a backbone. (Porter & Henriksen, Jr., 2018, p. 49)

As counsellors, we can use our skills to find the strengths in these partnerships and help the couple heal from the trauma that these jobs bring. With a growing body of research to back our practice and several different modalities that have shown to be effective with this population there is hope that the relationship dissatisfaction these couples so often feel, and the problems these couples often face, can be resolved or at the very least, bettered through therapy.

## References

- Aishahrani, K.M., Johnson, J., Prudenzi, A., & O'Connor, D.B. (2022). The effectiveness of psychological interventions for reducing PTSD and psychological distress in first responders: A systemic review and meta-analysis. *PLOS One*, 17(8).  
<http://doi.org/10.1371/journal.pone.0272732>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5<sup>th</sup> ed., text rev.)*. <http://doi.org/10.1176/appi.books.9780890425787>
- Arble, E., & Arnetz, B.B. (2017). A model of first-responder coping: An approach/avoidance bifurcation, *Stress Health*, 33(3), 223-232. <http://doi.org/10.1002/smi.2692>
- Arjmand, H.A., O'Donnell, M.L., Putica, A., Sadler, N., Peck, T., Nursey, J., & Varker, T. (2024). Mental health treatment for first responders: An assessment of mental health provider needs. *Psychological Services*. Advance online publication.  
<http://doi.org/10.1037/ser0000832>
- Balbo, M., Cavallo, F., & Fernandez, I. (2019). Integrating EMDR in psychotherapy. *Journal of Psychotherapy Integration*, 29(1), 23-31. <http://doi.org/10.1037/int0000136>
- Bird, E.R., Piccirillo, M., Garcia, N., Blais, R. & Campbell, S. (2021). Relationship between post-traumatic stress disorder and sexual difficulties: A systematic review of veterans and military personnel. *Journal of Sexual Medicine*, 18(8), 1398-1426.  
<http://doi.org/10.1016/j.jsxm.2021.05.011>
- Blais, R.K., Monteith, L.L., & Kugler, J. (2018). Sexual dysfunction is associated with suicidal ideation in female service members and veterans. *Journal of Affective Disorders*, 226, 52-57. <http://doi.org/10.1016/j.jad.2017.08.079>

Bracci, M., Zingaretti, L., Martelli, M., Lazzarini, R., Salvio, G., Amati, M., Milinkovic, M., Ulissi, A., ... Santarelli, L. (2023). Alterations in pregnenolone and testosterone levels in male shift workers. *International Journal of Environmental Research and Public Health*, 20(3195). <http://doi.org/10.3390/ijerph20043195>

Bryant, R.A., Moulds, M.L., Guthrie, R.M., Dang, S.T., Mastrodomenico, J., Nixon, R.D.V., Felmingham, K.L., & Hopwood, S. (2008). A randomized controlled trial of exposure therapy and cognitive restructuring for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 76(4), 695-703. <http://doi.org/10.1037/a0012616>

Caloudas, A.B., Amspoker, A.B., Stanley, M., Boykin, D., Arredondo, K., Walder, A., Hogan, J., & Lindsay, J.A. (2023). Prevalence of sexual desire and arousal difficulties among women veterans: A retrospective cohort design. *Psychological Services*, 20(4), 780-788. <http://doi.org/10.1037/ser0000733>

Casas, J.B., & Benuto, L.T. (2022). Work-related traumatic stress spillover in first responder families: A systemic review of the literature. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(2), 209-217. <http://doi.org/10.1037/tra0001086>

Carleton, R.N., Afifi, T.O., Taillieu, T., Turner, S., Krakauer, R., Anderson, G., MacPhee, R.S., Ricciardelli, R., Cramm, H.A., Groll, D. & McCreary, D.R. (2019). Exposures to Potentially Traumatic Events Among Public Safety Personnel in Canada. *Canadian Journal of Behavioural Science*, 51(1), 37-52. <http://dx.doi.org/10.1037/cbs0000115>

