



Working with
Heroes

Emergency Responders, Military,
Veterans, and Front-line Workers

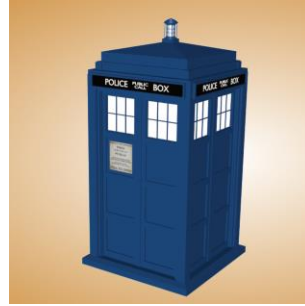
Lavone Anderson, LPC-S

May 8, 2026



Housekeeping

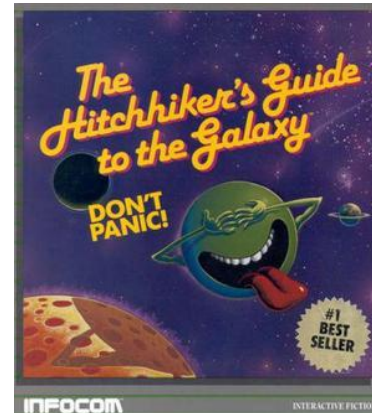
- Bathrooms
- Breaks
- Cell phones
- Emergency procedures
- Trigger warning



Hello! I'm Lavone



- Licensed Professional Counselor Supervisor
- Steven A. Cohen Military Family Clinic
- Single mother of 3 kids
- Amateur Radio Operator (KG5GWO)
- Volunteer
- Total nerd
- Middle child
- Daughter of a retired school teacher



What is a Hero?



What is a Hero?



- Definition:

- A person who is admired or idealized for courage, outstanding achievements, or noble qualities.
 - Oxford Languages (2024)
- Someone who helps someone who needs help
 - Lavone Anderson, LPC-S



What makes them so special?

- The protectors and the helpers
- Self sacrificing
- Run towards chaos and danger instead of away
- First ones to offer help
- Long suffering
- Refuse to get help, even when needed



Why would a hero need help?

- May have experienced multiple and severe traumas through the job
- See the worst of the worst
- Job expectations – go, go, go
- No closure
- Shove it down and “deal with it later”
- “I’m fine, I don’t need any help” mentality
- Sees self-care as selfish
- “Self-medicate” with alcohol/drugs to cope



Why Focus on Heroes?

- PTSD effects about 13 million people (2020)
 - General Population: 8% of women and 4% of men experience PTSD
 - Military service members and veterans = twice as high
- Depression and PTSD are up to 5 times more common in first responders
- 85% of First Responders experience mental health symptoms.
- Most do not seek professional help, so the real numbers are likely higher than the "official" numbers.



Real-life Heroes

- Military personnel
 - Active duty
 - Veterans
- Emergency responders
 - Police
 - Fire



UNITED STATES
SPACE FORCE





Active Duty

- Property of the US Government
- Many feel like they were lied to by recruiter
- “I just want to finish my contract and get out.”
- Will need to work in cooperation with Base BH providers
 - Regular updates
 - Continued after care plans
 - Like to keep services “in house” if possible



Veterans

- Traumas could include
 - Losing friends/peers
 - Losing limbs
 - Killing “innocents”
 - Sights and sounds of war
 - Burned bodies
 - “Clearing” homes of civilians
 - Survivor guilt
- Homelessness
- Some believe they are “not worthy” to get help due to the things they have done
 - Self-medicating
 - Infidelity
 - Illegal activities

Veterans

- What era?
 - Korea/Vietnam
 - Cold War
 - Libya, Panama, Iran
 - Gulf War
 - War on Terror
 - Iraqi Freedom
 - Afghanistan
 - Kuwait
- Active combat?
 - Just because there was NOT a “hot” war does NOT mean they didn’t see combat.
 - Some vets don’t believe they qualify to be “veterans” because they never deployed



A black and white photograph of a soldier in silhouette on a tarmac, with a helicopter in the background and a large eagle silhouette in the foreground. The soldier is standing on the left, looking towards the right. The helicopter is in the center, and the eagle is in the foreground, partially obscuring the view. The sky is cloudy.

