



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

DUTY BOUND GREIF?: WHEN THE JOB DOESN'T STAY AT WORK

March 30, 2026

Duty Bound Grief: When the Job Doesn't Stay at Work

Understanding The Effects of Chronic Trauma Exposure in Fire & EMS

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Learning Objectives

At the conclusion of this session, participants will be able to:

- **Describe** how cumulative exposure, grief, and moral injury differ from single incident trauma models in Fire & EMS.
- **Identify** common behavioral and physiological indicators of unrecognized cumulative load.
- **Explain** why discipline alone often fails to resolve stressors given performance changes.
- **Apply** leadership strategies that address behavior without assigning character or intent.
- **Recognize** organizational practices that reduce ~~long~~ risk while preserving operational readiness.

The Reality of the Job

Average firefighter/EMS career exposure may include:

- Experiences where they must face their own mortality (near misses)
- Witnessing peer deaths in the line of duty (physically or in the broader brotherhood)
- Uncountable fatalities
- Pediatric death
- Witnessing catastrophic injuries
- Being injured or attacked by the community we serve

Research shows:

- 90%+ of firefighters experience traumatic incidents involving death or severe injury
- 80% of first responders report repeated traumatic exposure

No human nervous system was designed to absorb this level of exposure ~~without~~ **without the proper tools & education.**

Trauma Isn't Just "Bad Calls"

Firefighters and medics don't just experience trauma from one incident.

The exposure is:

- Repeated
- Sensory (what you see, hear, smell, and touch)
- High responsibility
- Often unresolved

Over a career, these exposures ~~are~~ accumulate

The body and mind don't track calls individually. They track total load.

It does not exist in isolation from life outside work.

DSM-5 CRITERIA FOR PTSD

By definition, it is traumatic.

- ◆ **Criterion A (1 required):** The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):
 - ◆ Direct exposure
 - ◆ Witnessing the trauma
 - ◆ Learning that the trauma happened to a close relative or close friend
 - ◆ Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

Friedman, M. J., Bovin, M. J., & Weathers, F. W. (2021). DSM-5 criteria for PTSD. In M. J. Friedman, P. P. Schnurr, & T. M. Keane (Eds.), *Handbook of PTSD: Science and practice* (3rd ed., pp. 19–37). The Guilford Press.

