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Best Practices for Counseling First Responder Populations

Preface

Best Practices for Counseling First Responder Populations (BPCFRP) is intended to provide a framework for counselors to understand the unique culture and stressors of first responders in order to provide effective clinical interventions for first responder groups and their families. The first responder populations are complex and include multiple subgroups: law enforcement officers, emergency medical service professionals, and firefighters. Within each first responder subgroup are various subsets of professionals that require counselors to consider professional identity, professional culture, and various multicultural components of the individual first responder. Therefore, although the BPCFRP may provide an outline of common stressors and professional cultural issues encountered by first responder groups, counselors should always look at the first responder professional as an individual in addition to their first responder profession.

In September 2018, the Military and Government Counseling Association (MGCA) appointed a task force to define and develop best practices for first responders. The appointment of task force members was intentional, to be comprised of active and retired professionals across the three first responder groups, counselor educators, practicing counselors who work with first responder populations, and family members of first responders. The task force reviewed previous counselor best practices endorsed by the American Counseling Association, conducted an exhaustive review of the current literature on first responder populations, developed best practices, and sought feedback from external persons in the first responder groups and with MGCA board members and reviewers.

The intention of the BPCFRP is to provide a research-based framework to help counselors who work with first responders. The referenced practices are intended to be used as a guideline and resource to assist and promote the effectiveness of counselors working with first responders. The described practices are referred to as “best practices,” meaning that they are presented as examples of desirable practices in this area. This is one model. It is not necessarily the only effective model. These best practices are not presented as requirements. We recognize that there can be other effective approaches to working with first responders. We hope you find this document to be a useful resource.

The framework for the BPCFRP was developed with four main categories: **Culture, Systems, Assessment of the Presenting Concerns,** and **Treatment.** Ethical practice is the foundation within these four working categories.

Many components that apply to all first responder groups are listed in the four main categories. However, because of the unique roles, identity, and professional responsibilities, some first responder groups may encounter issues that are specific only to that group. For this reason, an additional chart follows the common elements across all first responder groups when unique issues are connected to one of the groups. Additionally, to encourage counselors’ best practices and understanding, we define first responder key terms and provide common organizations (not intended to be exhaustive) at the end of the document. Because of the uniqueness of each first responder group, a short overview is provided to introduce the best practices (taken from Jackson-Cherry & Erford, 2016).

Overview of First Responders

There are limited professions that consistently place those who are employed in dangerous and life-threatening situations. Military combat service members and first responders are well-known for taking on this role. First responders consist primarily of the following professions: law enforcement officers, emergency medical service professionals, and firefighters (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). By their nature and profession, first responders are those professionals, either volunteer or paid, who because of their occupational responsibilities and sworn duties are the first to respond to a variety of emergency calls from citizens and often to potentially life-threatening situations. In the broadest of definitions, the goal of first responders is to safeguard the health and safety of the public, all while maintaining their own personal safety (Jackson-Cherry & Erford, 2016).

First responders are deployed into dangerous situations daily. They are the forgotten professionals who witness horrifying acts of violence, witness the consequences of criminal and violent acts, observe deaths, and intervene with victims of every age. First responders are among the most scrutinized of all professions, are often the least respected, receive little recognition for their actions, have work schedules that conflict with normal family and personal functioning, are underpaid, and experience assaults on their own lives by the citizens they are sworn to protect. First responders are exposed to traumatic experiences, making them vulnerable to a variety of mental health issues; however, first responders are often among the last to seek mental health services.

Law Enforcement Officers

According to the National Law Enforcement Officers Memorial Fund (2020), there are more than 900,000 sworn law enforcement officers in the United States, including state and local police officers, sheriff deputies, federal law enforcement agencies, and correctional officers. Law enforcement officers are employed in communities, parks, college campuses, airports, transit systems, natural resources (such as waterways, hunting, and gaming), drug and alcohol enforcement, and correctional facilities.