- Cole, C.U., & Cole, D.L. (2025). Case conceptualization using Gottman method couple therapy. *The American Journal of Family Therapy*.  
<http://doi.org/10.1080/01926187.2025.2527613>
- Cooper, H. (2023). Medication choice in post-traumatic stress disorder. *BJPsych Advances*, 29, 169-176. <http://doi.org/10.1192/hja.2023.16>
- Davidson, P.R & Parker, K.C.H. (2001). Eye Movement Desensitization and Reprocessing (EMDR): A Meta-Analysis. *Journal of Consulting and Clinical Psychology*, 69(2), 305-316. <http://dx.doi.org/10.1037//0022-006>
- de Jongh, A., de Roos, C. & El-Leithy, S. (2024). State of the Science: Eye Movement Desensitization and Reprocessing (EMDR) Therapy. *Journal of Traumatic Stress*, 1-12. <http://dx.doi.org/10.1002/jts.23012>
- Díaz-Tamayo, A. M., Escobar-Morantes, J. R., & García-Perdomo, H. A. (2022). Coping Strategies for Exposure to Trauma Situations in First Responders: A Systematic Review. *Prehospital and disaster medicine*, 37(6), 810–818.  
<https://doi.org/10.1017/S1049023X22001479>
- Doss, B.D., Mitchell, A., Georgia, E.J., Biesen, J.N., & Rowe, L.S. (2014). Improvements in closeness, communication, and psychological distress mediate effects of couple therapy for veterans. *Journal of Consulting and Clinical Psychology*, 83(2), 405-415.  
<http://doi.org/10.1037/a0038541>
- Feder, A., Costi, S., Rutter, S.B., Collins, A.B., Govindarajulu, U., Jha, M.K., Horn, S.R., Kautz, M., Corniquel, M., Collins, K.A., ... Charney, D.S. (2021). A randomized controlled trial of repeated ketamine administration for chronic posttraumatic

stress disorder. *AmJPsychiatry*, 178, 193-202.

<http://doi.org/10.1176/appi.ajp.2020.20050596>

Geiger, J.D. (2024). Spouses of first responders: Support for living with posttraumatic stress. *The Family Journal: Counselling and Therapy for Couples and Families*, 32(3), 402-412. <http://doi.org/10.1177/10664807241237229>

Giff, S.T., Teves, J., Petty, K., Kansky, J., & Libet, J. Relationship satisfaction of veterans and partners seeking couples therapy: Associations with posttraumatic stress, accommodation, and depression. *Couple and Family Psychology: Research and Practice*, 14(2), 138-148. <http://doi.org/10.1037/cfp0000250>

Gottman, J.M., & Levenson, R.W. (1992). Marital processes predictive of later dissolution: Behavior, physiology, and health. *Journal of Personality and Social Psychology*, 63, 221-233.

Grau, P.P., Kusch, M.M., Williams, M.T., Loyo, K.T., Zhang, X., Warner, R.C., & Wtterneck, C.T. (2022). A review of the inclusion of ethnoracial groups in empirically supported posttraumatic stress disorder treatment research. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(1), 55-65. <http://doi.org/10.1037/tra00001108>

Gryshchuk, L., Campbell, M.A., Brunelle, C., Doyle, J.N., & Nero, J.W. (2022). Profiles of vulnerability to alcohol use and mental health concerns in first responders. *Journal of Police and Criminal Psychology*, 37, 952-961. <http://doi.org/10.1007/s11896-022-09546-2>

Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-

analysis. *Journal of psychiatric research*, 94, 218–229.

<https://doi.org/10.1016/j.jpsychires.2017.08.001>

Heycraft, A.L. (2023). The future for psychedelic agents in the treatment of posttraumatic stress disorder. *The Journal for Nurse Practitioners*, 19.

<http://doi.org/10.1016/j.nurpra.2023.104586>

Hoppen, T.H., Jehn, M., Holling, H., Mutz, J., Kip, A., & Morina, N. (2023). The efficacy and acceptability of psychological interventions for adult PTSD: A network and pairwise

meta-analysis of randomized controlled trials. *Journal of Consulting and Clinical*

*Psychology*, 91(8), 445-461. <http://doi.org/10.1037/ccp0000809>

Irvine, T.J., Peluso, P.R., Benson, K., Cole, C., Cole, D., Gottman, J.M., & Gottman, J.S.

