

First on the Scene, Last to Heal

Connecting with First Responders in Crisis and Trauma



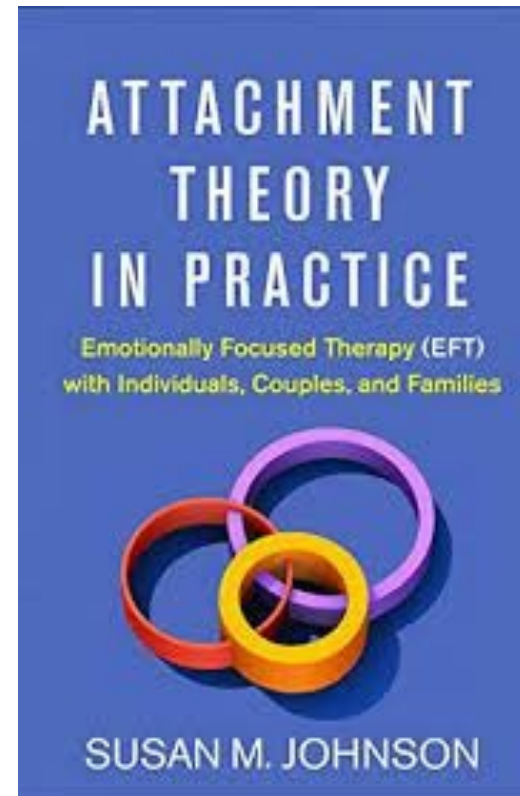
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Where We're Going

- My Journey to Working with Attachment
 - Walking in a First Responder's Boots
 - Attachment as a Guide
 - What is Attachment Security?
 - Leveraging Attachment in Session
 - Key Considerations for Working with First Responders
-





A special thank you to Dr. Sue Johnson

Walking in a First Responder's Boots



“Tomorrow will be 13 days . . . **around the clock.**

My guys get to go home tomorrow.

They haven’t had time to take care of **their homes.**

They haven’t had time to spend with

their spouses and kids.

But, they’re going to take a **day off.**

We’re going to come back in here and give you

fourteen more.

Okay . . . **we are not leaving you!”**



1,052,842 U.S. EMS professionals
(NAEMT / National EMS Workforce Assessment, 2025)

1,018,100 Firefighters
(National Fire Protection Association, 2023)

800,000 Law Enforcement Officers
(National Law Enforcement Officers Memorial Fund, 2024)

24,412 LEOs killed in the line of duty
(National Law Enforcement Officers Memorial Fund, 2026)

53,575 Firefighter injuries in the line of duty
(National Fire Protection Association, 2024)

3,500 EMS clinicians assaulted annually
(Murray et al., 2019. *Violence against EMS personnel.*)

85,730 LEOs assaulted in 2024
(FBI Uniform Crime Report, 2024)

The Hidden Exposure

First Responders Routinely Encounter:

violence, death, severe injury,
disaster scenes, human suffering

Increased Risk:

depression, anxiety, PTSD,
substance abuse, intimate partner violence,
divorce, troubled children, suicide





IG @frbausa June 18, 2020

I **simply file it away** as I tell people that ask, “How do you deal with the things you’ve seen.”


“I admit I have driven to some dark place and **cried by myself** when I was overwhelmed.”

Attachment as a Guide

“A felt sense of secure connection with others and a coherent and integrated sense of self that empowers a person in the face of life’s challenges are two sides of the same coin. The ongoing construction of selfhood is a process that occurs within a web of close interpersonal relationships that shape a life.”

Johnson (2019), *Attachment Theory in Practice*, p. 74





“From the attachment point of view, ongoing personality development involves a number of key processes, namely, the structuring of habitual emotion regulation strategies or styles that become especially pertinent under conditions of threat or uncertainty.”

Johnson (2019), *Attachment Theory in Practice*, p. 74



Who Are We as
Human Beings?

