Crisis, Stress, and Human Resilience: An International Journal

Vol. 4, No. 1
June 2022

THE LINK BETWEEN SUBCULTURES AND TRAUMATIC STRESS:BARRIERS TO SUPPORT, STABILIZATION AND RECOVERY

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Abstract: *The role of culture and subculture are regularly identified as factors contributing to the development of acute immediate and post incident traumatic stress. This link is rarely described in more depth, however, resulting in what can be a "gap " in the understanding between first responders experiencing the impacts of traumatic stress and those who are mental health professionals (MHPs). This article addresses this issue and will describe how the culture in which one lives, and functions daily can contribute to and create stress reactions which can be debilitating.*

Keywords: *culture, subculture, PTSD, critical incident stress (critical incident stress management)(CISM), occupational stress injury (occupational stress injury support support system)(OSISS), psychological stress injuries (PSI), acute stress disorder (ASD), post traumatic stress disorder (PTSD)*

INTRODUCTION

The goal of this paper is to address the link between subcultures and traumatic stress and to describe in some detail the linkage between the two from a first responder perspective which is also applicable and relevant to military settings, the helping professions (social work, psychology, chaplaincy, etc.), first responders (police, fire, emergency health services), corrections, psychiatric attendants and those who assist others in broader roles. The primary focus, however, will be upon law enforcement, with references made to other types of work.

Further, the strategies and tactics to improve linkages between first responders and MHPs will be discussed. The gaps existing in this context, the approaches, and alternatives for consideration to improving the relationships between subcultures and reduce/overcome the gaps which reduce or eliminate appropriate treatment of stress disorders will be addressed. The process must be openly discussed focusing upon how the subcultures of both groups result in the gap and to improve upon or eliminate this ongoing issue.

CULTURE & SUB -CULTURE

Culture refers to: ". . . sum total of the ideas, beliefs, customs, values, knowledge, and material artifacts that are handed down from one generation to another . . ." (Coleman, 2006), and ". . . culture of the mind or manners . . . " and subculture, ". . . cultural group within a larger cultural group . . ." (Oxford Dictionary).

Subculture develops and is maintained in relation to jobs, work groups, sports teams, as examples, which are built upon the way people think about (or see)

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themselves, develop their ideas/ideals, beliefs, along with other factors, which develop ln work groups. These become incorporated as being of importance to work subcultures within societies. The main focus of this paper is different jobs, work groups, and subcultures and the impacts on these subcultural group members and their responses to impacts and issues of extreme stress and psychological trauma e.g., occupational stress / critical incident stress, and related psychological disorders such as acute stress disorder (ASD), post traumatic stress disorder (PTSD) or disorder terms used by military and first responders: occupational stress disorder.

CORE DEEPLY HELD BELIEFS VIOLATED

Dr. George Everly (2006, 2015), a founding partner of the International Critical Incident Stress Foundation (ICISF), has addressed in his two recent participant workbooks for courses he developed for ICISF on *Assisting Individual's in Crisis,* the topic of "deeply held belief s" and the implications of these beliefs being violated in life's experiences. He raises the implications of these violations in the context of predicting Post Traumatic Stress Disorder and considers not only: a) very important beliefs being violated, but also includes b) the amount of trauma experience (which may be a single event or cumulative with several events) or dosage, and c) personal identification with the event. He points out that PTSD results from a violation of expectations, and of deeply held beliefs or worldviews.

One of the core beliefs is: self-esteem, self-efficacy which relates directly to beliefs identified in the definition above and to sub-cultural identity and beliefs. This, in itself, is a significant factor related to the development of PTSD and further emphasizes the upset and discomfort that may develop with traumatic impacts related to self concept. The other core beliefs he identifies include, which also have impact considering subculture include belief in a just and fair world; need to trust others; need for a predictable and safe world; and spirituality belief in order and congruence in life and the universe.

POLICE SUBCULTURE

The subculture of law enforcement agencies has developed over time and is very similar to military subcultures. High standards of competence for skills have large Impact on recruits and members self concept and perception of themselves. Fitness training, specific skills learned of defense and control tactics, verbal skills, firearms, police vehicle operations, and so on, create strong bonds among peers and the Ideas prevail that *not every applicant is accepted to a police career, and many candidates do not qualify during training.* A self-concept set of beliefs and ideas of being able to function at high stressful levels without being Impacted is fostered.