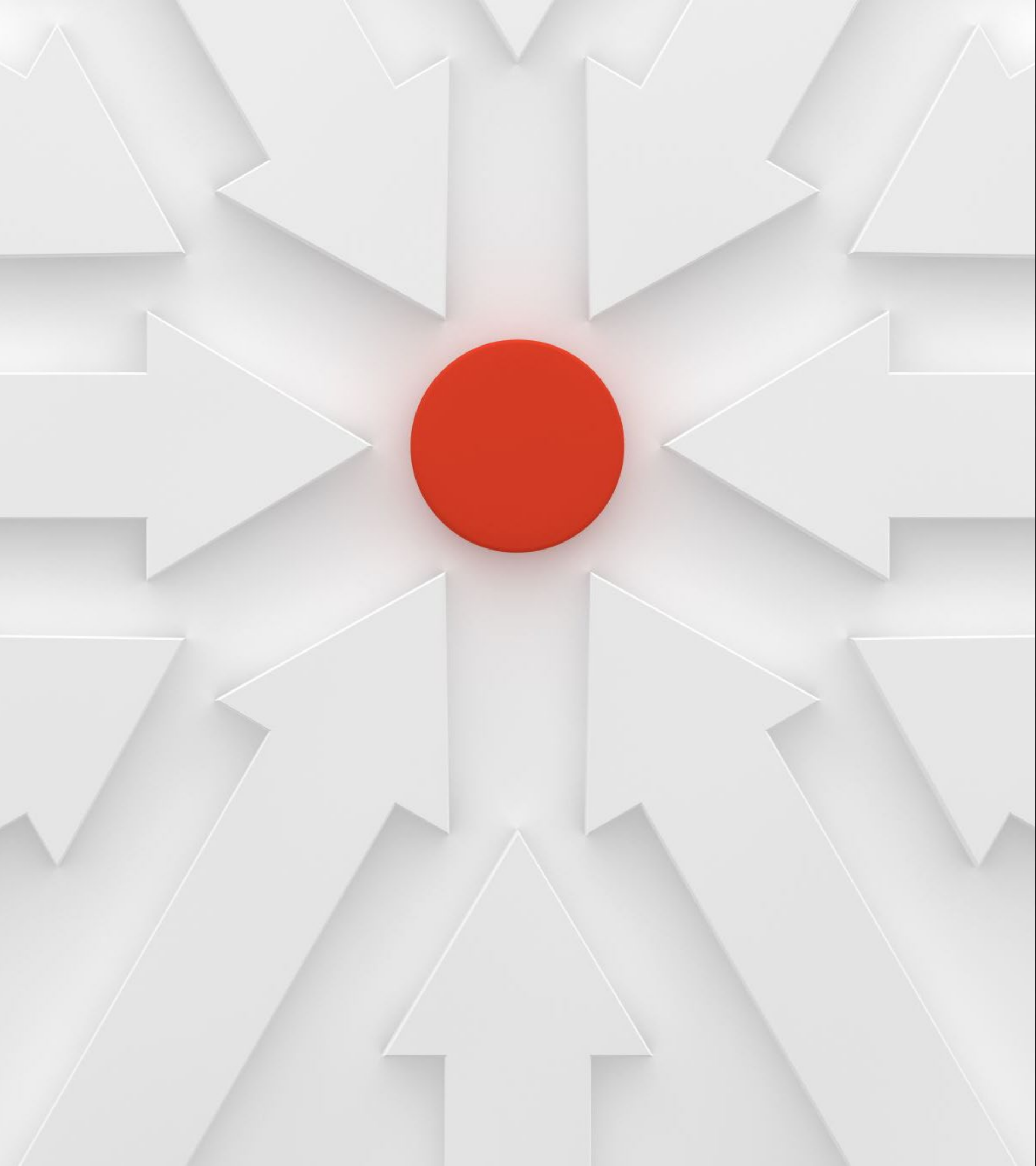


The Unspoken Reality

Firefighters and medics:

- Don't arrive at the job as blank slates
- Live full lives outside the station
- Experience loss, stress, illness, and trauma like anyone else

The job is not separate from personal life.
It layers on top of it.



Why Exposure
Accumulates
Over Time:

Explaining The
Load

The Exposure Stack

What we carry is not just call residue

The body
doesn't
separate these
things.

It carries them
all in the same
system.



Performance Can Mask Cumulative Load

Many Members:

- Perform at a high level
- Stay mission focused
- Push through personal hardship