(2024). A pilot study examining the effectiveness of Gottman method couples therapy over treatment-as-usual approaches for treating couples dealing with

infidelity. *The Family Journal: Counselling and Therapy for Couples and Families*,

32(1), 81-94. <http://doi.org/10.1177/10664807231210123>

Johnson, L.B., Todd, M., & Subramanian, G. (2005). Violence in police families: Work-family spillover. *Journal of Family Violence*, 20(1). [http://doi.org/10.1007/s10896-005-1504-](http://doi.org/10.1007/s10896-005-1504-4)

[4](http://doi.org/10.1007/s10896-005-1504-4)

Karaffa, K., Openshaw, L., Kock, J., Clark, H., Harr, C., & Stewart, C. (2015). 23(2), 120-131.

Perceived impact on police work on marital relationships. *The Family Journal:*

*Counseling and Therapy for Couples and Families*, 23(2), 120-131.

<http://doi.org/10.1177/1066480714564381>

Kaufman, C.C., & Rosmarin, D.H. (2024). Spirituality in the line of duty: Perspectives from first responders with acute posttraumatic stress disorder and alcohol use disorder. *Psychological Services*, Advance online publication.

<http://doi.org/10.1037/ser0000856>

Kaufman, C.C., Vujanovic, A.A., Murphy, J.G., & Rosmarin, D.H. (2023). The association between PTSD symptom clusters and religion/spirituality with alcohol use among first responders. *Journal of Psychiatric Research*, 176(2024), 304-316.

<http://doi.org/10.1016/j.jpsychires.2024.06.015>

Kehler, A., Jahnke, S., Kucic, F., Streetman, A.E., & Heinrich, K.M. (2023). Prevalence of reproductive health issues among US female law enforcement officers. *Healthcare*, 11, 2647. <http://doi.org/10.3390/healthcare11192647>

Kenny, J.J., Allen, E., Renshaw, K., Bhalla, A., & Fredman, S.J. (2022). Two perspectives on accommodation of PTSD symptoms: Partners versus service members. *Couple and Family Psychology: Research and Practice*, 11(4), 273-289.

<http://doi.org/10.1037/cfp0000184>

Kyron, M.J., Rikkers, W., LaMontagne, A., Bartlett, J. & Lawrence, D. (2022) Work-Related and Nonwork Stressors, PTSD, and Psychological Distress: Prevalence and Attributable Burden Among Australian Police and Emergency Services Employees. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(7), 1124-1133.

<http://dx.doi.org/10.1037/tra0000536>

Lambert, J.E., Engh, R., Hasbun, A., & Holzer, J. (2012). Impact of posttraumatic stress disorder on the relationship quality and psychological distress of intimate partner: A

meta-analytic review. *Journal of Family Psychology*, 26(5), 729-737.

<http://doi.org/10.1037/a0029341>

Landers, A.L., Dimitropoulos, G., Mendenhall, T.J., Kennedy, A., & Zemenek, L. (2020).

Backing the blue: Trauma in law enforcement spouses and couples. *Family Relations*, 69, 308-319. <http://doi.org/10.1111/fare.12393>

Lanza, A., Roysircar, G., & Rodgers, S. (2018). First responder mental healthcare: Evidence-based prevention, postvention, and treatment. *Professional Psychology: Research and Practice*, 49(3), 193-204. <http://doi.org/10.1037/pro0000192>

Levenson, R. W., & Gottman, J. M. (1985). Physiological and effective predictors of change in relationship satisfaction. *Journal of Personality and Social Psychology*, 49, 85-94

LoSavio, S.T., Worley, C.B., Aajmain, S.T., Rosen, C.S., Stirman, S.W. & Sloan, D.M. (2023). Effectiveness of Written Exposure Therapy for Posttraumatic Stress Disorder in the Department of Veterans Affairs Healthcare System. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(5), 748-756.

<http://dx.doi.org/10.1037/tra0001148>

Lynskey, M.T., Anthanasiou-Fragkouli, A., Thurgur, H., Schlag, A.K., Nutt, D.J. (2024).

Medicinal cannabis for treating post-traumatic stress disorder and comorbid depression: Real-world evidence. *BJPsych Open*, 10(62), 1-7.