POLICE SUBCULTURE	STRESS, OSI, CIS	IMPACTS, CONFUSION CONFLICT
Ideas – Competent Fit, proud, "CAN DO" attitude Emotions - Personal, Family, Peers & Friends. Function more in Cognitive domain, Not Emotional	Symptoms: Intrusive: Memories Dreams. Negative: Limited + emotions -Dissociative: "Dazed" Time distortion, Memory limitations - Avoidance: Memories thoughts, situation - Arousal: Sleep Disturbance, Anger, Hypervigilance	No / little understanding of reactions to events / experiences Emotions not understood: (F-F) **Freeze – Fright – Flight - Fight** Thoughts of not being as "fit" as competent as I should be. Maybe job not for me? Who do I talk to about this? Who can I trust? (Sr. Csts, team) members…? ***This isn't…can't be me!!??!***

The cognitive processes related to thinking about ourselves, how we are doing, and how our peers perform results in the self concept (idea) that we are better than the average citizen. Pride, mental and physical fitness, and work-related skills learned can result in these ideas developing, thus reinforcing and building the subculture. Efficient, effective, a "can do" attitude, no fear, a brave attitude are all self-concept thoughts that permeate thinking. The emotional domain is probably most active related to family, children, peers, and friends. Many, when experiencing anxiety, apprehension, and fear, may not even recognize such emotions, and may deny them (to be consistent with the subculture). If the noted emotions are not recognized, there may be ongoing lack of understanding and confusion about what the experiences represent and not recognizing or denying them as being related to fear.

The subcultures are present in all types of work groups, some being more predominate. In addition to police, first responders, and members of the military, subcultures can be significant and have influence with health professionals (doctors, nurses, etc.), and mental health professionals (counsellors, psychologists, social workers, etc.).

In 2001, Stephane Grenier, a Lieutenant Colonel in the Canadian Military began using the term Operational Stress Injury (OSI) as a result of his personal experience, interest, and work with acute stress as experienced by military personnel. He uses the term "injury" as opposed to "disorder" and "operational," a term used frequently in reference to military deployments out-of-country. The official term for the disorder—acute stress disorder, or post traumatic stress disorder—created more resistance by military personnel considering their subculture. The program he developed for the Canadian Military was called the Operational Stress Injury Support System (OSISS). He implemented a peer support system to operationalize the support process for those impacted by acute stress during military postings. Programs have been developed, as well by the International Critical Incident Stress Foundation (ICISF) in the mid 1980s for the specific purpose of being used for first responders and military personnel. These programs will be discussed in more depth later.

SELECTION & TRAINING

Even from the application phase, the subcultural factors have an influence. What recruits already know, believe, and value about the agency they are joining has already influenced their decision to apply and be recruited. The desire to serve the country, the community, to assist citizens to prevent crime and catch criminals is already in most cases part of the recruit's self image and way of thinking. The thought that "I can make a contribution here" that "I am in good shape and can get through the challenges of training," already exist in many recruit applicants.

Basic training significantly further develops the subcultural spectrum. Today, training is closer to real life situations than in the past. Research has revealed that the closer training is to the real world, the more realistic training scenarios are, the better the response of the field leaders, their good soldiers, and police officers in the real world.

Situation Example:

During scenario-based training (role plays), a young woman police cadet, a married mother of two young sons was doing an intervention in a domestic dispute with young/infant children present. In real life, she herself was involved with similar personal issues in that her husband had recently discussed and wanted a separation. This scenario situation triggered thoughts and emotions of the real-world situation regarding the discussion with her husband about his desire to separate. The scenario pushed the issue into the forefront for her and resulted in her personal emotional / traumatic reactions.

There are many times when such experiences are not shared. This can lead to increases in the scenario emotional impacts on scenario training participants over time. At times, they may be shared with peers in the training activity or with trusted academy staff. I have been contacted by students impacted by scenario-based training after the scenario training session. Usually, staff sought to speak with are those with whom they feel more comfortable and trust from a confidentiality perspective.

Many scenario situations may cause such reactions, especially if similar to personal real-life happenings. Such life events may include serious injuries or deaths, serious accidents, assaults including sexual assault, suicides, and suicide attempts, and especially if the events involve children or young adults.