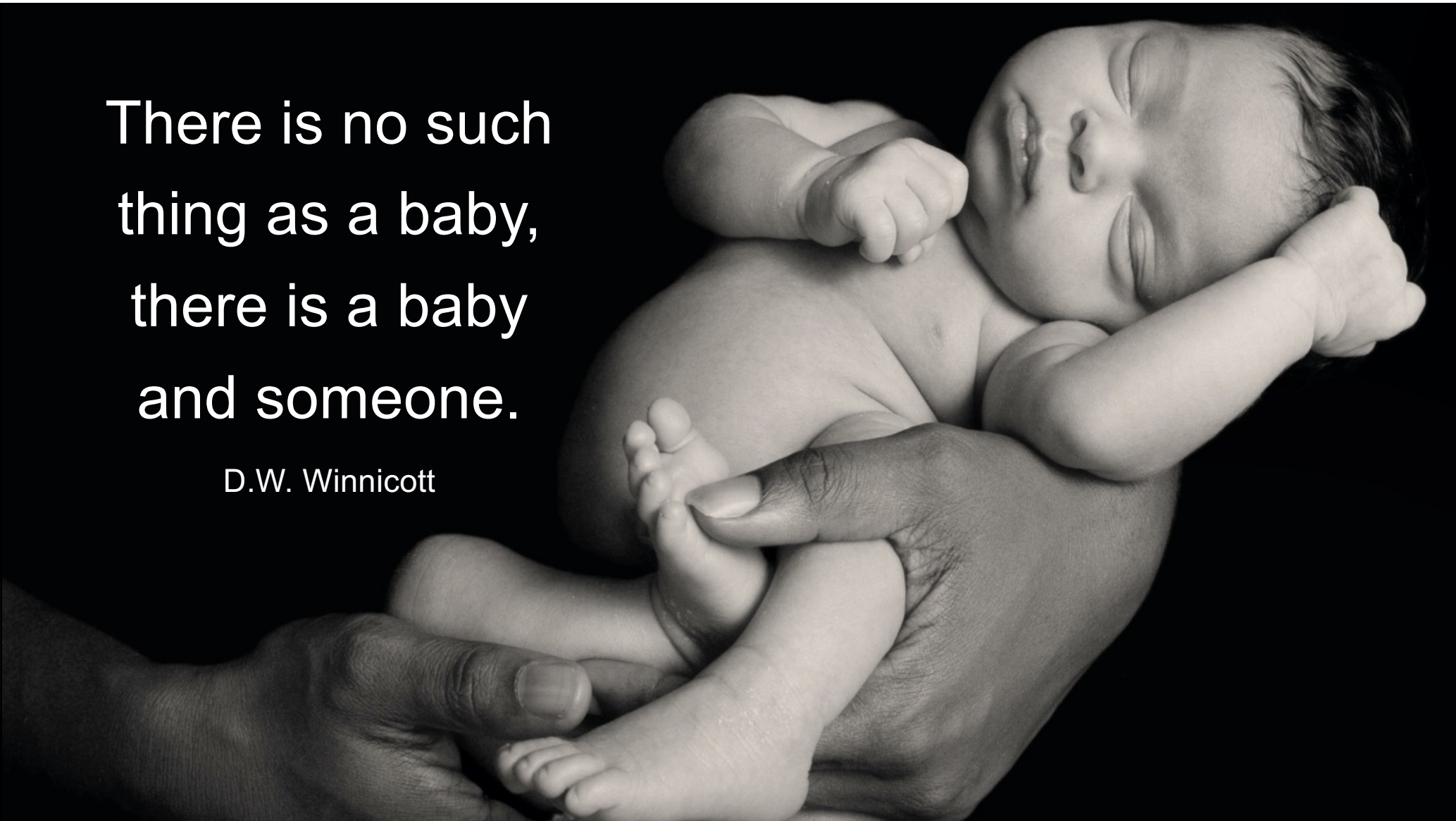
We are social bonding
mammals.

We are wired
to connect



There is no such
thing as a baby,
there is a baby
and someone.

D.W. Winnicott





Primal Panic

At the core of attachment theory is the belief that **we are all wired for connection**. This primal drive is wired into every human being, shaped as a survival mechanism over millions of years of evolution. **We connect to survive**. Therefore, **emotional isolation can be coded as a life or death situation** in the most primitive and fast to act part of our brain the amygdala. Referred to by many as primal panic.

“We’re only as needy as our unmet needs”

John Bowlby



“

I am a human being,
hardwired to connect.
Isolate me and I will
become dysregulated.

‘hyper or hypo
aroused’.

”

Protective Strategies

Strategies

Hyperactivation: *Pursue*

fight, protest, aware of needs, vigilant for connection, try to get the other to pay attention, dials up the danger signal (hyperarousal), demands, clings, coerces, controls

Deactivation: *Withdraw*

flee, avoid, inhibit, suppress, and downregulate (hypo-arousal) need and connection, self-rely, dismiss own and other's signals and needs

Protection / Prison



Working Models of Self and Other

Bowlby (1969); Hazan & Shaver (1994)

Bowlby's internal working model has three main features:

1. a model of others as being trustworthy
2. a model of the self as valuable
3. a model of the self as effective when interacting with others

Bowlby called them working models because they are open to revision

- Working model of other or view of other (VOO)
- Working model of self or view of self (VOS)

Attachment fears occur when our views of self and/or other are uncertain or unsafe:

The other will ____ (?), because I am ____ (?)