<http://doi.org/10.1192/bjo.2024.13>

Mailloux, S.L. (2014). The ethical imperative: Special considerations in the trauma counseling process. *Traumatology: An international Journal*, 20(1), 50-56.

<http://doi.org/10.1177/1534765613496649>

Marx, B. (2024). An overview of written exposure therapy: A brief treatment for PTSD.

*Psychiatric Annals*, 54(3), 70-74. <http://doi.org/10.3928/00485713-20240214-01>

Menard, K.S., & Arter, M.L. (2013). Police officer alcohol use and trauma symptoms:

Associations with critical incidents, coping, and social stressors. *International*

*Journal of Stress Management*, 20(1), 37-56. <http://doi.org/10.1037/a0031434>

Miloslavic, K., Leonard, S.J., Wardle, M.C., & Vujanovic, A.A. (2023). Alcohol use severity, anger and drinking motives among firefighters. *Substance Use & Misuse*, 58(5), 601-

609. <http://doi.org/10.1080/10826084.2023.2177113>

Mockun-Pietrzak, J., Gaworska-Krzeminska, A., & Michalik, A. (2022). A cross-sectional, exploratory study on the impact of night shift work on midwife' reproductive and

sexual health. *International Journal of Environmental Research and Public Health*,

19(8082). <http://doi.org/10.3390/ijerph19138082>

Monson, C.M., Wagner, A.C., Crenshaw, A.O., Whitfield, K.M., Newnham, C.M., Valela, R.,

Varma, S., Di Bartolomeo, A.A., Fulham, L., Collins, A., Donkin, V., Mensah, D.H.,

Landy, M.S.H., Samonas, C., Morland, L., Doss, B.D., & Fitzpatrick, S. (2022). An

uncontrolled trial of couple HOPES: A guided online intervention for PTSD and

relationship enhancement. *Journal of Family Psychology*, 26(6), 1036-1042.

<http://doi.org/10.1037/fam0000976>

Morland, L.A., Knopp, K.C., Khalifian, C.E., MacDonald, A., Grubbs, K.M., Mackintosh, M.,

Becker-Cretu, J.J., Sautter, F.J., Buzzella, B.A., Wrape, E.R., Glassman, L.H., Webster,

K., Sohn, M.J., Glynn, S.M., Acierno, R., & Monson, C.M. (2022). A randomized trial of

- brief couple therapy for PTSD and relationship satisfaction. *Journal of Consulting and Clinical Psychology*, 90(5), 392-404. <http://doi.org/10.1037/ccpt0000731>
- Nohr, A.K., Eriksson, H., Hobart, M., Moltke, I., Buller, R., Albrechtsen, A., & Lindgreen, S. (2021). Predictors and trajectories of treatment response to SSRIs in patients suffering from PTSD. *Psychiatry Research*, 301. <http://doi.org/10.1016/j.psychres.2021.113964>
- O'Loughlin, J.I., & Brotto, L.A. (2020). Women's sexual desire, trauma exposure, and posttraumatic stress disorder. *Journal of Traumatic Stress*, 33, 238-247. <http://doi.org/10.1002/jts.22485>
- Pooley, G., & Turns, B. (2021). Supporting those holding the thin blue line: Using solution-focused brief therapy for law enforcement families. *Contemporary Family Therapy*, 44, 176-184. <http://10.1007/s10591-021-09575-9>
- Porter, K.L., & Henriksen Jr., R.C. (2016). The phenomenological experiences of first responder spouses. *The Family Journal: Counselling and Therapy for Couples and Families*, 24(1), 44-51. <http://doi.org/10.1177/1066480715615651>
- Ready, D.J., Sylvers, P., Worley, V., Butt, J., Mascaro, N. & Bradley, B. (2012). The impact of Group-Based Exposure Therapy on the PTSD and Depression of 30 Combat Veterans. *Psychological Trauma: Theory, Research, Practice and Policy*, 4(1), 84-93. <http://dx.doi.org/10.1037/q0021997>
- Regehr, C. (2006). Bringing the trauma home: Spouses of paramedics. *Journal of Loss and Trauma*, 10(2), 97-114. <http://doi.org/10.1080/15325020590908812>