Law enforcement officers are most frequently the very first responders called and to arrive on the scene. The public tends to contact law enforcement when all options and personal resources have failed, after a crime has been committed, or with the expectation that the police will solve problems even if a crime has not been committed. Many of the same stressors that affect other first responders also impact the law enforcement community. Shiftwork, missed holidays and events of family members, disrupted sleep patterns, poor eating habits leading to health issues, relationship issues, and exposure to traumatic situations can affect the mental health of first responders and their families. Other stressors that may be unique include occupational factors, societal perceptions, line-of-duty deaths, injuries leading to limited role performance, increased assaults on law enforcement officers, retirement, and increased suicide rates (SAMHSA, 2018).

Emergency Medical Service Professionals

According to the National Association of State EMS Officials (2020), there were 1,030,760 licensed emergency medical service professionals (paid and nonpaid) in the United States, including emergency medical responders (EMRs), emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs), and paramedics. This number includes approximately 150,000 full-time professionals and 500,000–830,000 volunteer and part-time professionals.

Emergency medical service professionals range in training and skills and are permitted to offer medical services according to their provider level. EMRs provide basic emergency skills for

critical patients and can offer medical interventions while awaiting additional medical providers. EMTs provide basic, noninvasive interventions to reduce the mortality of acute emergency responses. They can perform all the duties assigned to EMRs and have additional skills for patient transport. In the United States, EMTs provide the majority of emergency care, and in some areas the highest level of patient care and transport. AEMTs are trained to perform all the duties of the EMR and EMT and can conduct limited advanced and pharmacological interventions. Paramedics are allied health professionals who are trained in advanced assessment to formulate a field impression and provide invasive and pharmacological interventions (National Association of State EMS Officials, 2020).

Although there may be a difference in the skills and training among the various emergency medical service professionals, they share similar stressors and witness the same emergency situations. Calls involve violent crime victims, burn patients, multiple casualties, suicides, mental health crises, and road traffic accidents. Suicide ideation for emergency medical professionals is higher than the general population. In addition, sleep deprivation, feeling underappreciated, poor nutrition, limited exercise, long shifts, high call volume, and low pay are also elements of stress to this population.

Firefighter Professionals

The National Fire Protection Association (Federal Emergency Management Agency, 2019) estimates there are over 1.2 million firefighters, with 33% serving as career firefighters, 55% as volunteer firefighters, and 12% as paid per call firefighters. As with law enforcement officers, firefighters are more vulnerable to injuries, although not assaults. Because of the unique nature of the profession, many firefighters are also certified and have dual roles as emergency medical service professionals. Therefore, it is important to refer to the section on emergency medical service professionals because many who serve in this dual profession may experience various types of stressors.

Research on the unique stressors of firefighters is limited in comparison to research on other first responders, although it is suspected that many of the stressors affecting emergency medical service professionals and law enforcement officers can be extended to firefighters. Such factors may lead to burnout and increased stress due to exposure to death, line-of-duty injuries, extensive shiftwork, deficient sleep patterns, and physical hardships including pain (SAMHSA, 2018). The actual rates of suicide for all first responder groups are unknown as they do not include retired groups and off-duty suicides. Retired and volunteer firefighters make the data even more difficult to retrieve. Results indicated that one in four professional firefighters and one in five volunteer firefighters have considered suicide during their firefighter career (National Volunteer Fire Council, 2015).

Best Practices for Counseling First Responder Populations

CULTURE

Culture represents general information about the functioning and worldview of first responder service members and their families.

The following is based on common components that cross over ALL first responder groups.

The professional counselor:

1. Is aware that differences in first responder culture exist between each department of service (Alonso, 2018; Coliandris & Rogers, 2008; Kronenberg et al., 2008; Woody, 2005).
2. Is aware that generational differences in experiences may exist between first responders who previously served, those who currently serve, and those who served in different eras (N. A. Cameron et al., 2018; Poston et al., 2014; H. Wright et al., 2013).
3. Acknowledges values, beliefs, traditions, and functions of first responders that influence the client's worldview (Helikson & Gunderson, 2015; Lilley & Hinduja, 2006).
4. Is aware of the mission-first value system of first responders (Morreale & Lambert, 2009).
5. Recognizes the hierarchical nature of first responder culture, which aids organization in crisis situations (Gau & Gaines, 2012; Kniffin et al., 2015; Van Craen & Skogan, 2017).
6. Understands there may be rank differences that impact decisions (Haarr & Morash, 2013; Van Craen & Skogan, 2017).
7. Recognizes that first responders may experience financial constraints (Cowlshaw et al., 2020; Zavala, 2018).
8. Acknowledges sacrifice, honor, and humility as values for first responder members (D. L. Smith et al., 2013).
9. Recognizes the importance of unity within the first responder community, including a desire to limit risk or harm to others (Kniffin et al., 2015).
10. Explores the introjection of first responder culture in the client's personal and professional functioning, including extended family and cultural support systems (Huynh et al., 2013; C. C. Johnson et al., 2019; T. D. Smith et al., 2017).
11. Respects the individual motivations of first responder members to join the force, as well as their individual experiences during their time in service and decision to leave or retire (Elntib & Milincic, 2020; Navarro-Abal et al., 2020; Sandrin et al., 2019).
12. Recognizes the unique within-group cultural differences of first responders, including gender, race, ethnicity, age, education, sexual orientation, socioeconomic status, ability status, and religious/spiritual orientation (Bowler et al., 2010; Prenzler & Sinclair, 2013; Wagner & O'Neill, 2012).
13. Seeks education on the training methods and objectives to be informed about first responder operations, including potential differences among service areas (Rajakaruna et al., 2017; Sebillio et al., 2015).
14. Is aware of the potential for differing worldviews between first responders and civilians (Prenzler, 2004).
15. Seeks to better understand the lived experiences of first responders (Duarte et al., 2006; Haddock et al., 2015; Rutkow, 2011).
16. Seeks to understand the personal and public perception of first responders and how they impact daily living for those serving (Cheema, 2016; Stinson & Liederbach, 2013).

17. Is sensitive to the guarded nature of individuals among first responders and attempt to discern the difference between healthy and unhealthy coping mechanisms (Arble et al., 2018; Lambert et al., 2012).
18. Recognizes the significance that while some consider first responders to experience paranoia, this may be a natural result of hypervigilance required to conduct their jobs well (Fritz et al., 2018; Messinger, 2013).
19. Recognizes the necessity to cross the cultural divide to be included in the culture of first responders in order to be seen as a legitimate member of the community (Groves et al., 2004; C. C. Johnson et al., 2019; Terpstra & Schaap, 2013).
20. Understands that there are differences among training, experience, certifications, and job requirements (Regehr, Hill, Goldberg, et al., 2003; Regehr, Hill, Knott, et al., 2003; Sinden et al., 2013).
21. Recognizes the impact of elongated and varied shift schedules on physical and mental health, including on-call responsiveness (Billings & Focht, 2016; Katsavouni et al., 2016).
22. Acknowledges the role of split-second decision-making and frequent exposure to trauma on the work and personal lives of first responders (Holaday et al., 1995).
23. Understands the stakes are high for making mistakes as a first responder and that people's lives may rest in momentary decisions (Geronazzo-Alman et al., 2017; Weinberger, 2017).
24. Recognizes the impact of public scrutiny and negative perceptions from the community on performance (Leroux & McShane, 2017).
25. Recognizes that many first responders may be hesitant and untrusting of mental health professionals as not understanding their culture and stressors (Allison et al., 2019; Hom et al., 2016; Marmar et al., 2006).
26. Recognizes that first responders may believe that seeking mental health care may make them appear weak and could impact their advancement and ability to perform in their capacities (A. Crowe et al., 2015; Haugen et al., 2017; Patton, 2020).

The following are best practices that are unique to each first responder group regarding culture.