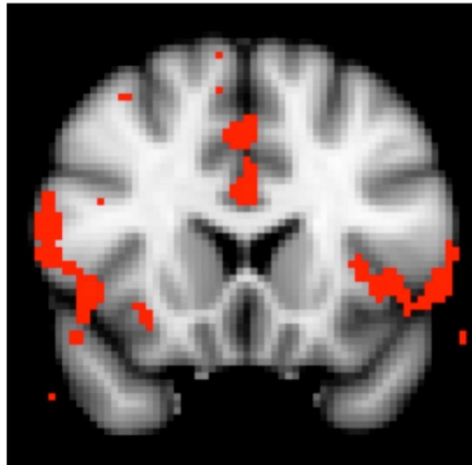
Soothing the Threatened Brain

fMRI Study (Johnson & Coan, 2013)

Before EFT:

Female partners primed with the threat of electric shock — extreme activation/alarm in brain when alone in a scanner, holding stranger or their partners hands.

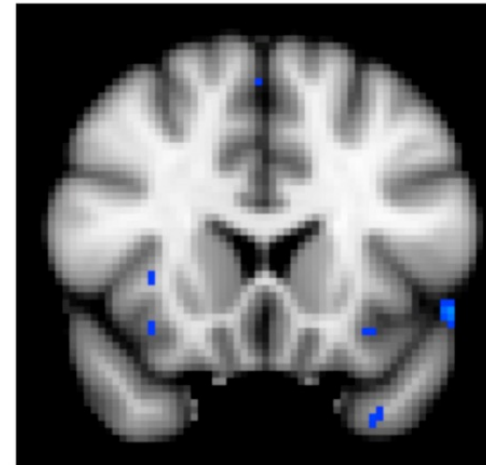
Shock reported as painful.



Pre-Therapy Partner Handholding

After EFT:

Significantly reduced neural threat response ONLY when holding partners hand.
Shock reported as uncomfortable.



Post-Therapy Partner Handholding

Social Baseline Theory

The Social Regulation of Risk and Effort (Jim Coan, 2015)

The natural state of our species is to be embedded in a social context, surrounded by others who will share resources and contribute to effortful challenges.



From “you are here,” to “WE are here.”
Share the load, loan out our brain’s resources.

The human brain expects access to social relationships that mitigate risk and diminish the level of effort needed to meet a variety of goals.

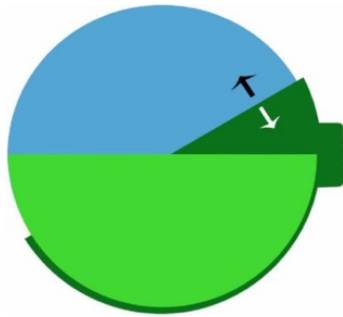
This is accomplished in part by **incorporating relational partners into neural representations of the self.**

By contrast, **decreased access to relational partners increases cognitive and physiological effort.**

Relationship disruptions entail re-defining the self as independent, which implies greater risk, increased effort, and diminished well being.

Perception is Relative

Embodied Perception and the Economy of Action (Dennis Proffitt, 2006)



Perceptions are embodied -

not geometry or geography based

Our walking ability shapes the apparent walkability of the hill, which determines how we see it. **You do not see the hill as it is but rather as it is seen by you**

Factors affecting perception:

- emotions
- fatigue
- personal physical ability
- age
- declining health
- social influences and identities

The physical or imagined presence of social support is a powerful influence on our perception of situations and physiological response.

Results of Disconnection = Poor Health

Insecurity is linked with:



Increased risk of:

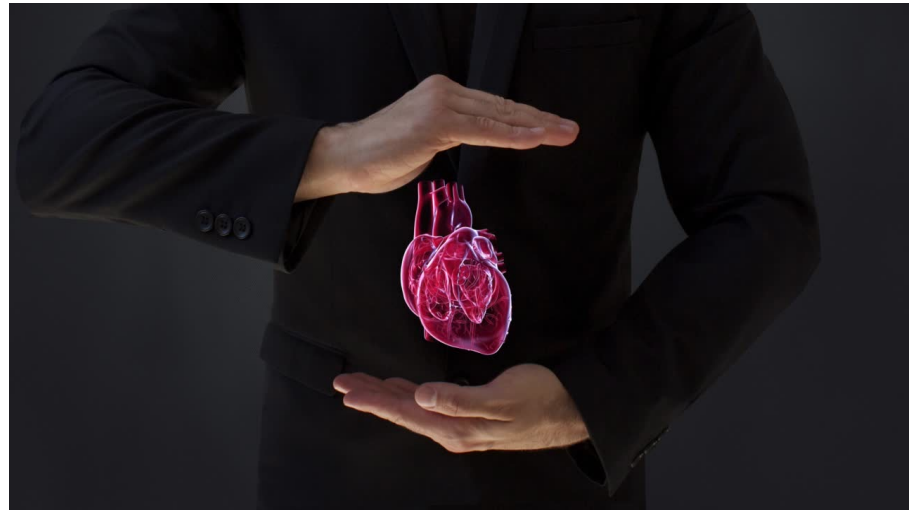
- depression
- anxiety
- PTSD
- substance abuse
- domestic violence
- divorce
- lower education/income
- troubled children
- suicide