Special Forces

- Lots of confidentiality and “top secret” activity
- Very reluctant to talk, or will talk in code
- Experience nightmares and flashbacks
- Lots of guilt for things they had to do
- Constant “high alert”

Women in the military

- Sexual Harassment
 - Nicknames (sugar, sweet cheeks, sweetie pie, etc)
 - “You’re too pretty to...”
- Teased, taunted, bullied by male counterparts
 - “Don’t want you to break a nail or something.”
- Bias due to gender
 - Passed over for promotions
 - Kept in administrative jobs
 - Considered “too weak”
 - Feel like they have to work 10x harder to prove themselves



Women in the military (continued)



- Military Sexual Trauma (MST)
 - Raped by other service members
 - Male soldiers often protected by superiors
 - “He’s a good soldier. I don’t want to ruin his career/life by reporting this.”
 - “She’s just trying to get him in trouble.”
 - Traumatized again by the system

Sexual Harassment Assault Response Prevention (SHARP) program

- Integrated, proactive effort by the Army to end sexual harassment and sexual assault within its ranks.
- Includes specially educated and trained staff at multiple levels within the Army structure.
- Promotes cultural change across the Army, with a vision toward a culture of discipline and respect in which Soldiers intervene in sexual harassment and sexual assault to protect one another.
- Includes a comprehensive program to educate leaders and Soldiers about how to prevent and respond to incidents of sexual harassment and sexual assault.
- Encourages reporting, thoroughly investigates unrestricted reports of sexual assault and complaints of sexual harassment; holds offenders appropriately accountable.
- **Sexual assault can happen regardless of gender. Hazing, physical abuse and humiliation can be forms of sexual assault if the actions include sexual force, threats, intimidation or abuse of authority. If you do not or cannot consent, it is sexual assault.**
 - Men are less likely to report incidents or seek help for fear of stigma surrounding male sexual harassment and sexual assault.
- <https://www.armyresilience.army.mil/sharp/index.html>



Police Officers

- Will usually refuse to attend counseling until forced to go.
- Very factual, no “BS”
 - Hesitant to share opinions
 - Will talk about an incident like they are presenting a report
- 2 faces
 - Public face
 - Real face
- May come across as gruff or uncaring
- High divorce rates
- Don't like medications
- Generally own lots of weapons/firearms



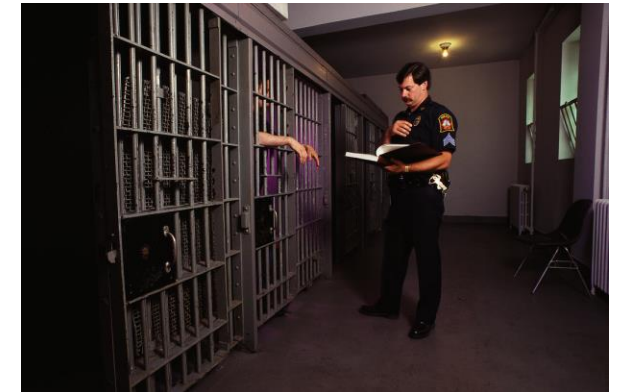
Firefighters

- Exposed to gruesome scenes
 - Car accidents
 - Fire fatalities
- High risk to personal safety
- Focus mainly on physical health
 - Strength
 - Endurance (running)
- “I was just doing my job.”
- Teamwork and brotherhood mentality



Often Overlooked Heroes

- Paramedics
- 911 Operators
- Healthcare workers
 - Doctors, nurses
 - Emergency room workers
- Social Workers/Investigators
 - APS/CPS
- Corrections officers
- Counselors





911 Operators and Paramedics

- Instantly stressful situations
- Must be the calm in chaos
 - Panic all around them
 - Distressed families
 - Aggressive on-lookers, friends of patient, or other victims
- Patient deaths
- No closure – the job ends at the ER doors
- Long hours
- Go from one call immediately to the next

Healthcare workers

- Tend to help others instead of addressing their own needs
 - Denial
 - Rationalization
- Death is part of the job
- Compassion fatigue
- Work long hours with short staffing
- May try to tell you how to do your job
- May be germophobic
 - Masks, gloves, sanitizer
- Self-medicating can turn into addictions
- Bad “patients” - Usually non-compliant, don’t practice what they preach, or do any kind of self-care.
- Focus on sleep hygiene for healing/recovery