Law Enforcement Officers

The professional counselor:

1. Acknowledges sacrifice, honor, and humility as values for law enforcement members (Varvarigou et al., 2014).
2. Recognizes the culture of loyalty and camaraderie (Holdaway & O'Neill, 2006; Peterson & Uhnou, 2012).
3. Understands that there is political influence on law enforcement morale and practice from national, regional, and local perspectives (Boudreau et al., 2019; Lewis et al., 2013).
4. Recognizes the impact of being prepared to take another human life if it is needed to save others (Farrell et al., 2018; D. J. Johnson et al., 2018).
5. Understands the tendency for hypervigilance and suspicion to exist (Wangler et al., 1996).
6. Understands that the role of law enforcement officers is not only to protect the public but also to protect themselves and their peers (Griffin & Sun, 2018; Rajaratnam et al., 2011).
7. Understands that law enforcement officers are prepared to sacrifice their lives to help/rescue another person (Beletsky et al., 2020).

Firefighters

The professional counselor:

1. Acknowledges sacrifice, honor, and humility as values for firefighter members (Harrison et al., 2018; Myers, 2005).
2. Recognizes the culture of loyalty and camaraderie (Jouanne et al., 2017).
3. Recognizes that life-saving skills may not be effective in a variety of situations (Scarborough, 2017).
4. Understands that firefighters are prepared to sacrifice their lives to help/rescue another person (Lally, 2015).

Emergency Medical Services (EMS)

The professional counselor:

1. Acknowledges that there may not be a recognizable “EMS culture.” This can be specific to the work environment of the EMS personnel. Some EMS personnel see their work as a calling and a culture of helping on par with medical personnel, others see it as a culture in line with fire rescue, while others see it as an occupation (Waugh & Streib, 2006).
2. Understands that independent EMS are companies with small crews (usually in teams of two) that may not have a professional “identity.” They are frequently referred to as “ambulance drivers” by the public, and their involvement in emergency services is frequently overshadowed by fire and law enforcement services (National Highway Traffic Safety Administration, 2020b).
3. Understands that EMS is often viewed as an occupation, contrary to law enforcement officers and fire services that may be viewed as a fraternity or family (P. D. Patterson et al., 2010).
4. Recognizes that, generally, a higher level of education is required for AEMT due to a required understanding of pharmacology and medical procedures (Chang et al., 2018; New York State Department of Health, 2000; Unitek EMT, 2022).
5. Understands there is more of a national standard of training for EMTs. With the advent of the National Registry of Emergency Medical Technicians (a national certification system for EMS), EMT/AEMT/Paramedic may be the levels of certification and training, but this does not translate to a national identity as a profession (National Registry of Emergency Medical Technicians, 2022).
6. Understands that EMS embedded with, or that share a workforce (e.g., fire services), may exhibit and identify primarily as the parent service culture. This is especially true if the parent service (e.g., public safety) fulfills a more expansive role than strictly emergency services (International Association of Fire Chiefs, 2009).

SYSTEMS

Systems represent general information about how the families, spouses, and children of first responders experience the nature and structure of the lifestyle including, but not limited to, service, health and wellness, employment, long periods of separation, consequences of injury, and retirement.

The following is based on common components that cross over ALL first responder groups.

The professional counselor:

1. Is aware that there are unique characteristics of first responder families, including demographics such as age of marriage and blended families, which may vary by type of service (Karaffa et al., 2015; G. T. Patterson, 2003).
2. Is aware that there is a complex nature of stressors faced by first responder families, including factors related to separation and relocation (Duarte et al., 2006).
3. Understands the high level of adaptation and resiliency skills that are beneficial for families to meet the common demands of the lifestyle, including stress, uncertainty, and frequent separations (Miller, 2007).
4. Is aware of the roles and expectations experienced by families, including factors such as separation, career evolution, and transition (Pinna et al., 2017).
5. Is aware that there can be a unique identity developed by children raised in first responder households and challenges placed on first responder families, to include adult children of first responder upbringing (Aranda et al., 2011; Pinna et al., 2017).
6. Is aware of the physical, cognitive, and emotional demands of first responder service and aware of the potential impact, on self and others, of serving in a high-risk occupation (C. C. Johnson et al., 2019).
7. Understands the potential familial impact related to first responder retirement, including the implications of the type of retirement (Bracken-Scally et al., 2016; Brandl & Smith, 2013; Bullock et al., 2019).
8. Respects the unique and sometimes challenging decisions families make in service (Hall et al., 2010; L. B. Johnson et al., 2005; Porter & Henriksen, 2016).
9. Is aware that relational dissatisfaction in first responder marriages/relationships may be associated with exposure to violence, traumatic brain injury, posttraumatic stress, depression, substance use, and infidelity (Anderson & Lo, 2011; Jones, 2017; Karaffa et al., 2015; Roberts et al., 2013; Tuttle et al., 2018).
10. Recognizes service as provided is often in the communities where they work and may have personal connections to families in the communities they serve (Clarke, 2006; Nordberg et al., 2016; Rosenberg et al., 2008).
11. Recognizes it is common to work second jobs to manage family finances (Porter & Henriksen, 2016).