- Regehr, C., Dimitropoulos, G., Bright, E., George, S., & Henderson, J. (2005). Behind the brotherhood: Rewards and challenges for wives of firefighters. *Family Relations, 54*, 423-435.
- Rennebohm, S.B., Dolezal, M.L., Bentley, J.A., Edwards-Stewart, A., Thoburn, J.W., & Holguin, J. (2023). The moderating effect of coping behaviors on posttraumatic stress and first responder romantic relationships. *Couple and Family Psychology: Research and Practice, 12*(1), 1-10. <http://doi.org/10.1037/cfp0000165>
- Ricciardelli, R., Taillieu, T., Coulling, R., Johnston, M.S., Carleton, R.N., & Afifi, T. (2024). Provincial correctional workers: Examining the relationship between alcohol use, mental health disorders, and suicide behaviour. *Canadian Psychology, 65*(3), 201-209. <http://doi.org/10.1037/cap0000374>
- Roberts, N.A., & Levenson, R.W. (2001). The remains of the workday: Impact of job stress and exhaustion on marital interaction in police couples. *Journal of Marriage and Family, 63*, 1052-1067.
- Roddy, M.K., Walsh, L.M., Rothman, K., Hatch, G., Doss, B.D. (2020). Meta-analysis of couple therapy: Effects across outcomes, designs, timeframes, and other moderators. *Journal of Counselling and Clinical Psychology, 88*(7), 583-596. <http://doi.org/10.1037/ccp0000514>
- Rodriguez, S., Ferrell, B., Cipriano, R.J., Van Hasselt, V.B., Falzone, L., Kuhlman, K., Acosta, W., & Miller, M.V. (2023). Law enforcement mental health: Strategies and issues in prevention and treatment. *Practice Innovations*. Advance online publication. <http://doi.org/10.1037/pri0000210>

- Rotunda, R.J., Herzog, J., Dillard, D.R., King, E., & O'Dare, K. (2025). Alcohol misuse and correlates with mental health indicators among firefighters. *Substance Use & Misuse*, 60(2), 236-243. <http://doi.org/10.1080/10826084.2024.2422975>
- Shapiro, R., & Brown, L.S. (2019). Eye movement desensitization and reprocessing therapy and related treatments for trauma: An innovative integrative trauma treatment. *Practice Innovations*, 4(3), 139-155. <http://doi.org/10.1037/pri0000092>
- Sharp, M.L., Soloman, N., Harrison, V., Gribble, R., Cramm, H., Pike, G., & Fear, N.T. (2022). The mental health and wellbeing of spouses, partners and children of emergency responders: A systemic review. *PLoS ONE*, 17(6). <http://doi.org/10.1371/journal.pone.0269659>
- Shepherd, B.R., Fritz, C., Hammer, L.B., Guros, F., & Meier, D. (2018). Emotional demands and alcohol use in corrections: A moderated mediation model. *Journal of Occupational Health Psychology*, 24(4), 438-449. <http://doi.org/10.1037/ocp0000114>
- Shifrin, A., Sharma, S., Zeifman, R.J., Roth, M.L., Gifford, S., & Monson, C.M. (2023). Posttraumatic stress disorder treatment preference: Prolonged exposure therapy, cognitive processing therapy, or medication therapy? *Psychological Services*, 20(3), 474-482. <http://doi.org/10.1037/ser0000688>
- Sloan, D.M., Marx, B.P., Acierno, R., Messina, M., Muzzy, W., Gallagher, M.W., Litwack, S., & Sloan, C. (2023). Written exposure therapy vs prolonged exposure therapy in the treatment of posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*, 80(11), 1093-1100. <http://doi.org/10.1001/jamapsychiatry.2023.2810>