Corrections Officers

- May or may not also be veterans
- Interact with the worst of society daily
- Very negative work environment
- Short staffed
- Long hours
- Hypervigilant, especially in large groups
- Used to managing violence



Social Workers/Investigators

- See horrible things in the homes
- Deal with angry or desperate family members
 - Excess drama
- Backlash from the community
- Adverse events due to their decisions or supervisor
 - Abusive situations
 - Child deaths
- Overworked due to heavy caseloads and lack of staff
 - Seem to be always on call
- High turnover rates



Therapists/Counselors

- Vicarious trauma from clients
- Required reporters
- Multiple roles
 - Case manager
 - Advocate
 - Supporter
- General lack of self-care
 - Snack between appointments
 - No time off – still work even on vacation
 - Lots of coffee/caffeinated drinks
- High burn-out rate



Why don't they get help?

- Alpha personality
 - They're the helpers
- Worried About Stigma
 - "Everyone will think I'm crazy."
 - Judgmental supervisors
- Job restrictions
 - Worried they will lose their weapon, get demoted, put behind a desk, or forced to leave the profession
- Unable to find appropriate help
 - Unqualified counselors
 - Previous bad experiences



When they do come to treatment

- Often forced to come in
- They've experienced severe trauma, often multiple incidents
 - Many times they've had traumatic childhoods
- Resistant to opening up
 - "I don't need to be here. I'm fine."
 - "I was just doing my job."
 - Trust issues
 - Brotherhood
 - Don't want to hurt/traumatize others
- Mad at God
- Despise incompetence and dishonesty



Diagnosing Trauma

- Can result when an individual directly experiences an adverse event, witnesses that event or learns about it from others
- Actual or threatened death, serious injury, or sexual violence
- Repeated or extreme exposure to aversive details of a traumatic event
- Not all stressful events involve trauma



Factors Related to Trauma Experience

- Everyone reacts differently to stressful events, and some may not develop trauma symptoms
- Biological factors
 - Genes
 - Gender (women more likely than men)
- Background/past experiences
 - Upbringing/childhood
- Religious beliefs
- Relative closeness to the stressful event and/or threat of death
- Having little or no social support after the event
- Extra stressors (loss of a loved one, pain, injury, loss of employment, etc)
- History of mental illness or substance use



Signs/Symptoms of Trauma

- Depression
- Anxiety
- Anger/Irritability
- Nightmares
- Flashbacks
- Panic Attacks
- Hypervigilance/exaggerated startle response
- Isolation
- Avoidance of reminders
- Feeling numb or detached/Anhedonia
- Problems with concentration/focus



Other signs/symptoms of Trauma

- Domestic violence
- Child abuse
- Drinking/Substance Use
 - Self-medicating
- Insomnia
- Audio Hallucinations (voices)
- Self-Punishment
- Self-Deprecation
- Silence
- Aggressive Outlets
- Divorce



Acute Stress Disorder

- Can occur 3 days to one month after a traumatic event
- Similar symptoms to PTSD
- Many people recover from ASD without developing PTSD
 - Removed from traumatic situation
 - Given appropriate support and empathy
 - Able to safely talk about what happened



Symptoms of Stress (Acute)

Physical	Emotional/Cognitive	Behavioral
Headaches/Migraines	Worry	Restlessness
Sweating	Irritability	Disrupted sleep
Nausea	Difficulty concentrating	Social withdrawal
Indigestion	Mood instability	Procrastination
Chest pain	Memory problems	Substance Use
Fatigue	Loss of motivation	Interpersonal conflict
Back pain	Anger	Constant thoughts of stressors



Post Traumatic Stress Disorder



- Greater than 1 month since event
- Disturbance causes significant distress or impairment in social, occupational, or other important areas of functioning
- Disturbance is NOT attributable to physiological effects of a substance or medical condition
- May include dissociative symptoms
 - Depersonalization
 - Derealization (“unreality”)

Chronic Stress Disorder

- Exposed to excess stress for a long period of time
 - Weeks, months, or years
- Feeling pressured and overwhelmed with little relief
- Forced to continue on
- Becomes jaded about situation
- Slowly drains a person's psychological resources
 - Physical issues
 - Psychological issues
- Often describe feeling “stuck”