Mental, Emotional, Spiritual, Physical Consequences

Heart Health

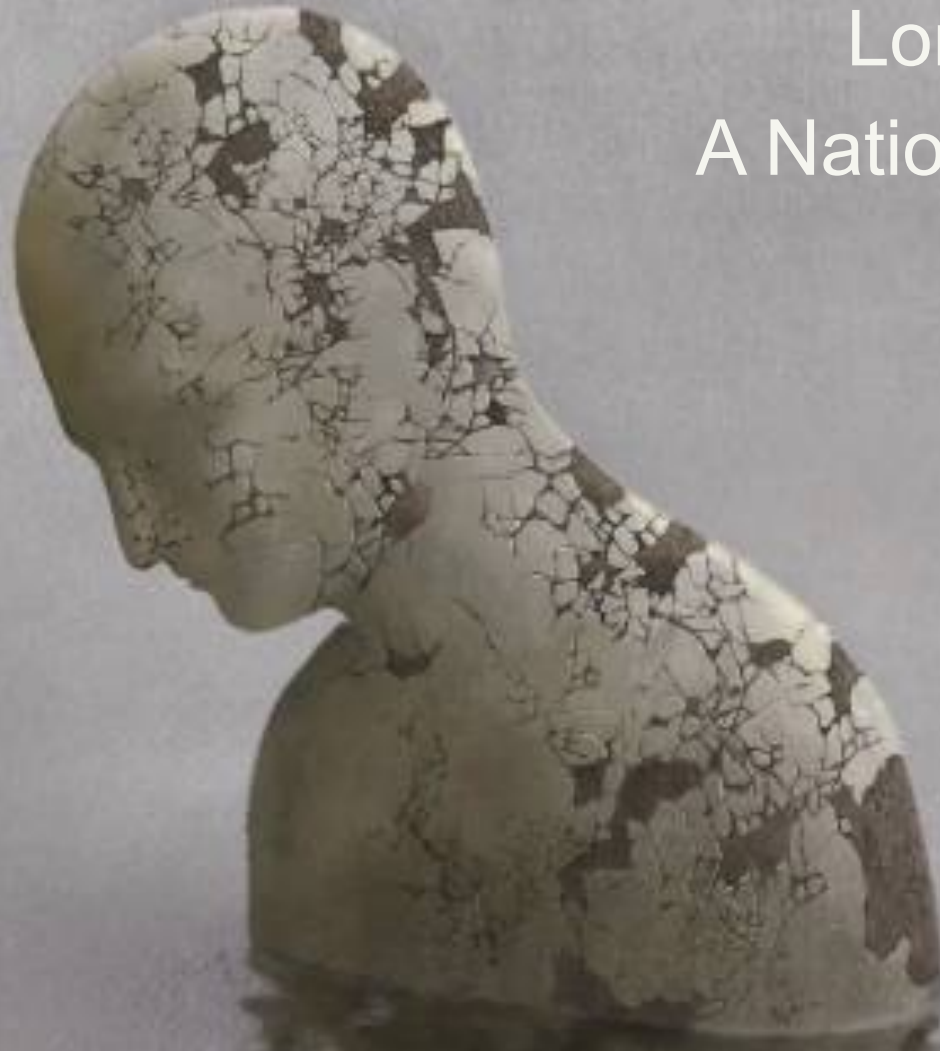
Relationships Regulate Heart Health - Primary Resource

- **Relationship distress/conflict and isolation are risk factors**
- Broken heart syndrome
 - Acute emotional disruption can change (physical) shape of the heart
- Relationship variables impact the course of disease — healing, relapse
 - Relationship quality predicts survival after bypass (King & Reis, 2012)
- **Positive interactions/relationships are protective factors**
 - Emotional support impacts better coping — health behaviors



"The next step for overcoming heart disease is to focus on our emotional lives...Caring for our emotional lives is the most key thing to cardiac health" (Sandeep Jauhar "Heart, A History")