The following are best practices that are unique to each first responder group regarding systems.

Law Enforcement Officers

The professional counselor:

1. Understands that there is a very real potential of retaliation on law enforcement families and the fear and uncertainty that occur with these situations. This is prevalent in both uniformed families and clearance-related law enforcement occupations (Miller, 2007; Morman et al., 2020).

Firefighters

The professional counselor:

1. Recognizes the complexity and impact of serving within one's community, and the potential of having close relationships with community members with whom they may be called to respond in the line of duty (Cowlshaw et al., 2008).

Emergency Medical Services (EMS)

The professional counselor:

1. Understands that in rural communities, EMS may also work multiple roles with hospitals, firefighter services, funeral homes, and volunteer services (Freeman et al., 2009).
2. Recognizes there may be a similar structured radio communication (e.g., 10 codes) but EMS protocol may not be reflected in law enforcement officer and firefighter services (Advancing EMS Systems, 2017; Bass et al., 2004).
3. Recognizes that due to their medical focus, EMS utilizes medical terminology and may be more aligned with nursing and emergency room language and practices (National Highway Traffic Safety Administration, 2020a).

ASSESSMENT OF PRESENTING CONCERNS

Assessment of presenting concerns represents common areas of clinical concerns that first responders frequently present when seeking mental health services.

The following is based on common components that cross over ALL first responder groups.

The professional counselor:

1. Understands that first responder–connected clients are often concerned that they will experience stigmatization, which creates barriers to seeking mental health services (Berger et al., 2012; Haugen et al., 2017).
2. Is aware that exposure to violence increases the risk of co-occurring concerns such as substance use disorders and suicidality (Hem et al., 2001; Kohan & O'connor, 2002; Violanti et al., 2016).
3. Understands the importance of assessing trauma in all first responders given service-related injuries are not always related to violence exposure and that secondary trauma, vicarious trauma, and preexisting trauma may exist (Papazoglou & Tuttle, 2018).
4. Recognizes that moral injury is a prevalent concern among the broad range of symptoms that may manifest following critical incident exposure (Armocost, 2004; Norberg, 2013; Rowe, 2007).
5. Recognizes that alcohol is the most prevalent substance misuse and frequently co-occurs with other mental health concerns and suicidality (Ménard & Arter, 2013; Zavala, 2018).
6. Recognizes the increase in suicidal ideation and behaviors among all first responders and so prioritizes risk and utilizes risk assessment tools as many first responders may not volunteer this information (Koch, 2010; Stanley et al., 2019).

The following are best practices that are unique to each first responder group regarding assessment of presenting concerns:

Law Enforcement Officers

The professional counselor:

1. Recognizes the hesitancy for law enforcement officers to voice concerns that may be documented or reported (Cottler et al., 2014; Rothwell & Baldwin, 2007).
2. Understands that moments of high stress and energy exertion (such as “use of force” circumstances) may cause memory of an event to be impaired (Beehr et al., 2004; Chopko, 2010).
3. Recognizes the impact of public scrutiny on responsive behaviors (Boudreau et al., 2019; Cao & Wu, 2019; Hu et al., 2020; Lee et al., 2019; Murphy & Worrall, 1999).