Symptoms of Stress (Chronic)

Physical	Emotional/Cognitive	Behavioral
Heart disease	Depression	Sleep disorders
High blood pressure/Hypertension	Memory impairment	Poor diet
Weakened immune system	Anxiety disorders	Substance use
Blurred eyesight or sore eyes	Panic attacks	Lack of exercise



HOW **STRESS** AFFECTS THE BODY

BRAIN

Difficulty concentrating, anxiety, depression, irritability, mood, mind fog

CARDIOVASCULAR

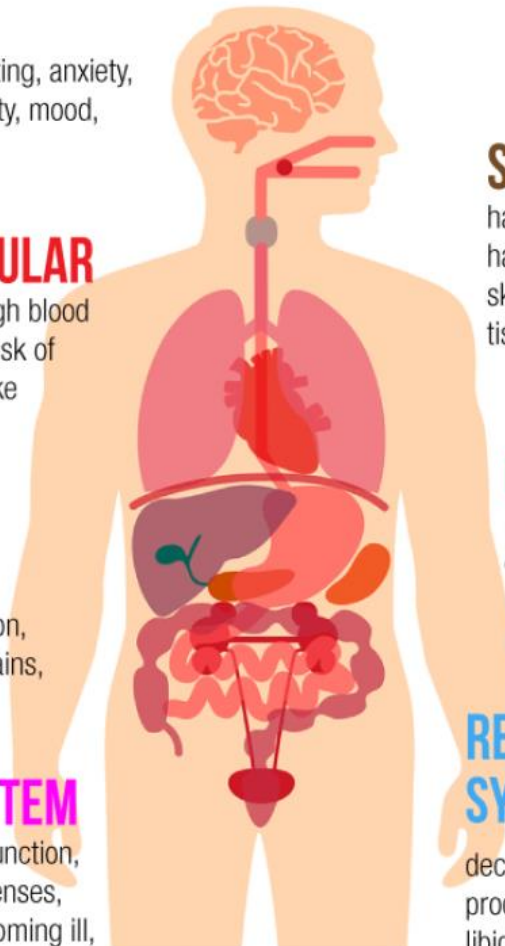
higher cholesterol, high blood pressure, increased risk of heart attack and stroke

JOINTS AND MUSCLES

increased inflammation, tension, aches and pains, muscle tightness

IMMUNE SYSTEM

decreased immune function, lowered immune defenses, increased risk of becoming ill, increase in recovery time



SKIN

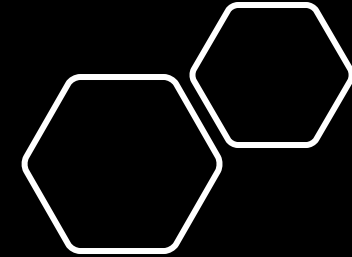
hair loss, dull/brittle hair, brittle nails, dry skin, acne, delayed tissue repair

GUT

nutrient absorption, diarrhea, constipation, indigestion, bloating, pain and discomfort

REPRODUCTIVE SYSTEM

decreased hormone production, decrease in libido, increase in PMS symptoms



Possible Therapeutic Interventions for Trauma

- Schemas
 - Self-Sacrifice
- EMDR
- Narrative
 - Verbal
 - Written
- TF-CBT
- Group therapy
- Art Therapy



- Play therapy
 - Chess
 - Strategy games
- Mindfulness
- Motivational Interviewing
- Written Exposure Therapy
- Cognitive Processing Therapy
- Support Groups
- Medications, if needed