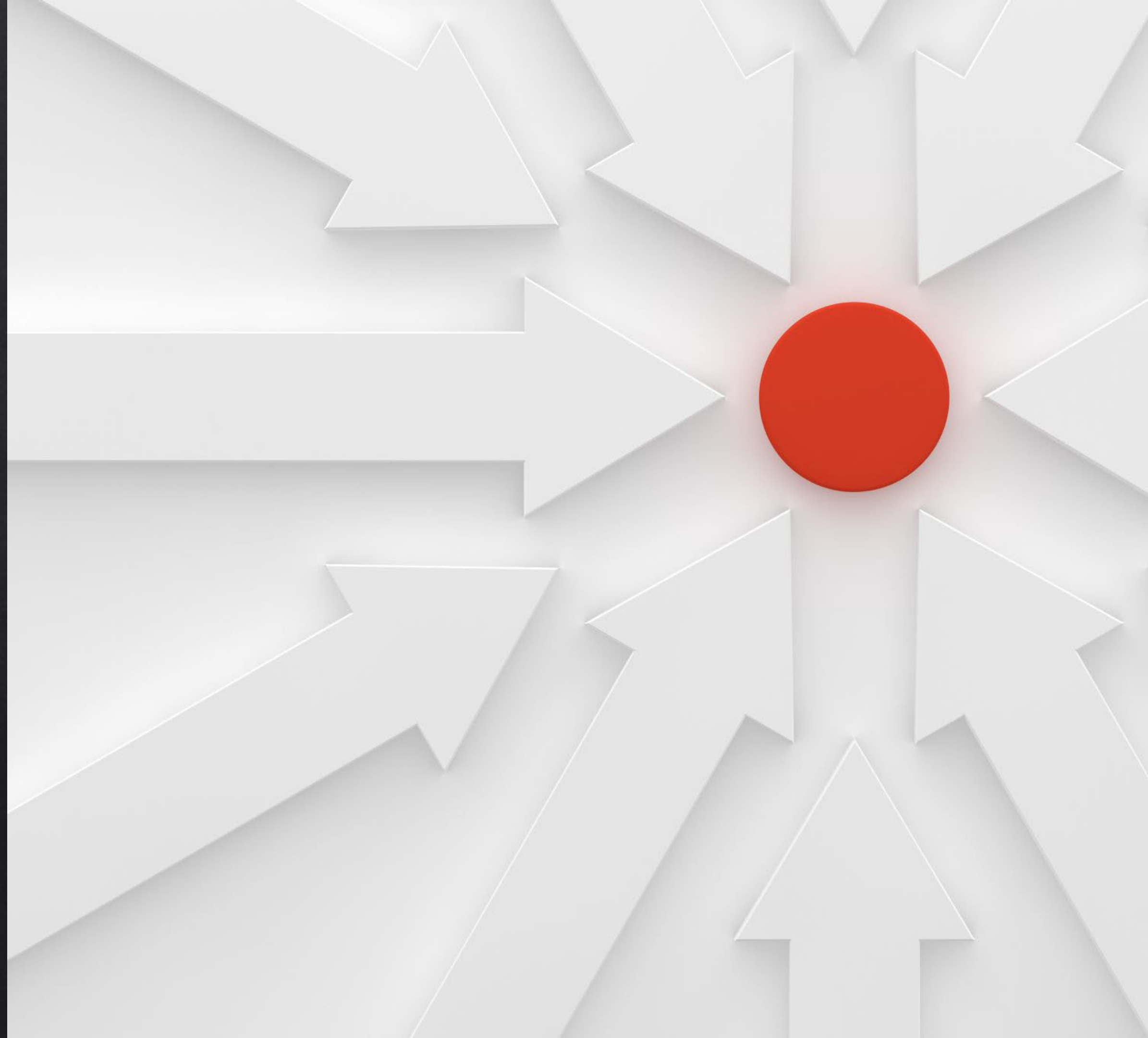
Because of this, cumulative load often stays hidden. High performance does not mean low stress.



RACHAEL

DUTY-BOUND GRIEF:

How Personal And
Professional
Grief Intersect



What Is Duty

- Bound Grief?

Duty-bound grief is grief that:

- Repeats over time
- Has no closure
- Must be suppressed to stay operational
- Is postponed indefinitely

Possible Source:

- Fatal calls
- Pediatric deaths
- Preventable outcomes
- Calls that resemble your own family

The job requires returning to service
mind has processed the loss.

before the

Personal Grief Enters the Job Too

Members don't stop grieving because they're on shift

Personal grief may include:

- Death or imminent death of loved ones
- Divorce or separation
- Sick children or parents
- Unresolved losses from earlier life

**The job often forces personal grief to be delayed,
and can potentially re -ignite it**

When Grief Compounds

When personal grief meets du**dy**ound grief:

- Emotional bandwidth narrows
- Tolerance drops
- Fatigue deepens
- Numbing becomes adaptive