Loneliness:
A National Epidemic

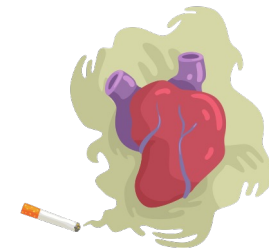


Loneliness: A National Epidemic

American Psychological Association

Chronic loneliness occurs when there is a lack of emotional, mental or financial resources to meet a person's social needs

Greater health risk than obesity or smoking
(same impact as smoking 15 cigarettes a day)



Negative health consequences:

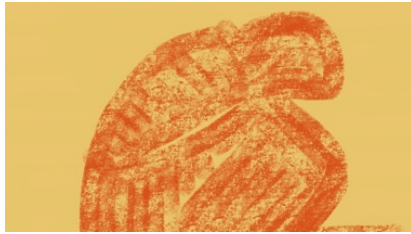
- depression
- poor sleep quality
- impaired decision making
- cardiovascular issues
- declined immunity
- premature death
- suicide (33% increase since 1999)

Those who are more socially connected to family, friends and community are happier, physically healthier and live longer
(88-year Harvard study of Adult Development - Waldeinger)

Those most satisfied in their relationships at age 50 were the healthiest at age 80

Post-Traumatic Stress

Communal theory for suffering and resiliency



Post-Traumatic Stress

Communal theory for suffering and resiliency

Sebastian Junger (2015, 2016)

- PTS is a natural response to danger, almost unavoidable short term and mostly self-correcting in the long term
- Only ~20% of people exposed to trauma react with long-term (chronic) PTSD
- Survivors in London reported missing the sense of communal living underground post German bombing in WW2
- In an interview, a man with AIDS said he “missed the extreme sense of brotherhood once AIDS became no longer a death sentence”

What all these people seem to miss isn't danger or loss, per se, but the closeness and cooperation that danger and loss often engender
PTSD is a crisis of connection and disruption, not an illness
Trauma is a group experience, recovery should be as well

Understanding Attachment from a Trauma Perspective

- Difficulties in relationships/relatedness
- Disturbance of identity/self disturbance
- Emotional difficulties



TRAUMATIC EXPERIENCE	SECURE ATTACHMENT
<ul style="list-style-type: none"> ▪ Floods us with physical fear/helplessness 	<ul style="list-style-type: none"> ▪ Offers a safe haven
<ul style="list-style-type: none"> ▪ Colors the world as dangerous/unpredictable 	<ul style="list-style-type: none"> ▪ Promotes affect regulation/integration
<ul style="list-style-type: none"> ▪ Creates overwhelming emotional chaos 	<ul style="list-style-type: none"> ▪ Promotes personality integration
<ul style="list-style-type: none"> ▪ Threatens a cohesive sense of self 	<ul style="list-style-type: none"> ▪ Promotes confidence/trust in self and others
<ul style="list-style-type: none"> ▪ Assaults self-efficacy and a sense of self control 	<ul style="list-style-type: none"> ▪ Promotes openness to experience, risk taking and new learning
<ul style="list-style-type: none"> ▪ Scrambles the ability to engage fully in the present, and so to adapt to new situations 	<ul style="list-style-type: none"> ▪ Promotes engagement in here and now and resonance with others