- Smith, L.J., Paulus, D.J., Gallagher, M.W., Norman, S.B., Tran, J.K., & Vujanovic, A.A. (2019). Perceived stress and probable alcohol misuse in firefighters: The role of posttraumatic stress. *International Journal of Stress Management*, 26(4), 367-377. <http://doi.org/10.1037/str0000118>
- Steinkopf, B.L., Hakala, K.A., & Van Hasselt, V.B. (2015). Motivational interviewing: Improving the delivery of psychological services to law enforcement. *Professional Psychology: Research and Practice*, 46(5), 348-354. <http://doi.org/10.1037/pro0000042>
- Stowe Alrutz, A., Buetow, S., Cameron, L.D., & Huggard, P.K. (2020). What happens when work comes home. *Healthcare*, 8(350).
- Taft, C.T., Watkins, L.E., Stafford, J., Street, A. E., & Monson, C.M. (2011). Posttraumatic stress disorder and intimate relationship problems: a meta-analysis. *Journal of Consulting and Clinical Psychology*, 79(1), 23-33. <http://doi.org/10.1037/a0022196>
- Taylor, S., Thordarson, D.S., Maxfield, L., Fedoroff, I.C., Lovell, K. & Ogrodniczuk, J. (2003). Comparative Efficacy, Speed, and Adverse Effects of Three PTSD Treatments: Exposure Therapy, EMDR, and Relaxation Training. *Journal of Consulting and Clinical Psychology*, 71(2), 330-338. <http://dx.doi.org/10.1037/0022-006X.71.2.330>
- Tjin, A., Traynor, A., Doyle, B., Mulhall, C., Eppich, W., & O'Toole, M. (2022). Turning to trusted other': A narrative review of providing social support to first responders. *International Journal or Environmental Research and Public Health*, 19, 16492. <http://doi.org/10.3390/ijerph192416492>

- Varker, T., Dennison, M.J., Bancroft, H., Forbes, D., Nurse, J., Sadler, N., Creamer, M., Khoo, A., Metcalf, O., Putica, A., Pedder & Phelps, A.J. (2023). Mental Health, Operational Stress, and Organizational Stress Among Sworn and Unsworn Police Personnel. *Traumatology*, 29(2), 330-337. <http://doi.org/10.1037/trm0000399>
- Vilibic, M., Peitl, V., Zivkovic, M., Vlatkovic, S., Bistrovic, I.L., Ljubicic, R., Matosic, A., & Karlovic, D. (2022). Quetiapine add-on therapy may improve persistent sleep disturbances in patients with PTSD on stable combined SSRI and benzodiazepine combination: A one-group pretest-posttest study. *Psychiatria Danubina*, 34(2), 245-252. <http://doi.org/10.24869/psyd.2022.245>
- Waddell, E., Lawn, S., Roberts, L., Henderson, J., Venning, A., & Redpath, P. (2020). "Why do you stay?": The lived-experience of partners of Australian veterans and first responders with posttraumatic stress disorder. *Health and Social Care in the Community*, 28, 1734-1742. <http://doi.org/10.1111/hsc.12998>
- Walker, D.D., Walton, T.O., Neighbors, C., Kaysen, D., Mbilinyi, L., Darnell, J., Rodriguez, L., & Roffman, R.A. (2016). Randomized trial of motivational interviewing plus feedback for soldiers with untreated alcohol abuse. *Journal of Consulting and Clinical Psychology*, 85(2), 99-110. <http://doi.org/10.1037/ccp0000148>
- Wei, Y. & Chen, S. (2021). Narrative Exposure Therapy for Posttraumatic Stress Disorder: A Meta-Analysis of Randomized Controlled Trials. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(8), 877-884. <http://dx.doi.org/10.1037/tra0000922>

Weiss, B., Dinh-Williams, L.L., Beller, N., Raugh, I.M., Strauss, G.P., & Campbell, W.K.

(2023). Ayahuasca in the treatment of posttraumatic stress disorder: Mixed-methods case series evaluation in military combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication.

<http://doi.org/10.1037/tra0001625>

Wenzel, A. (2021). Handbook of cognitive behavioural therapy: Overview and approaches (Vol 1). Washington, DC, US. *American Psychological Association*, 2021.

<http://doi.org/10-1037/0000218-000>

Woody, R.H. (2005). The police culture: Research implications for psychological services.

*Professional Psychology: Research and Practice*, 36(3), 525-529.