FACTORS DURING BASIC TRAINING

Some situations/incidents which result in traumatic experiences (critical incident stress & occupational stress) may result in the occurrence of signs and symptoms considered in diagnosing acute stress disorder (DSM V) which is the responsibility of trained psychologists. If the development of these signs, symptoms and signals of critical incident stress are not understood and known to recruits, the impacts can, and frequently do, become more serious. A part of basic training must include the objective of creating awareness of stress and psychological trauma. Information can be helpful and result in understanding of critical incident stress by trainees. The closer scenario-based training is to real life reality situations, including the emotional components, the better the experience and understanding of the impacts of the real world and building "stress inoculation" (Grossman. 2004) reactions in trainees. This approach develops resistance to and resiliency for

recovery from stressful scenario situations.

As mentioned above, it is not only for the training in the use of firearms, but this type of response by trainees may also apply to many other life situations which many trainees have experienced. It is common for those who have experienced death-by-suicide within one's family or of a close friend, the impacts are frequently significant.

Situation Example:

During suicide intervention training (cut downs), a scenario participant who was employed as a Youth Worker in a young offender correctional facility was noted to have a "1,000 yard shared and was behaving as though dissociation was occurring." The scenario supervisor, one of the instructors for the course, stopped the scenario, gave participants a break, and spoke with the apparently impacted participant. After a brief conversation, the intervening scenario participant shared that they had suicide ideation in the past as well a suicide attempt. Appropriate follow up and referral was made (Maxwell & Sampson, 2001).

Another perspective Is from the experience of not being able to perform physical skills, for example, in self defense situations. Two basic principles of importance in training are not to overload the learning of physical defense skills by teaching two or three methods of doing the same thing, for example: disarming a person armed with a handgun in close proximity. In such situations, the mind (thinking processes) gets slowed and confused when thinking through the alternative methods which have been learned in the armed encounter situation and deciding which technique to use. This can result in delayed reaction time and leaving the officer open to serious injury or death. This phenomenon is known as *Hick's Law* and addresses the learning of skills and reaction times. In situations where Hicks' Law becomes a factor, research has shown that the response time may be increased by as much as 150 milliseconds (Siddle, 2005, 2017). Various services, agencies, and departments have developed their own procedure and protocols considering the application of *Hick's Law* principles in their settings. It is priority for new employees to know, understand, and practice any specific adaptations especially when working in teams in their new workplace. This will then result in effective and efficient applications of skills in situations with the agency and reduce the likelihood of injuries, etc. with the applications of these skill s.

A second set of factors considering levels of stress represented by pulse rate in beats per minute (BPM) has been observed and the result is the *inverted U law.* This law relates to the performance of physical skills deteriorating as stress (arousal) levels increase. Rene Thom's *catastrophe theory* also relates to performance disintegrating under pressure and states that performance will deteriorate when stress levels reach a certain point. (Siddle, 2005, 2017). The best threat responses are performed when stress levels measured in heart beats per minute (PM) are between 115 and 145 PM. Increases in 8 PM above 145 BPM results in a reduction in performance capabilities and increased vulnerability to threats.

In the application of both of the principles identified above, performance on the job in response to threat situations can be impacted in negative ways. Normal perception and body response may be impacted, thus limiting or destroying threat responses. These reactions create in-appropriate or no response to the threat and,

if not taught and understood in basic training by recruits, can result in psychological impacts which are contrary to the values and self concepts of the police subculture.

Probably one of the first to identify and train military and first responder personnel on this topic was Dr. David Grossman. He used the term "Stress Inoculation" (Grossman, 2004) to describe approaches to *resisting the* negative impacts of performance in stressful situations. The training was designed to create a greater familiarity for the trainee about experiences which may occur in the real world during and after training activities. This type of training approach does work to reduce stress and improve performance when on the job. Today, *resistance, resilience* & *recovery,* (Everly, 2006) are common terms used in referring to overcoming stress responses that interfere with response performances in high-risk situations. This topic will be addressed in more detail below.