You're not **fragile** , you're **oversaturated.**

LINDSAY

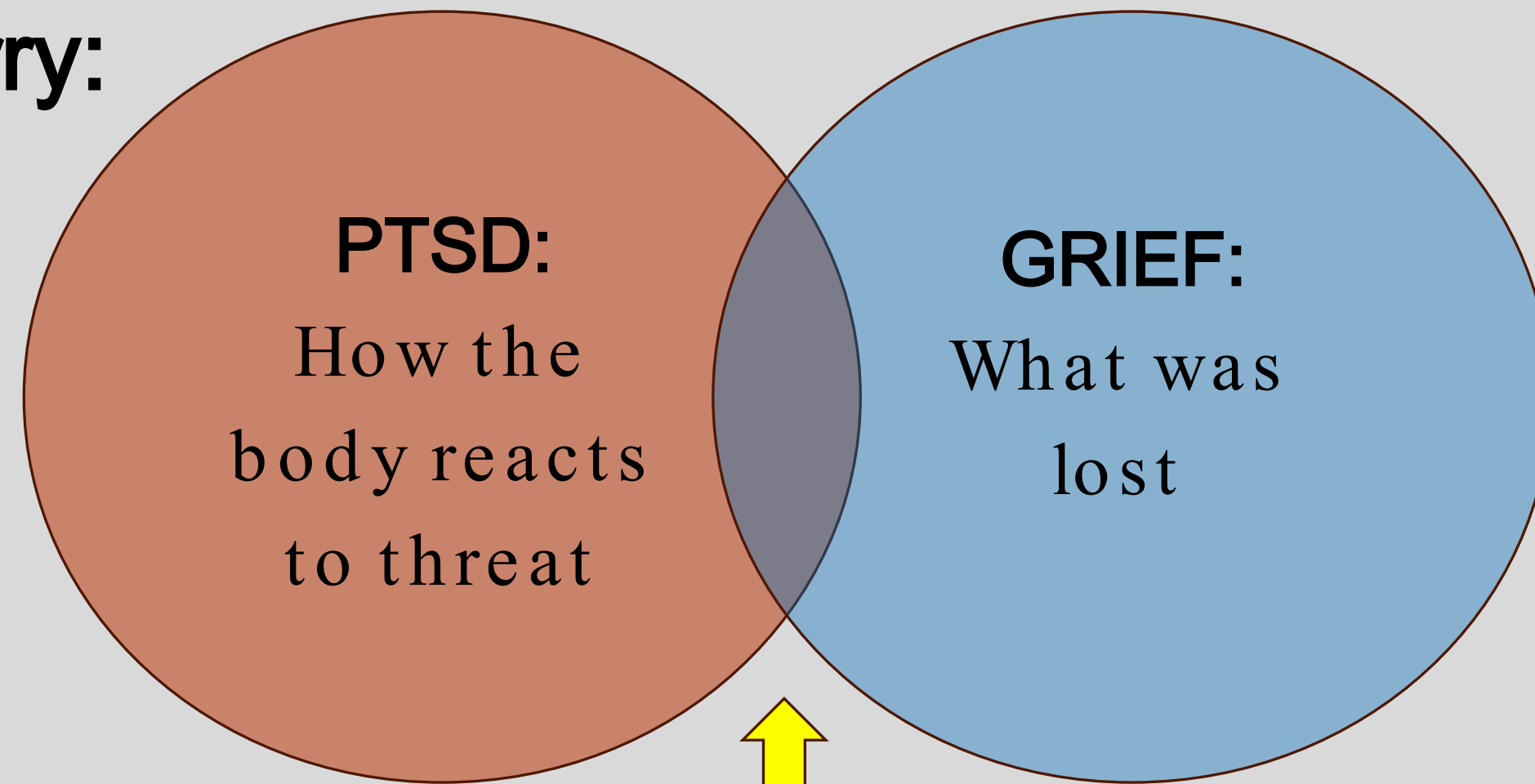
How Compounded Grief Shows Up

- Emotional shutdown
- Depression without clear cause
- Irritability
- Withdrawal at home
- Sudden unexpected emotional flooding (That call wasn't that bad, why am I reacting this way?)
- Loss of meaning