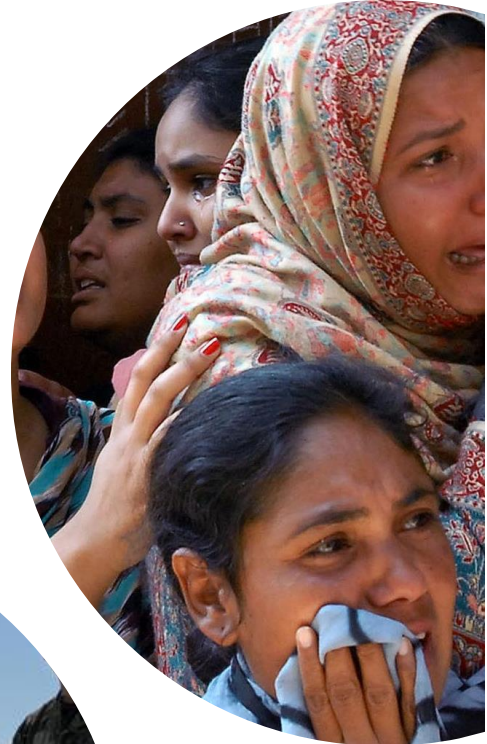


Moral Injury

- The enduring consequence of “perpetrating, failing to prevent, bear witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”
- An event that is not only inconsistent with previous moral expectations, but which has the power to negate them.
- Not merely a state of cognitive dissonance, but a state of loss of trust in previously deeply held beliefs.

Examples of Moral Injury

- Soldiers in combat – kill unarmed non-combatants
- Police officers – accidental deaths of by-standers or misidentified individuals
- Healthcare workers – triage in emergency situations
- CPS/Social Workers – unable to protect abused children due to systemic failures, lack of resources, or bureaucratic red tape



Signs and Symptoms of Moral Injury

- Avoidance, alienation, social withdrawal, and self-isolation
- Nightmares, flashbacks, intrusive recollections
- Substance use
- Aggression, anger, irritability
- Lack of trust in self or others
- Depression, anxiety, self-harm
- Negative changes in ethical attitudes and behaviors
- Emotional numbness, reduced empathy
- Impulse to seek revenge
- Shame, guilt, feelings of worthlessness
- Sense of rejection
- Difficulty forgiving, self-loathing, frustration, disgust
- Blame or angry at God
- Resistant to talk about the issue



Possible Therapeutic Interventions for Moral Injury Trauma

Accepted Treatments

- Prolonged Exposure Therapy
- Written Exposure Therapy (WET)
- Cognitive Processing Therapy (CPT)
- EMDR
- TF-CBT



Treatments Under Investigation

- Adaptive Disclosure
- Acceptance and Commitment Therapy for Moral Injury
- Impact of Killing Therapy
- Moral Injury Group
- Trauma Informed Guilt Reduction Therapy
- Building Spiritual Strength

https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp

Possible Assessments to Use in Treatment

- C-SSRS Screening (SI)
- PCL-5 (Trauma)
- GAD-7 (Anxiety)
- PHQ-2/ PHQ-9 (Depression)
- Community Health Needs Surveys (Case Management needs)
- SBIRT (alcohol use)
- Alcohol Use Disorders Identification Test (AUDIT)
- Others?



Identify Resilience Factors



- Seek out support from friends, family, or support groups
 - Reasons to keep going
 - Stanley-Brown Safety Plan (SI/HI)
- Learn to feel “okay” with their actions during the event
- Have and utilize appropriate coping skills
- Be prepared and able to respond if needed
 - Make a plan
 - Hope for the best, but plan for the worst.

Promote Self-care

- Exercise
- Eat healthy foods
- Use time management techniques
- Enforce boundaries
- Set realistic goals
- Get enough sleep
- Make time for leisure activities
- Practice mindfulness
- Encourage self-forgiveness
- Talk to someone!



What you should do....

- Be mindful of the environment for potential triggers (scents, lights, sounds, windows, loud noises, and furniture placement, etc.)
- Build rapport
- Be honest
- Be attentive -> Listen to them!
 - Focus on them, not your notepad or laptop
- Have some “lighter” sessions to help with the stress
- Have fidgets available, if needed
- Be non-judgmental, patient, and tolerant
- Be willing to talk about (and listen to) difficult topics



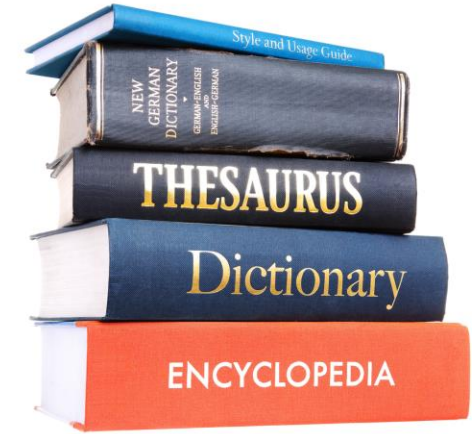
You should also....