PROFESSIONAL DEVELOPMENT, EDUCATION, TRAINING GAPS

In many professional development training and education programs for, among others, psychologists, counsellors, social workers, and other related professions, little course content is inclusive of critical incident stress (psychological acute stress and post-traumatic stress). Knowledge related to the types of situations encountered, the reactions of first responders, issues related to impacted first responder counsellor relationship development and the development of trust, comfort, and openness are affected and interfere with even beginning, supportive, stabilizing responses by counsellors. If the beginning of a helping relationship does not develop, the following required steps to assessment of the impacts of critical incident stress/trauma and decision-making regarding types of support and therapy / methods of assisting, may not occur!

The lack of awareness of first responder subcultures and the "I'm tough" or "I can take it" ideas by mental health professionals can destroy the development of safe, trusting, positive therapeutic relationships, which are essential in initial contacts. Responses that convey a lack of awareness of first responder subculture may and/or does alienate first responders from MHP's. First responders frequently make statements like: "They don't understand . . ." or "They think they have all the answers. . ." Not relating to and understanding first responder reactions and actions occurs as would be experienced in the unique subculture of first responders. First responders may be embarrassed and fearful that their "weakness" or "limitations" may become known to the agencies and those with whom they work. If this does happen, the first responder may be concerned about this effecting their job somehow by showing they are not qualified to do it, may interfere with promotions, and with their work peers. This then may create tension between peers and the impacted first responder thinking: "They won't want to work with me like this!", "Will I lose my job over this?", or "Will I be able to get promoted?" The day-to-day relationships may be perceived as becoming more tension-provoking. It is a common ex-perience to hear from first responder that MHP's did not understand trauma from a first responder perspective and in the tensions in relating to supervisors and peers on the job.

In some cases, to bridge gaps between MHPs and first responder subcultures, peer programs have been developed in which experienced, motivated, and skilled

experienced members of the first responder community are trained to respond to first responders immediate CIS impacts and to link impacted first responders to MHPs who have been trained to work with first responders. In some cases, the persons to whom first responders go when impacted by critical events are their peers, the ones with more experience and who they have grown to trust.

Peer programs have been developed and implemented involving carefully selected and trained peers, and mental health professionals who train together and are in touch regularly. They themselves critique their interventions when completed. Experience is revealing that these programs and the linkages and trust are developing and occur spontaneously with responses to difficult calls. Assistance and support are having significant positive impacts.

Additionally, training programs have been developed to make first responders aware of CIS and the impacts they may experience as first responders early in their career as first responders. This creates a first responder awareness and understanding of normal stress / critical incident response and facilitates support interventions for Critical Incident Stress Management (CISM). This is resulting in significant positive impacts for coping with the impacts of critical incidents and building a base for ongoing therapy when needed.

PEER TRAUMA TRAINING: ROLE, FUNCTION, LINKS, & WORKING WITH MHPS, PSYCHOLOGICAL TRAUMA IMPACTS (CISM)

Initially, training available to first responders, military, and others working in the human services on acute stress was included in Critical Incident Stress Management (CISM) courses. Support services approaches developed by Drs. Jeffrey Mitchell and George Everly came into use in the mid 1980s. Everly (2006, 2015, 2017) included information on *resilience, resistance, recovery.* This model was known as the Johns Hopkin' s Model. It was an outcome-driven model continuum of care. These initial steps appear to be the basis of what has been developed today to train and support military and first responder personnel.

The identification of persons who can perform effective peer support frequently involves the identification of those persons in agencies and organizations who have, in a normal way for them, been providing support and assistance to others in their agencies, usually those receiving the support have less experience and service. This has been noted and recognized in many, if not all, first responder and military agencies. In some cases, first responder and military agencies have gone on to give this natural tendency a recognized structure linked with the main organization. Further, training with the specific objective of providing additional knowledge and skills to peers has been developed, a process which is still ongoing in many systems and areas.

Some of the organizations active in developments addressing the training of peers are:

- *Association of Traumatic Stress Specialists (ATSS).*

  ATSS is an international organization which addresses the certification of peers and professionals working inthe trauma field In many types of settings in which trauma is experienced. Their certification *Certified Trauma Responder* is designed to recognize the peers who perform trauma

intervention activities. The certification considers education, experience, continuing education training and certifications and with recommendations from supervisors and sponsors of candidates for certification. A second certification addresses *Trauma Services Specialists,* who implement the systems designed to support the delivery of trauma services. A third certification is designed for the certification of mental health professionals working in the trauma field, *Certified Trauma Treatment Specialist.*

- *International Critical Incident Stress Foundation (ICISF).*

The activities and training delivered now by IClSF began during the mid 1980s and grew with much success to what the agency provides today. Now, around 35 years later, ICISF is probably the largest organization in the world addressing trauma experienced by first responders, beginning when a traumatic event has occurred, is ongoing with continuing impacts and post event. They offer a wide variety of courses for peers and mental health professionals, focused upon recognizing signs and symptoms of traumatic reactions to various events, initial support and stabilization, and recognizing the need to refer to mental health professionals with trauma training and experience.