Firefighters

The professional counselor:

1. Understands and as appropriate explores the disrupted sleep patterns characteristic of the firefighter experience and the impact sleep patterns have on their mental health (Abbasi et al., 2018).
2. Recognizes that long shiftwork (which can include multiple days) may have an impact on family relations (Billings & Focht, 2016; T. D. Smith et al., 2018).
3. Understands and as appropriate explores medical issues that may be more prevalent with firefighters (e.g., heart attacks) and utilizes medical professionals as a referral base for prevention health care (P. D. Patterson et al., 2016; Yang et al., 2013).
4. Understands and as appropriate explores stressors that may differ between career and volunteer firefighters (Brown et al., 2002; Sliter et al., 2014; Stanley et al., 2017; Wagner & Waters, 2014).

Emergency Medical Services (EMS)

The professional counselor:

1. Knows that EMS workers may experience higher rates of personal injury due to less backup and support in emergency and work environments (Gray & Collie, 2017; Maguire et al., 2018; Taylor et al., 2015; J. Y. Wright et al., 2019).
2. Understands that EMS workers may have a higher propensity of burnout, secondary traumatic stress, and vicarious traumatization due to a work environment that is heavy with human injury and suffering. This is much more of a continuing concern as opposed to fire services that can be viewed as encountering these things more infrequently, but in more catastrophic circumstances. EMS workers frequently deal with death and dying situations and are frequently the ones in direct contact with those patients (Baier et al., 2018; Vettor & Kosinski, 2000).
3. Understands that EMS workers may experience higher rates of burnout and vicarious traumatization due to less administrative support systems in work environment (R. P. Crowe et al., 2020; Weaver et al., 2015a, 2015b).

TREATMENT

Treatment represents general information about unique concerns that may arise in the treatment of first responder–affiliated clients and approaches supported by research for first responder populations, including best practices of first responder care systems, as well as holistic wellness-oriented services.

The following is based on common components that cross over ALL first responder groups.

The professional counselor:

1. Is aware of evidence-based treatments and effective practices relevant to first responders and their families (Antony et al., 2020; Flannery, 2015).
2. Is aware of the adjunctive interdisciplinary services and lack thereof (e.g., occupational therapy, physical therapy, command consultation, embedded behavioral health, chaplaincy, peer support) available as well as the potential stigma involved in seeking services (Ramchand et al., 2019; Ramey et al., 2016).
3. Understands the potential role and policy consequences of pharmacotherapy and supports appropriate client medication management services as needed (Amaranto et al., 2003; American Addiction Centers, 2022).
4. Supports coping skills development for effective functioning when not on duty (Anshel et al., 2013; Arble et al., 2018; Gershon et al., 2009).
5. Considers inclusion of the first responders' family and social supports in treatment (Page & Jacobs, 2011; Rathi & Barath, 2013).
6. Regularly assesses for the nature, frequency, and severity of trauma exposure, as well as ongoing stressors and protective factors such as social support, substance use, risk-seeking behaviors, and financial stability (Fjeldheim et al., 2014; Papazoglou & Tuttle, 2018).
7. Is aware of the role of holistic, mindfulness-based treatment approaches that are relevant to first responder populations (Kaplan et al., 2017; B. W. Smith et al., 2011).
8. Seeks strategies as needed to improve first responders' access and engagement in mental health services (Kleim & Westphal, 2011; Rutkow et al., 2011).
9. Recognizes that operational tempo (life pace due to work-related scheduling issues or duty-related travel) impacts scheduling for mental health services (Biggs et al., 2014; van der Velden et al., 2010).
10. Is not afraid to talk about life and death issues (Alvarez et al., 2007; Chae & Boyle, 2013; Kunadharaju et al., 2011; Mishara & Martin, 2012).
11. Avoids the use of euphemistic language and instead uses "straight talk" (U.S. Department of Health and Human Services, 2019).
12. As appropriate, explores existential approaches and understands rituals and symbols that are of importance to the first responder (De Camargo, 2019; Kniffin et al., 2015).
13. As appropriate, explores and encourages rituals of transitions to more clearly define changes in professional and personal roles (Bullock et al., 2020; T. M. Cameron & Griffiths, 2017).
14. As appropriate, seeks to create a plan of care for healthy sleep hygiene within the confines of the service schedule (Billings & Focht, 2016; Garbarino et al., 2019).
15. Has an understanding of the stressors of first responders, including lifestyle, sleep, nutrition, general activity and routine in the job, lack of support, and so on (Arble & Arnetz, 2017; Davis & Gregory, 2007).
16. Has an understanding of family stressors (Goodmark, 2015; Landers et al., 2020).