PTSD & Grief

Many responders carry:

- Work-related loss
- Personal loss
- Unresolved loss

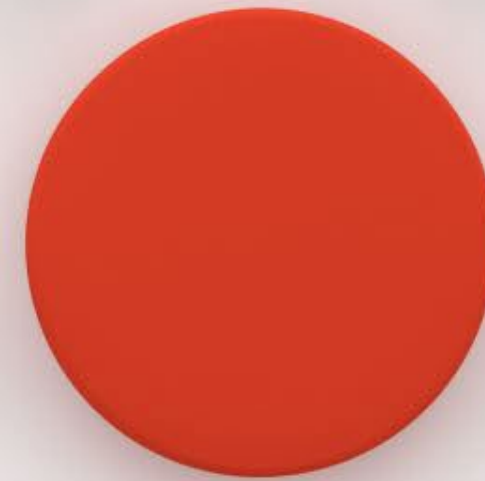


It's often not one or the other,
there is overlap

MORAL INJURY

Grief addresses
loss.

Moral injury
reflects the
internal cost of
duty.



WHAT IS MORAL INJURY?

Think of this as an **Ethical Bruise** .

It can happen when:

- Decisions are second-guessed after the fact
- You're shamed, bullied, or ignored by peers or leadership
- The culture expects constant sacrifice with no recovery
- You witness suffering you cannot stop
- You're expected to be 100% while carrying unresolved exposure

These experiences can leave **guilt, anger, or shame, not fear** .

Personal History Shapes Moral Injury

Personal values are shaped by:

- Family
- Culture
- Past experiences
- Personal loss



Two responders may experience the same call,
and be morally impacted very differently.

When Moral Injury is Amplified

Moral injury is amplified when:

- A call reminds you of a personal loss
- A patient reminds you of someone you love
- You're already carrying unresolved grief

The response reflects
personal
and cumulative relevance,
not overreaction.