- Remember they are human beings, not just another file on your desk
- Be cognizant of their age/generation
 - Baby Boomer vs. Gen X
 - Millennial vs. Gen Z
 - Have a working knowledge of history (Civil Rights, Cold War, Berlin Wall, etc.)
- Model appropriate behaviors
- Keep a holistic view (Mind, Body, and Spirit)
- Understand their world view and how it affects things
 - Race, sexual orientation, disability, etc.

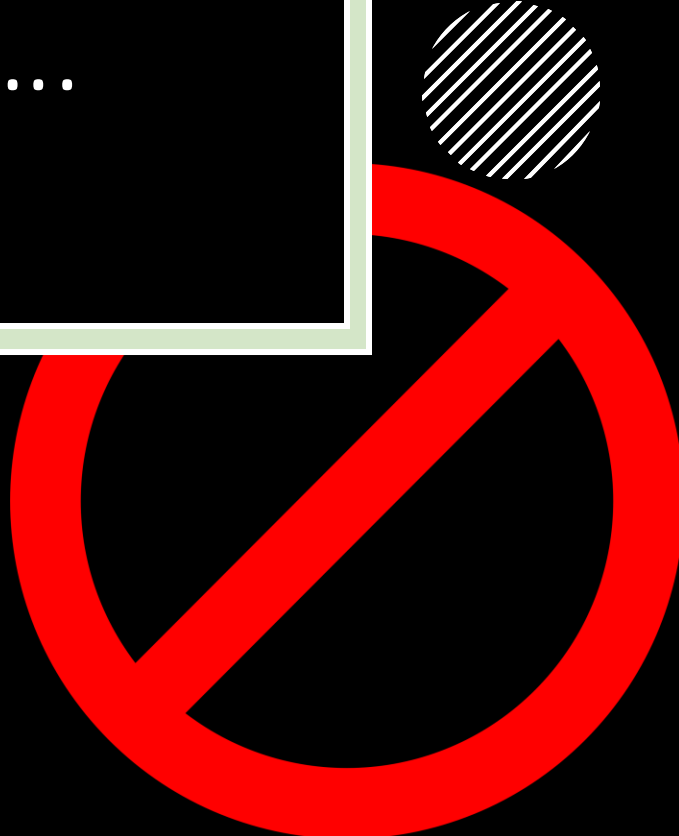


Learn their terminology

- ADSM
- First shirt
- Butter bars
- DD214
- AWOL
- Grunt
- Infantry
- TDY
- 73
- CW
- R22
- LEO
- 10 codes
- EOW
- AuxComm
- EOC
- ICS
- PIO
- Irons
- Hose draggers
- Wee woos
- Txp/TXPU



What not to do....

- 
- Be late, reschedule, or cancel multiple times
 - Break promises
 - Be too political
 - Be anti-gun
 - Push religion
 - Ridicule/Minimize
 - Roll your eyes
 - Be too pushy
 - Go at their pace
 - Insist on medications, unless absolutely necessary
 - Refer to a trusted medical professional

Other mistakes **not** to make



- Try to relate if you can't
- Lie/Stretch the truth
- Ask if they've killed someone
- Respond negatively to their trauma stories
 - If they think they are hurting you, they will stop talking
- Ask them not to cuss/swear
- Refuse to talk about certain topics
- Avoid their stories
- Refuse to self-disclose, within reason
- Share your trauma story
 - Don't become the patient

What do you want your therapist to know?

“We’re human. We have lives, families, and dreams of our own. We’re not just a file on your desk.”

“We already feel like a prisoner, just by being in the military.”

“We have a morbid, dark sense of humor. We have to laugh to keep from crying.”

“Have patience with us. It’s going to take time for us to trust you enough to open up.”

“Don’t try too hard. Nobody likes a faker.”

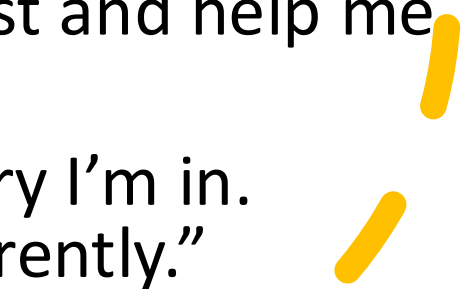
“Don’t beat around the bush. Be direct.”