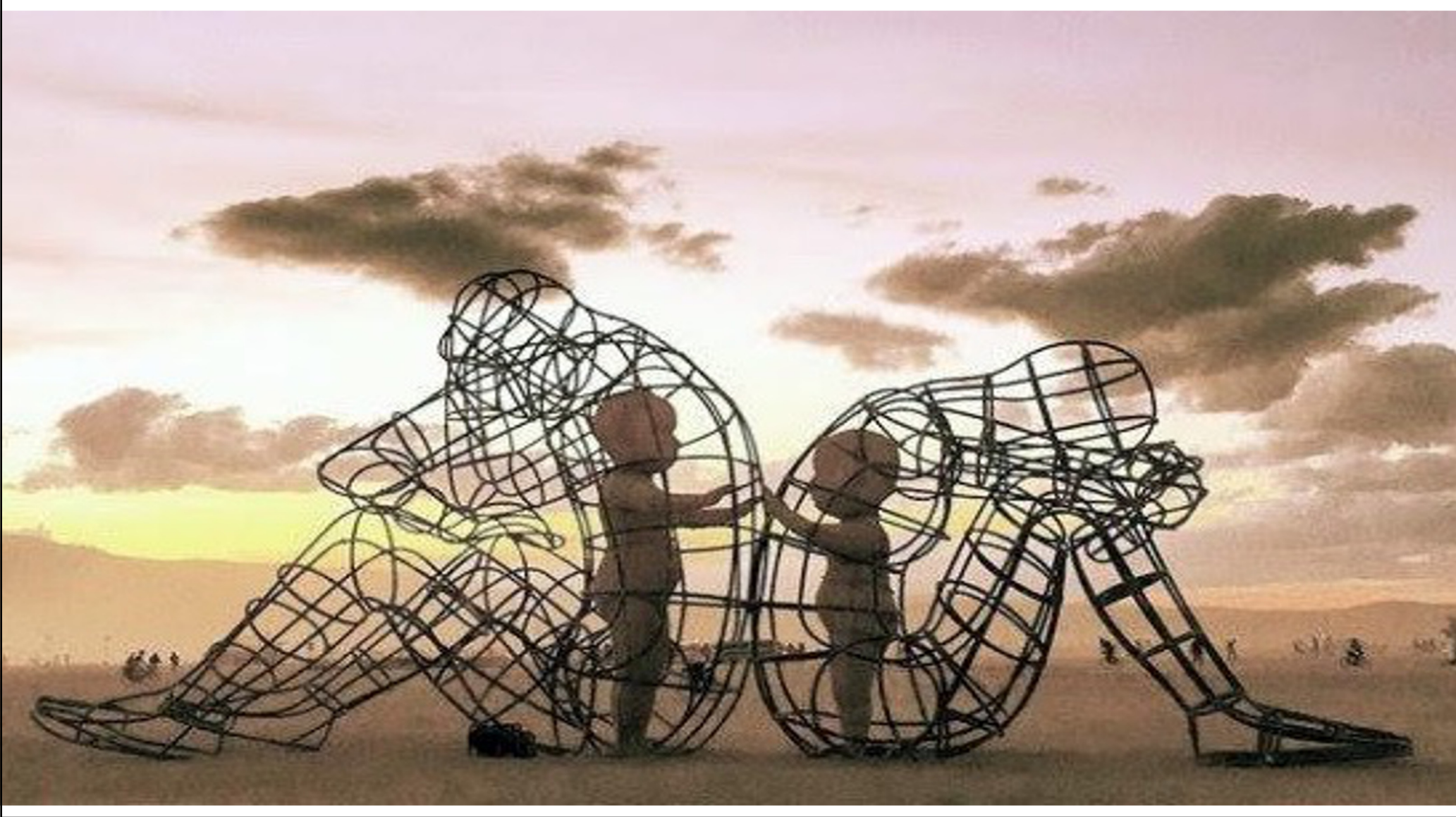
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Dealing with Trauma Together

“Emotional attachment is primary protection against feelings of helplessness and meaningless.”

(MacFarlane & van der Kolk, 1996)

- A deep sense of belonging results in the “taming of fear”
(Becker, 1973)
- Proximity to an attachment figure “tranquilizes the nervous system”
(Schore, 1994)
- When one is confident an attachment figure will be there when needed, a person, “will be much less prone to either intense or chronic fear than will an individual that has no such confidence”
(Bowlby, 1973)
- Antidotes to “violation of human connection” are safe and comforting human connection



Attachment Security

Attachment Security

What is attachment?

What is an attachment system?

What is attachment security?

How do you know you're secure or not?

How do you know someone else is secure or not?

What is secure base, safe haven behavior?

Attachment Security

(Bowlby, 1969/1982, 1979, 1980, 1988; Ainsworth, 1991; Hazan & Shaver, 1994; Hazan & Zeifman, 1999; Mikulincer, 2006; Mikulincer & Shaver, 2004; Stroufe & Waters, 1977)

An ***attachment system*** is the biological process that protects a person from danger by assuring they ***maintain proximity to caring and supportive others*** (*attachment figures*).

An **attachment figure**, external or internalized, is established in a gradual process that depends on the extent to which that person functions as:

- a) A target for *proximity seeking*
- b) A **safe haven**: A source of protection, comfort, support, and relief in times of need
- c) A **secure base**: Encouraging the individual to pursue their goals in a safe relational context

Attachment Security

The attachment system is **activated** by a need or danger cue: a *Trigger*

The activation initiates a *signal* as an embodied *emotion*, cuing the **primary attachment strategy** – proximity seeking and support from attachment figures.

Attachment security is the GOAL of the attachment system:

A *felt sense* of protection or security that terminates the system's activation (*de-escalation*) when the *need* is *responded* to and met.

The individual terminates proximity bids and calmly returns to non-attachment activities with emotional equanimity (*emotionally regulated*).

Secondary Attachment / Protective Strategies

Strategies

Hyper-activation: *Pursue*

fight, protest, aware of needs, vigilant for connection, try to get the other to pay attention, dials up the danger signal (hyperarousal), demands, clings, coerces, controls,

Deactivation: *Withdraw*

flee, avoid, inhibit, suppress, and downregulate (hypoarousal) need and connection, self-rely, dismiss own and other's signals and needs

Primary Strategy

Proximity Seeking



Secondary Strategies

Hyper-activation or Deactivation



Leveraging Attachment in Session with First Responders

If attachment security is the GOAL
of the attachment system
how do we leverage this with our clients?