- *Mental Health Commission of Canada (MHCC).*

The MHCC is a government appointed commission which bridges the gaps between mental health services and those experiencing situations and impacts that effect mental health. They have developed and deliver programs in a number of areas, which are designed to train peers to recognize, assess severity, and make referrals to mental health and trauma specialists. Their program course, *Mental Health First Aid,* is a course designed for Military and Royal Canadian Mounted Police (RCMP) peers in the broader mental health field, inclusive of the various impacts of traumatic events. Other relevant programs are *Road to Mental Readiness (R2MR)* and *The Working Mind* are designed to support first responders in their workplaces.

- *TemaConter Memorial Trust Fund.*

The TemaConter Memorial Trust Fund is a leading source in Canada providing peer support, family assistance, education and training for emergency services, public safety, military personnel and their families in response to critical incidents, acute and post-traumatic stress (occupational stress injuries).

PEERS & MENTAL HEALTH PROFESSIONALS WORKING TOGETHER: EXAMPLES & APPLICATION ISSUES

The Fire Service Association of Nova Scotia (FANS) developed a Critical Incident Stress Management (CISM) Team during the mid 1990s that is now a province-wide functioning organization providing services in CISM. It is composed of a team of Mental Health Professionals and Peer fire fighters. The beginning delivery of these services was with the efforts of a few MHPs, and trauma impacted peers in the mid to late 1980s. Today, the Nova Scotia Team operates in four zones covering the total province. In

each zone is a team of mental health professionals and peer support team members totaling approximately 40 in the province.

All training is delivered to both MHPs and peers at the same time, including pre-activation training and continuing up-date training and development. Since inception, and speaking from experience, the delivery of post-event interventions which have had positive impacts with first responders, they are now more of aware of critical incident stress and ready to participate in the individual and group interventions activities. Many first responders and involved MHP's have attested to this very positive social change. Referral to MHP's, when necessary, is accomplished with fewer difficulties than before the program was implemented.

In many situations today, especially in the provision of Family and Employee Assistance Programs (FEAP)/Employee and Family Assistance Programs or Employee Assistance Programs (EAP), MHPs function without peer support. from experiences in providing these services to various organizations, agencies, and business entities (companies), it has been noted that the delivery of these services is at times impeded when peers are not in place/available as part of an intervention team to "bridge the gap", considering the differences between the subculture of MHPs providing support and those receiving services/employees. In some companies, the organizational culture supports more senior staff assisting newer or younger staff. In such companies, the benefits of organization cultural supporting staff in response to traumatic events both on and off the job are significant. Thus, the identification and training of peer support members on trauma response teams can increase support and effectiveness to line staff significantly. I have heard too frequently comments like: "I don't want to talk to the psychologist (social worker, etc.). They don't know what I do or what I am talking about!" Such comments are a strong indicator of the need for peer support members on trauma teams.

Some examples of the types of incidents that impact staff in a workplace include: sudden death by accident or suicide of a staff member in the work place or at outside locations performing work functions (this example also has relevance, for example, to school teachers when their students may die of natural causes or accidents); bank robberies, staff assaults (especially in human service agencies), staff terminations (inclusive of performance lapses such as ethical issues, frauds, thefts, damage, etc.); organizational restructuring and termination or changes which impact staff, staff who are impacted by family events such as sudden deaths, accidents, etc.); and natural and man-made disasters.

The RCMP Veteran's Association within some of the provinces have established Support and Advocacy Committees. I had the opportunity to participate as Chair of the Nova Scotia S&A Committee for a few years and have continued as a Committee Member. Although the Committee work includes several areas of veteran support and advocacy to other agencies, occupational stress injuries, including post traumatic stress disorder and other issues with anxiety, depression, secondary trauma, and related disorders are responded to, as well. Here again, peers with specific training usually are consulted first by Veterans and/or their families, and referral, as appropriate to MHPs, is made.