17. Has an understanding of those areas when issues are likely to occur, including drugs/ drinking, bad attitude, anger issues, divorce, secondary trauma, and so on (C. C. Johnson et al., 2019; Norwood & Rascati, 2012).

First Responder Organizations and Resources

The following is a nonexhaustive list of organizations available for first responders.

Law Enforcement Organizations

Code 9 Heroes and Families United
<https://code9.org/>

Concerns of Police Survivors (COPS)
<https://www.concernsofpolicesurvivors.org/>

Federal Criminal Investigators Association
<http://www.fedcia.org/>

Federal Law Enforcement Officers Association
<http://www.fleoa.org/>

Fraternal Order of Police
<http://www.fop.net/>

International Association of Chiefs of Police
<http://www.theiacp.org/>

International Association of Women Police
<http://www.iawp.org/>

National Asian Peace Officers' Association
<http://napoblue.org/>

National Association of Police Organizations
<http://www.napo.org/>

National Association of Women Law Enforcement Executives
<http://www.nawlee.com/>

National Black Police Association
<http://www.blackpolice.org/>

National Latino Peace Officers Association
<http://www.nlpoa.com/>

National Organization of Black Women in Law Enforcement
<http://www.nobwle.org/>

National Sheriffs' Association
<http://www.sheriffs.org/>

Park Law Enforcement Association
<https://myparkranger.com/>

Same Shield
<http://www.sameshield.com/>

United States Deputy Sheriff's Association
<https://usdeputy.org/>

United States Park Police
<https://www.nps.gov/subjects/uspp/index.htm>

Women in Federal Law Enforcement
<http://www.wifle.org/>

Firefighter Organizations

Congressional Fire Services Institute
<https://www.cfsi.org/>

Fire Department Safety Officers Association
<https://www.fdsoa.org/>

International Association of Black Professional Fire Fighters
<https://iabpf.org/>

International Association of Fire Chiefs
<https://www.iafc.org/>

International Association of Fire Fighters
<https://www.iaff.org/>

National Association for Hispanic Firefighters
<http://nahff.org/>

National Fallen Firefighters Foundation
<https://www.firehero.org/>

National Volunteer Fire Council
<https://www.nvfc.org/>

Organization of American Firefighters
<https://www.bomberosamericanos.org/en/>

U.S Fire Administration
<https://www.usfa.fema.gov/>

Wildland Firefighter Foundation
<https://wffoundation.org/>

Emergency Medical Services Organizations

American Ambulance Association
<https://ambulance.org/>

Federal Interagency Committee on EMS
<https://www.ems.gov/ficems.html>

International Association of EMS Chiefs
<http://www.iaemsc.org/>
International Association of EMTs and
Paramedics
<http://www.iaep.org/>

National Association of Emergency Medical
Technicians
<http://www.naemt.org/>

National Association of EMS Educators
<http://naemse.org/>

National Association of EMS Physicians
<https://naemsp.org/>

National Association of State EMS Officials
<https://nasemso.org/>

National EMS Management Association
<https://www.nemsma.org/>

National Registry of Emergency Medical
Technicians
[https://www.nremt.org/rwd/public/document/
candidates](https://www.nremt.org/rwd/public/document/candidates)

First Responder Rankings and Levels of Training

EMS Levels of Training/Certifications

Four Tiers From Low to High

Emergency Medical Responder (EMR): Most often assistant advanced medical professionals, help with transport and perform basic lifesaving interventions.

Emergency Medical Technician (EMT): Trained to use emergency medical equipment within the ambulance and assist advanced medical professionals.

Advanced Emergency Medical Technician (AEMT): Courses and education are required to pass an examination and years of service as EMR/EMT.