Helpful Theoretical Frames/Lenses

Attachment Focus (Bowlby)

- Relationship distress is understood and reframed in therapy as the **lack of emotional accessibility and responsiveness**.
- Negative behavior and emotion is understood, reframed and validated as a **predictable response to separation distress**.

Experiential, Rogerian Frame (Rogers)

- **Non-pathologizing** perspective on individual, couple, family distress that focuses on health.
- Relational difficulties are reframed and validated as arising out of people being **stuck – not sick** – and growth is seen as attainable as a result of new corrective experience.

Systemic Frame (Minuchin)

- **Interactional patterns and positions** in the individual, couple and family are reframed as the presenting problem.
- Foster more flexible positions and positive interactions.

Therapist as a Temporary Attachment Figure

We Model for Our Clients:



“Safe Haven, Secure Base”

John Bowlby

ARE – “Are you there for me?”

A – Accessible

R – Responsive

E – Emotionally Engaged

Sue Johnson

Temporary Attachment Figure

The therapist is as a **temporary attachment figure** who enters the phenomenological world of the client and models secure attachment through empathic responsiveness and builds and maintains a strong therapeutic alliance with every client (individual, couple, or family).

Models curiosity!

We want the individual, couple, or family to begin to be curious about themselves and each other.

“Can I meet this other individual as a person who is in process of becoming, or will I be bound by his past and by my past? If, in my encounter with him, I am dealing with him as an immature child, an ignorant student, a neurotic personality, or a psychopath, each of these concepts of mine limits what he can be in the relationship.

If I accept the person as something fixed, already diagnosed and classified, already shaped by his past, then I am doing my part to confirm his limited hypothesis. If I accept him as a process of becoming, then I am doing what I can to confirm or make real his potentialities.”

On Becoming a Person - Carl R. Rogers (1961)



“Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant with the weak and the wrong. Sometime in your life you will have been all of these.”

Lloyd Shearer



It's ALL about Attunement

Attachment security is regulated by our ability to attune with self and other –
to send clear signals to our attachment figures and take in comforting
responses from them



Mirror Neurons

Giacomo Rizzolatti (1992) - first discovered at Univ. of Parma

Mirror Neurons — **bullseye of attachment**

Like “neurological wifi” or “floating catchers mitts”
looking for attuned other



Attunement versus Misattunement

Misattunement = Pain

Attunement – changes brain, allows new experiences

Neurological Resonance

The space we're seeking, how we learn and survive

Attunement

Father and Son

How is their signal/response?

How do you see them
resonating/attuning to each other?

How may this impact their attachment
strategies and emotional regulation?

There is no such thing as a baby,
there is a baby and someone.

D.W. Winnicott



Key Considerations for Working with First Responders



Value & Appreciate the
Protective Strategy
of the First Responder



“Both and” instead of “Either or”

A.R.E. — Accessible, Responsive, Engaged
Safe Haven, Secure Base
A Better “We” = a Better “Me”



Culture within Culture

Common Language

Cultural Norms

Values and Creeds

Hierarchy

Ceremony

Tradition



How can a therapist remain respectful and curious about the unique culture that exists within their first responder client's profession?