Chronic Exposure

Stacked exposure keeps the body in survival mode

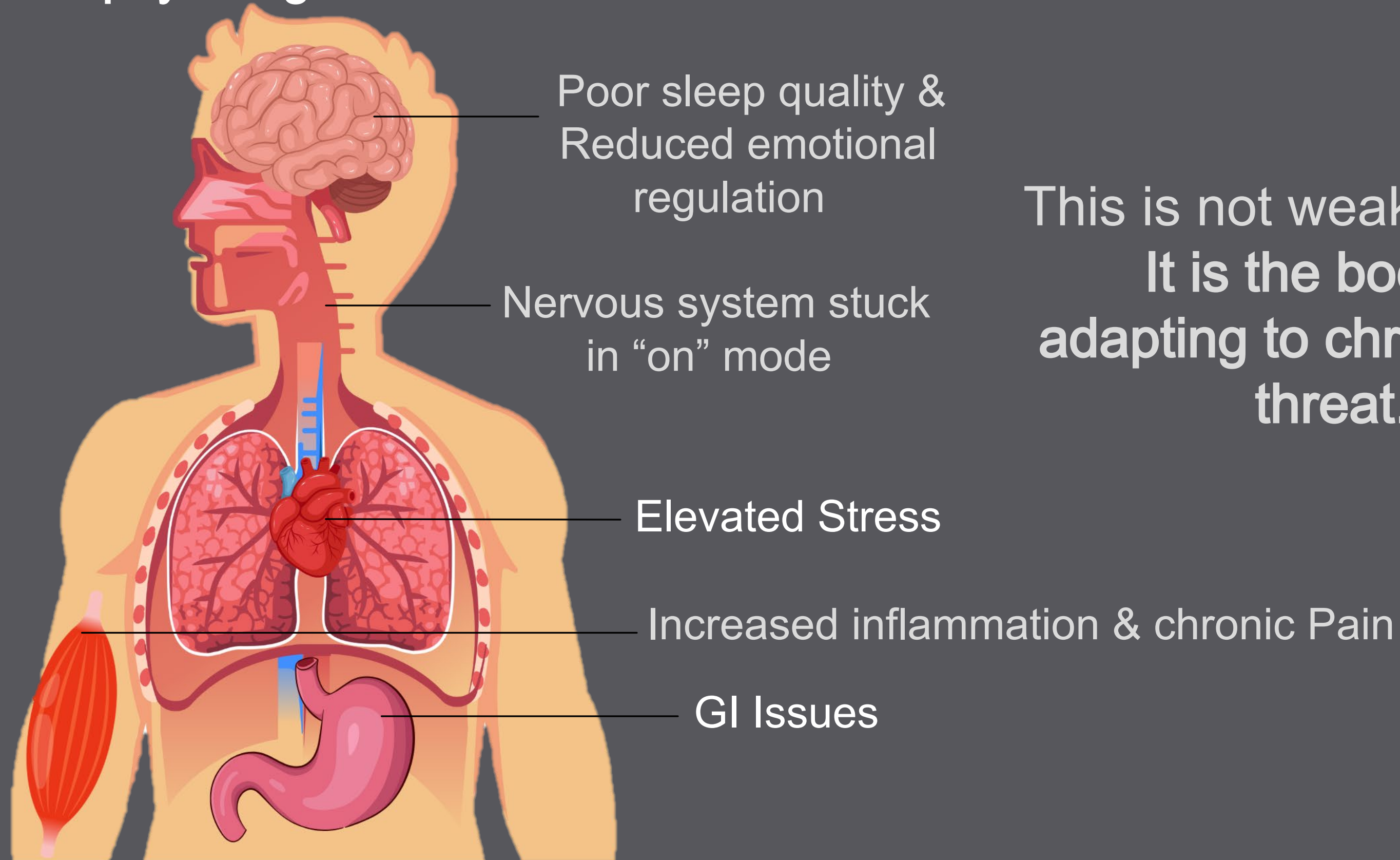
When stress, grief, responsibility, and repeated exposure accumulate, the body adapts for survival.

These adaptations are effective ~~short~~ term, but costly long term.

**This is where people realize the problem isn't grit,
it's that the body's defenses don't shut off on
command.**

Stacked Exposure Changes the Body

Common physiological effects include:



This is not weakness.
It is the body
adapting to chronic
threat.

What This Looks Like in Real Life



This is often labeled “burnout.”

Which means: **Load has exceeded recovery capacity.**

What Helps the Body Reset

Reset is not just rest. It is nervous system regulation.

Helpful strategies include:

Physical movement and strength training

Connection

Supportive leadership response

Decompression after difficult calls

Avoiding Social Media

Protecting sleep

Journaling

Sunshine & Fresh Air

Recovery requires restoring nervous system regulation.

WE TAKE IT HOME

Moral injury:

- Alters worldview
- Reduces patience
- Erodes trust
- Creates isolation
- Creates low stress tolerance



Families feel the fallout, often without context.

WHY HOME LIFE TAKES THE HIT

At work:

- structure, mission focus, clear roles
- adrenaline and teamwork

At home:

- the nervous system finally powers down
- emotional fatigue surfaces
- irritability or withdrawal appears



This is why
responders often
say:
“I’m fine at work.
I’m not fine at
home”



RETIREMENT AND LIFE TRANSITIONS

Major life transitions:

- Retirement or separation due to injury
- Divorce
- Death of parents, spouse or child
- Empty nest
- Illness diagnosis

When structure is removed while exposure history remains.

Processing often begins when duty ends.

Barriers to Feeling Better

First responders often hesitate to seek help because those mental barriers, the emotional armor they've built, feel like part of their job survival kit.

They worry that if those protective walls come down, they might lose their edge or emotional control at work. It's a fear that healing might weaken the shield they rely on to protect both themselves and others.