Paramedic: Have been through a paramedic-specific training program and have years of experience.

Law Enforcement Ranking Levels

Law enforcement agencies at the federal, state, county, and city levels operate with rankings very independently, but many follow similar patterns. Counseling professionals should consider these basic ranking structures when gathering information from their law enforcement officer clients. Some of these ranking structures may not include various other roles within law enforcement, such as administrative roles, unionized ranks, and volunteers within an agency. The following are several examples of ranking structures.

Los Angeles Police Department Rank and Structure

<https://www.joinlapd.com/career-ladders>

Title	Example of Work Titles
Police Officer I	Academy/Recruit
Police Officer II	Patrol Officer, Desk Officer, Vice Investigator
Police Officer III	K-9 Handler, Mounted Unit, SWAT Officer
Sergeant I	Jail Supervisor, Staff Researcher
Sergeant II	Watch Commander, Training Coordinator
Detective I	Narcotics Officer
Detective II	Detective Supervisor, Auditor
Detective III	Polygraph Unit
Lieutenant I	Division Watch Commander
Lieutenant II	Assistant Commanding Officer
Captain I	Patrol Division Commanding Officer
Captain II	Specialized Division Commanding Officer
Captain III	Area Commanding Officer
Commander	Commanding Officer
Deputy Chief I	Specialized Bureau Commanding Officer
Deputy Chief II	Assistant Chief
Chief of Police	Chief

Chicago Police Department Rank and Structure

<http://directives.chicagopolice.org/forms/CPD-61.400.pdf>

Pay Scale Title

D-1	Police Officer
D-2	Police Technician
D-2A	Detective
D-3	Police Legal Officer 1
E-3	Sergeant
E-4	Lieutenant
E-5	Captain
E-6	Commander
E-7	Deputy Chief
E-8	Chief
EX	First Deputy Superintendent
EX	Superintendent of Police

Indiana State Police Rank and Structure

https://en.wikipedia.org/wiki/Indiana_State_Police

Title

Trooper Trainee
Probationary Trooper
Trooper
Corporal
Sergeant
First Sergeant
Lieutenant
Captain
Major
Lieutenant Colonel
Colonel

Federal Officer/Agent Rank and Structure

<https://www.cbp.gov/careers/usbp-pay-and-benefits#CareerProg>

Pay Scale	U.S. Customs and Border Protection	U.S. Border Patrol
GS 5	Entry Level/Officer	Entry Level/Agent
GS 7	Entry Level/Officer	Entry Level/Agent
GS 9	Entry Level/Officer	Entry Level/Agent
GS 11	Journeyman/Officer	Journeyman/Agent
GS 12	Journeyman/Officer	Journeyman/Agent
GS 13	Supervisor	Supervisor
GS 14	Supervisor	Supervisor
GS 15	Supervisor	Supervisor
SES	Executive Assistant	Chief of U.S. Border Patrol Commissioner

Fire Fighter Ranking Levels

As with the other first responder groups, positions and ranks may depend on the geographical location, type of agency, and government leadership. The positions and ranks below may be found within a typical municipal fire department and are listed from entry level to highest ranking. In many municipalities, civil service exams may be used to determine all but the highest two ranks (Assistant Chief and Fire Chief).

<https://www.firetactics.com/firefighter-ranks/>

1. Volunteer Firefighter
2. Probationary Firefighter
3. Firefighter/EMT
4. Firefighter/Paramedic
5. Driver Engineer
6. Lieutenant
7. Captain
8. Battalion Chief
9. Assistant Chief
10. Fire Chief

Other cities may involve additional ranks and positions to include primary leadership positions. These positions are frequently appointed (e.g., by the mayor or fire commissioner of a municipality). Examples include:

- 1st Deputy Fire
- Commissioner
- Assistant Deputy Chief
- Paramedic
- Assistant Deputy Fire
- Commissioner
- Deputy Chief Paramedic
- Deputy District Chief
- Deputy Fire
- Commissioner
- District Chief
- Fire Commissioner

Some departments may also include additional ranks outside the normal chain of command, such as sergeants, majors, and inspectors.

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