SUMMARY

The role and relevance of subculture and trauma (occupational stress injury) has rarely been addressed in the literature in a comprehensive way but plays a significant role for those experiencing and coping with stress related injuries/disorders. In many cases it is present and interferes with the ability of victims of OSI to address their experiences, the negative impacts, and to seeking help and treatment when necessary.

As mentioned, subcultural influences are frequently active. A personal example is not having the awareness of and about thoughts, emotions and feelings, and identifying, labelling, and admitting to oneself that they exist. A police academy instructor of physical defense and control tactics covering the total range of possible types of events and event impacts, made the statement: "Make fear your friend!" This is in contrast. . . conflict! . . . with the police subculture! The instructor was Paul Whitesell, PhD, a former US Marine Corps member who worked with a unit provided US Navy Seals with support during operations in the Vietnam War during the late 1960s and early 1970s. Making fear your friend is a comment contrary to the police subculture for many. After his experience with the Marines, Dr. Whitesell joined the Indiana State Police in 1974 and was deployed in a number of specialty operations: motorcycles, K-9, SWAT, as an instructor at the Indiana Law Enforcement Academy State Police training facility, as director of the facility, Superintendent of the Indiana State Police and most recently as Director of Clinical Services with the Indiana Law Enforcement Academy.

Dr. Whitesell's perspective is very much in keeping with the knowledge and experience he was exposed to in Vietnam and his police experience in Indiana. By introducing and expanding on the above statement of "Make fear your friend!", he has focused upon changing the traditional police subculture by creating more awareness in young police officers that fear is a frequent reality experienced in law enforcement. This is contrary to many trainers in the law enforcement field who don't even mention the concept during training and are possibly concerned about, for example, making high risk situations more complex and difficult to respond to and cope with post incident. It is a significant basic step to building a new police awareness, a new police subculture!

Other recent developments include the accent on *resistance and resilience* to the impacts of critical and traumatic incidents. Several individuals and agencies have accented this perspective which assume and implement change in subcultures. This must include creating awareness of human responses and reactions to such events. Dr. George Everly, Jr. (2015, p. 9) makes this point in a basic manual with the purpose of assisting individuals in crisis. He goes on to address these issues in two additional books: *Fostering Human Resilience: A Primer on Resilient Leadership, Psychological First Aid, Psychological Body Armor & Critical Incident Stress Management* (2012), and *Psychological Body Armor* (2017). Also, Dr. Glen R. Shiraldi addresses the *resistance* issue for military personnel in: *The Resilient Warrior: Before, During and After War* (2011).

And more recent *resiliency* development programs such as *Strategic Resilience for First Responders,* a community college program at Langara College Vancouver (Lamb, 2017) where their website includes broader in-formation on strategic resilience such as: mindfulness for stress reduction in the use

of cognitive behavioral therapy (CBT) is much more frequently heard today (not just CBT); herbal management for trauma, consciousness, breath & internal movement (involving somatic therapy); and applications of yoga and possible applications of other Eastern approaches to health (meditation, tai chi, martial arts sports katas and other similar areas of relevance).

Another factor that is apparent now, but will be much more so in the future, and related to our changing cultures, values, and attitudes among young persons must be identified, understood, and responses to these changed to match changing generations. Such changes include increased participation by first responders and military personnel in post engagement discussions on the impacts of events on interveners. This may significantly be attributed to changes with those born during the mid-90s and later. This increased willingness to participate is post action interventions may have resulted from the positive impacts experienced by first responders with post event Critical Incident Stress Management (CISM) experiences, and/or from the changes in the culture of the next generation, which has been dubbed by Dr. Jean M. Twenge, (2017) *"I Gen"* in her recent book of the same title. These experienced changes and the impacts of these changes must be monitored in the future to keep our understanding up to date of these issues.

This brief paper is not all-encompassing. Other agencies and individuals are working in this field and the future is promising for further advances. The results of research in the CISM, Resistance, Resiliency, and Recovery areas and strong indications of positive impacts are accumulating. This is another interesting topic! The core and basic direction of this work is to create awareness of the issues and challenges surrounding subcultural issues, not only with law enforcement, first responders and military personnel, but in all subcultures which have impact on our understanding of trauma.

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