Getting help doesn't mean you're losing your edge. It means you're sharpening it.

You're making sure you can keep doing what you do, only stronger and for longer.

THERAPIES & MODALITIES THAT SUPPORT RECOVERY



Some interventions directly target nervous system dysregulation and trauma physiology.

These are options individuals may explore with qualified providers, not recommendations or requirements.

Evidence-supported options include:

- EMDR (Eye Movement Desensitization and Reprocessing)
 - Reduces trauma-related physiological reactivity
 - Strong evidence base for PTSD and cumulative trauma
- CBT (Cognitive Behavioral Therapy)
 - Helps regulate stress responses and sleep
 - Most effective when paired with trauma-informed care

THERAPIES & MODALITIES THAT SUPPORT RECOVERY

- **Stellate Ganglion Block (SGB)**
 - Targets sympathetic nervous system overactivation
 - Shown to rapidly reduce hyperarousal in some trauma-exposed populations

(Mulvaney et al., 2014; Rae Olmsted et al., 2020)

- **Neurofeedback**
 - Supports brain regulation and autonomic balance
 - Emerging evidence for trauma and stress-related dysregulation

(van der Kolk et al., 2016)



SHORT-TERM “FIXES”

Constant
distraction
or overwork

Alcohol or
substance
use

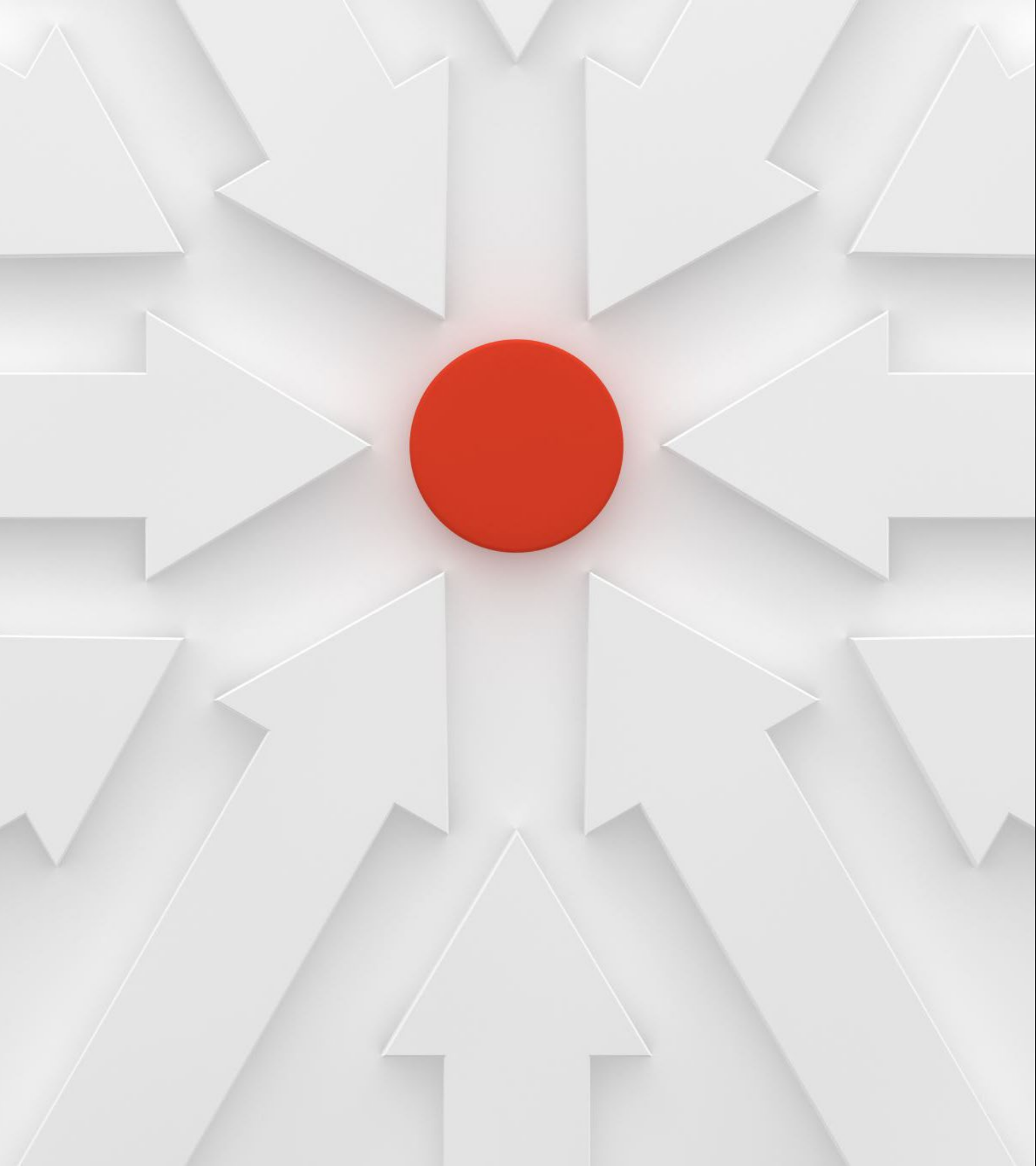
Reckless or
high-risk
behavior

Ignoring
physical
warning
signs

White-
knuckling
It, pushing
through

Doom
Scrolling

Isolation



LEADERSHIP & SYSTEMS

OPERATIONAL
READINESS
& RISK
MANAGEMENT

What Leaders See vs What's Actually Happening

Seen :

- Behavior changes
- Irritability or short temper
- Withdrawal or disengagement
- Increased absenteeism

Unseen:

- Personal grief
- Cumulative exposure load
- Moral “bruises”
- Home life dysfunction

DISCIPLINE ALONE MISSES THE MARK

Discipline corrects
behavior.
It does **not** correct
exposure load.

When cumulative exposure is ignored:

- Risk increases
- Careers shorten
- Performance eventually drops
- Problems surface later as larger issues

This is not just wellness.
It is operational risk management.

LEADERSHIP'S ROLE