<http://doi.org/10.1037/0735-7028.36.5.525>

Xiang, A., Monson, C.M., Fitzpatrick, S., Wagner, A.C., Valela, R., Collins, A.M., Whitfiels,

K.M., Earle, E.A., Bushe, J., Mensah, D.H., Ip, J., Samonas, C., Siegal, A.N., Donkin,

V.L., Varma, S., Landy, M.S.H., Morland, L., Doss., B.D., & Crenshaw, A.O. (2025).

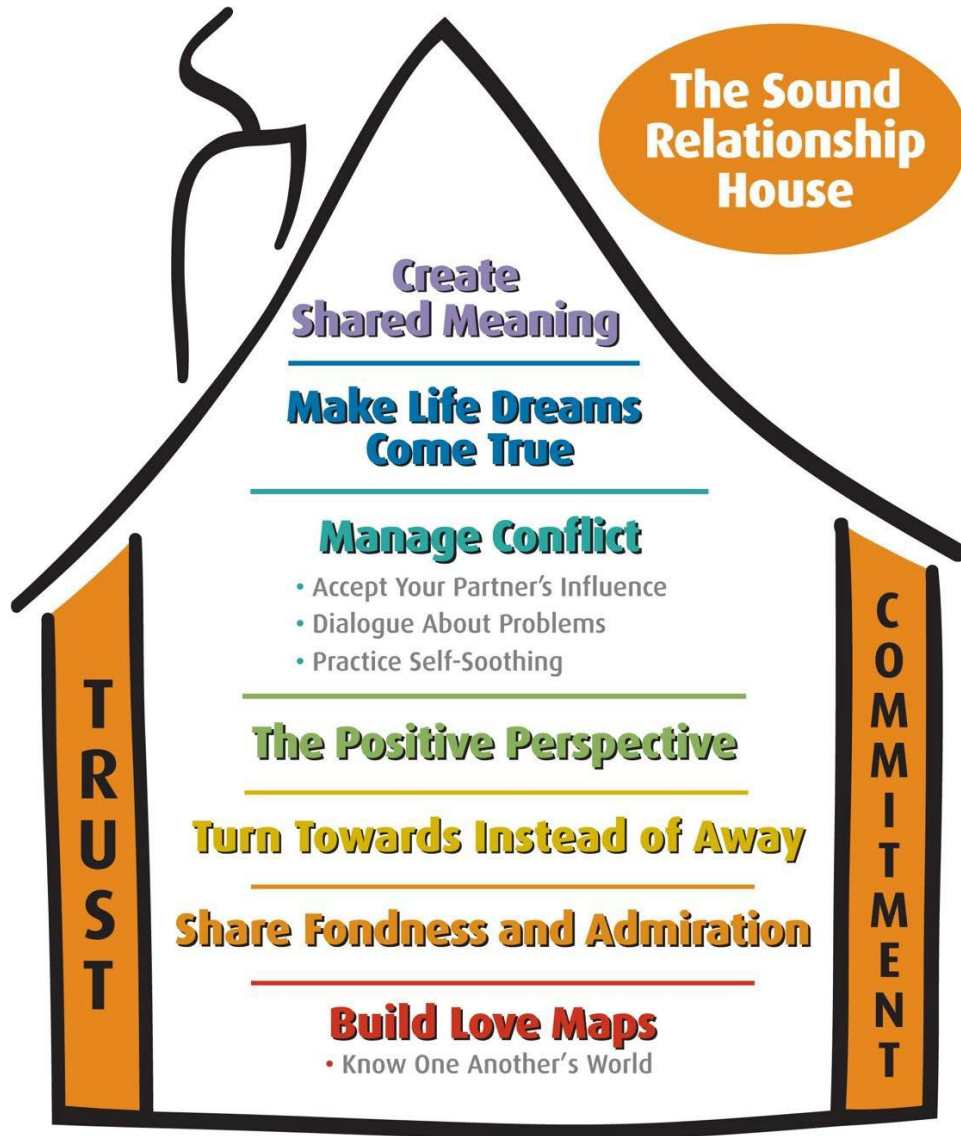
Partner accommodation associations in intimate couples with posttraumatic stress disorder. *Couple and Family Psychology: Research and Practice*, 14(3), 195-203.

<http://doi.org/10.1037/p0000259>

Appendix A

Figure A1

*The Sound Relationship House*



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Level 1 Training