Their Culture within Culture

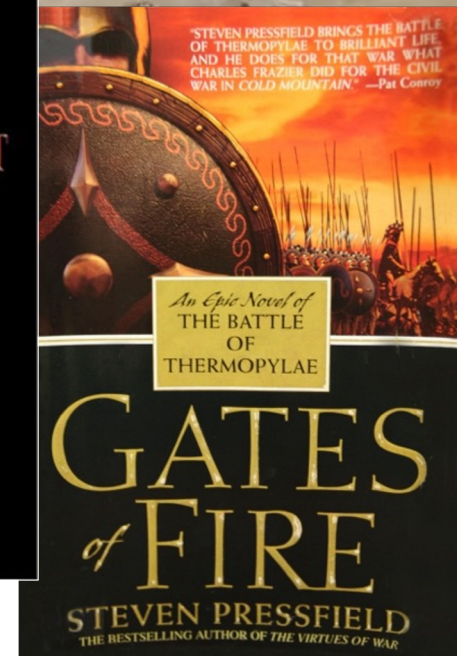
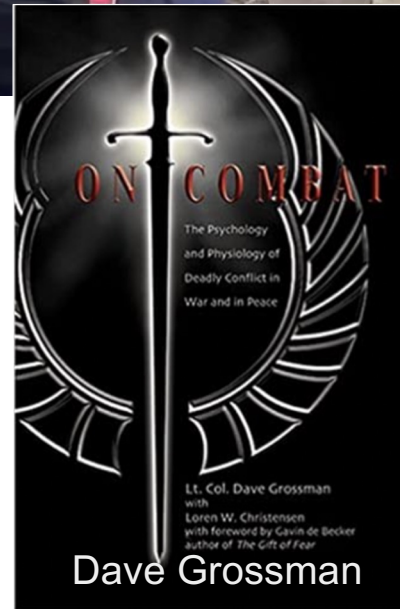
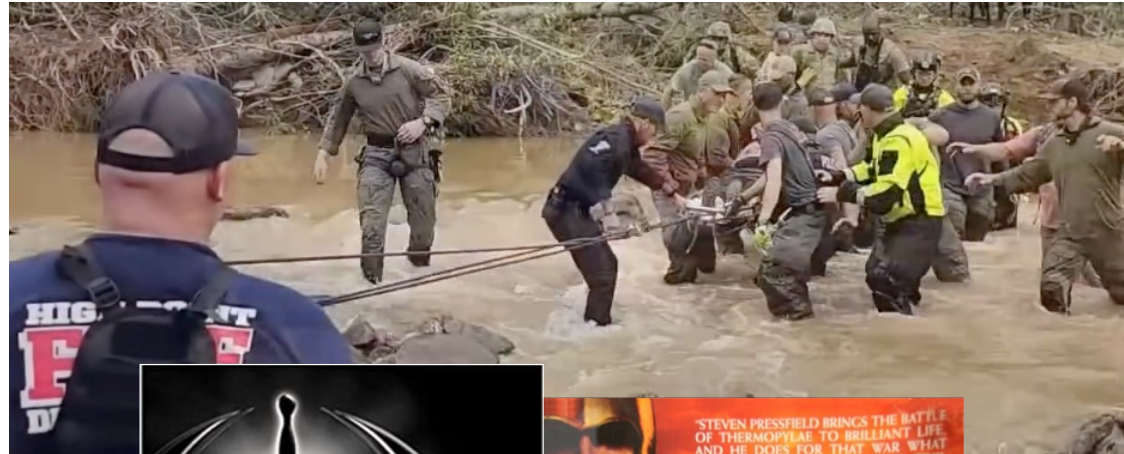
Working with Culture within Culture

- Become a student of first responder culture
- Practice cultural humility
- Empower your client to be your cultural teacher
- Be prepared for dark humor
- Be prepared for bizarre traditions



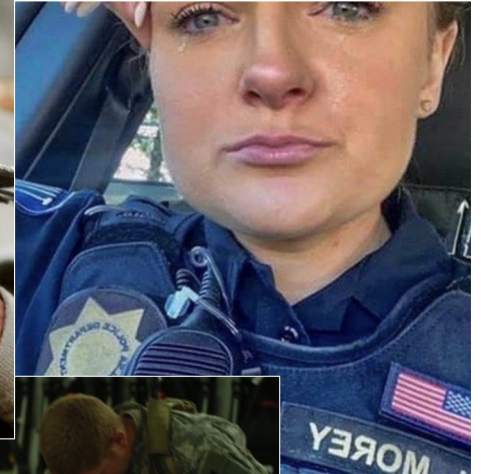
The Mindset of “The Protector”

- Hardwired to protect
- Central to their identity
- Possess the gift of aggression and love for humanity
- Prioritizes the welfare of teammates over self
- Appropriate vigilance vs hypervigilance (impairing life)
- Protects loved ones and therapists from their experiences



Self of the Therapist

What is my personal capacity to step into the experiences of first responders?



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Lets P



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Dr. Greg Cheney is a retired U.S. Army Chaplain, Licensed Marriage and Family Therapist, Licensed Clinical Mental Health Counselor Supervisor, and an AAMFT Approved Supervisor. He holds master's degrees in divinity and counseling and earned his doctorate in Counseling & Counselor Education from North Carolina State University.

During his military career, Greg spent years deployed in Iraq and Afghanistan serving in airborne infantry and Special Forces units and caring for soldiers and their families during and after combat. His final assignment at Fort Bragg was directing the Watters Family Life Center for Counseling & Resiliency and the Family Life Chaplain Training Program.

Greg is the Owner and Clinical Director of Valiant Couples Therapy and Consulting in Fuquay-Varina, North Carolina. He works with clinicians around the world, including within the U.S. military, the Defense Health Agency, NC Department of Public Safety, and faith-based organizations. His work focuses on helping clinicians understand the emotional and relational impact of high-risk service and apply attachment science to restore connection, resilience, and hope.