When systems don't account for load, they pay for it later in injuries, disciplinary issues, increased absenteeism, and early exits.

Leaders are not expected to:

- Be therapists
- Know personal histories
- Fix personal problems

Leaders are expected to:

- Recognize exposure and load patterns
- Address behavior without assigning character or intent
- Support early, with appropriate intervention

WHAT DEPARTMENTS CAN DO BETTER

- Train officers to recognize cumulative exposure and stress injury
- Normalize conversations about load, not just “bad calls”
- Build decompression time into responses after high-impact events
- Establish a dedicated wellness or member-support function with protected time
- Ensure peer support is resourced, not layered on top of full operational duties
- Support must be available without compromising operations.



Prevention is readiness protection, not intrusion.

SUPPORTING OFFICERS

Officers carry both responsibility for others,
but also, their own cumulative load.

Recommended Officer support:

- Training in recognizing cumulative exposure, grief, and stress injury
- Language to address behavior without judging character or intent
- Clear pathways for referral and support that don't rely on improvisation
- Backing from leadership when early intervention is needed
- Protected time to step out of operations when managing member issues
- Support for themselves, not just the people they supervise

THE REAL TAKEAWAY

When people understand what's happening in their bodies and minds:

- Shame decreases
- Communication improves
- Help comes earlier
- Careers last longer

When organizations understand this:

- Leaders respond instead of react
- Discipline becomes smarter
- Support becomes usable
- Readiness is protected

It's not just a
staffing and
retention
issue...

What we're seeing
is the cost of
cumulative
exposure when
recovery tools and
education aren't
built into the
system.



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For the event's overall evaluation, follow steps 1 and 2, then tap "Event Evaluation" located in the event's Dashboard.