“We’re trying to fit in, but we feel like an outsider when we’re trying to transition back to the real world.”

“Have a decent understanding of military terms and our lifestyle.”



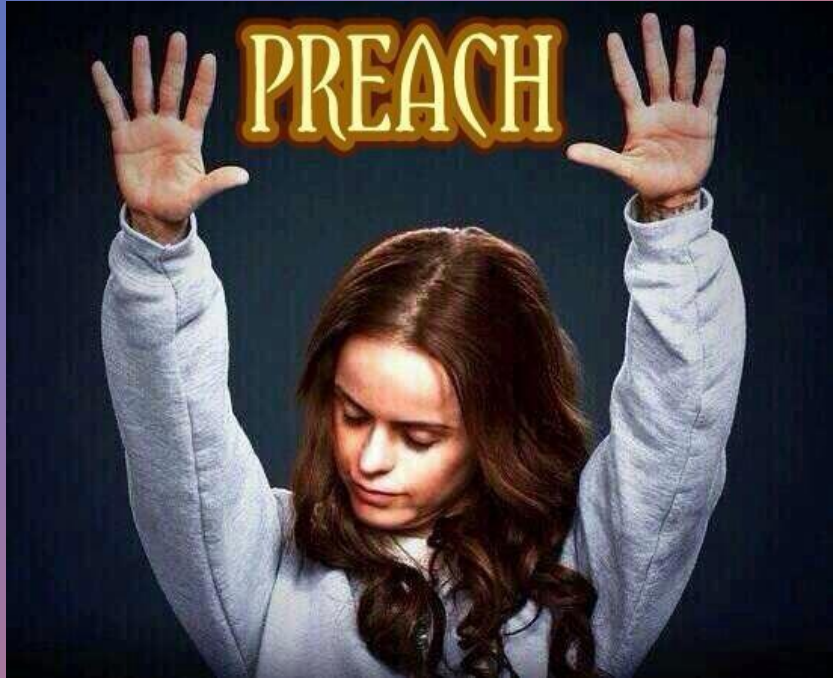
What else?

- “We’re all going to have good days and bad days.”
 - “We have some things that we just can’t talk about because we have to keep it confidential.”
 - “Have some integrity.”
 - “Don’t just give us meds and say we’re going to be okay.”
 - “I don’t feel safe with men, so I don’t want you to keep giving me male counselors just because I was in the military. Look at my past and help me out. Don’t make it worse.”
 - “Know which branch of the military I’m in. Different branches do things differently.”
- 



And....

- “Nurses don’t talk about grief and loss. It’s hush hush. We just don’t.”
- “Get to know about my home life, too. I’m more than just my job. I have a family and other things that can be stressful, too.”
- “Sometimes you have to bring up the topic for us to talk about it. We’re not going to mention it if we don’t have to.”
- “As a therapist, I already know and probably already tried all the stuff that can help me. I need something else. Not the run of the mill stuff for everyone else.”
- “Don’t be condescending. Don’t talk to me like I’m a child or I’m stupid. I’m an adult with a master’s degree. Speak with me as an equal.”
- “I’ve always been told, ‘If your therapist doesn’t have a therapist, then you need a new therapist.’”



Practice what you preach

- Model appropriate behaviors and practices
- Self-care, self-care, self-care
 - Exercise
 - Eat healthy
 - Get plenty of rest
 - Do something fun!
- See your own therapist
 - Be aware of and talk about vicarious traumas
 - HIPAA still applies!!!



Helpful Resources

- Steven A Cohen Military Family Clinic
- Oakwood Springs Help for Heroes
- OK Respond
- Inner Circle
- Veterans Administration
- Veterans For Life (Oklahoma City)
- Veterans Treatment Court
- STAR Program
- National Fallen Firefighters Foundation
- National Fallen Officer Foundation
- Til Valhalla Project
- Wounded Warrior Project
- National Institute of Mental Health (NIMH)
- National Center for PTSD

Questions???



Thank

You