

EXPLORING THE IMPACT OF WORK-RELATED STRESS ON COUPLE  
RELATIONSHIPS AND PARENTING IN FIRST RESPONDER COUPLES

by

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(Under the Direction of Elizabeth Wieling)

ABSTRACT

It has been previously observed that work-related stress and traumatic stress can negatively affect first responder (FR) couples' individual and relational wellbeing. Current literature suggests that there are adverse effects of the FR profession on critical areas of the FR couples' functioning, including aspects of their parenting behaviors and coparenting relationship. Despite the growing body of research highlighting the impact of work-related stress and traumatic stress on FR family systems, a significant gap in understanding FR couples and families still exists. This study aimed to illuminate the impact of stress and traumatic stress on FR couples, their coparenting relationships, and their parenting to provide implications for mental health professionals, community mental health agencies, and policies related to FR wellbeing. To our knowledge, no past research initiatives have interviewed both members of a FR couple about the intersecting experiences between these relationship and parenting domains. Informed by ecological systems theory and the couple adaptation to traumatic stress model, this study employed a hermeneutic phenomenological research design to interview 15 first responder couples. The findings corroborate existing literature, highlighting significant parenting difficulties stemming from stress and traumatic stress in FR couples. The results of this study

emphasize the necessity for both individual and familial-level interventions to enhance positive couple relationship and parenting practices in FR couples.

**INDEX WORDS:** First responders; first responder couples; first responder families; work-related stress; traumatic stress; hermeneutic phenomenology; couples therapy; marriage and family therapy; systemic therapy; traumatic stress treatment.

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## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS .....	iv
LIST OF TABLES .....	viii
LIST OF FIGURES .....	ix
CHAPTER	
1 INTRODUCTION .....	1
Project Overview .....	4
Research Significance .....	5
Study Relevance.....	6
Researcher Positionality .....	7
2 GUIDING THEORIES AND LITERATURE.....	10
Epistemological Orientations .....	10
Theoretical Frameworks and Relevant Literature.....	12
Family Systems Theory .....	12
Ecological Systems Theory.....	13
Couple Adaptation to Traumatic Stress Model.....	19
Conclusion.....	32
3 METHODS .....	33
Research Design.....	33
Hermeneutic Phenomenology .....	33

Recruitment and Data Collection Procedures .....	35
Eligibility.....	37
Sample.....	38
Dyadic and Individual Interviews.....	38
Analytic Approach.....	44
Trustworthiness.....	47
Conclusion.....	51
4 RESULTS .....	52
The Toughest Things to Deal With.....	54
Time Spent Apart.....	66
She Experiences it With Me .....	76
It Definitely Changes How You Parent .....	80
Not “Normal” Parenting .....	90
Parenting Shiftwork .....	99
I Had to Find it Myself.....	107
Conclusion.....	119
5 DISCUSSION.....	120
Connecting Lived Experiences to Qualitative Inquiry.....	120
Reflexivity.....	122
Experience Shapes Theory, Theory Gives Shape to Experience .....	126
Embedded Theories: An Ecological Framing of the CATS Model.....	126
Representation of Findings .....	131
Time, Trauma, Transitions.....	133

Clinical Implications and Future Directions .....	144
Limitations.....	149
Conclusion.....	150
REFERENCES .....	152
APPENDICES	
A INTEREST-ELIGIBILITY SURVEY .....	176
B RECRUITMENT FLYER .....	180
C PHONE SCREENING.....	181
D MENTAL HEALTH REFERRALS & RESOURCES .....	184
E INFORMED CONSENT .....	185
F COUPLE INTERVIEW PREPARATION .....	190
G INTERVIEW GUIDE.....	191
H WHOLISTIC APPROACH TO THEMATIC ANALYSIS EXAMPLE.....	195
I SELECTIVE APPROACH TO THEMATIC ANALYSIS EXAMPLE .....	196
J LINE-BY-LINE APPROACH TO THEMATIC ANALYSIS EXAMPLE.....	197
K MEMBER CHECK EXAMPLE.....	198
L REFLEXIVE MEMO EXAMPLE .....	200
M LIST OF THEMES & SUBTHEMES .....	201

## LIST OF TABLES

	Page
Table 1: Couple Demographics .....	203

LIST OF FIGURES

	Page
Figure 1: An Ecological Framing of the CATS Model.....	204
Figure 2: Time, Trauma, and Transitions in First Responder Couples.....	205

## CHAPTER 1

### INTRODUCTION

First Responder (FR) professionals (i.e., police, firefighters, emergency medical professionals) experience one of the most stressful occupations possible (Dautovich et al., 2022; Papazoglou, 2023; Shreffler et al., 2011). These FR professions are defined by continuous exposure to occupational hazards (e.g., heat and smoke, lack of sleep, physical exertion) and critical or traumatic events. These traumatic events, often termed ‘critical incidents’ in the profession (Mitchell, 2020), might involve responding to fatalities, witnessing child abuse, entering a burning home, having to use deadly force, or having deadly force used against them. Even when not exposed directly to traumatic events, FRs are repeatedly exposed to individual, family, or community violence and bereavement (Hoven et al., 2009). Alongside their repeated exposure to traumatic events, FRs frequently encounter a pile-up of organizational stressors that exacerbate their overall experience of work-related stress (Porter & Henricksen 2016; Tuttle et al., 2018) and often have little or no opportunity to destress or process critical incidents due to their demanding work schedules (Gershon et al., 2009). In turn, the compounding symptoms of stress and traumatic stress can negatively influence the FR’s physical, emotional, and relational wellbeing (Baker et al., 2023; Sharp et al., 2022; Wagner et al., 2020).

While most FRs find great meaning and pride in what they do, they often find that the adverse consequences of their work can hardly be “left at work.” FRs have higher prevalence rates of posttraumatic stress disorder (PTSD), depression, anxiety, sleep problems and relationship difficulties compared to the general public (Substance Abuse and Mental Health

Services Administration, 2018). In fact, a recent review of studies examining FR wellbeing found that almost thirty articles cite a rate of up to 37% of FRs meeting criteria for PTSD, a rate akin to military veterans and substantially higher than that of the general population (Sharp et al., 2022). Additional research suggests that FRs are more likely to engage in maladaptive coping strategies (e.g., substance abuse), have a higher risk of attempting and completing suicide compared to the general population (Henderson et al., 2016; Stanley et al., 2016; Violanti, 2010) and are less likely to seek mental health services (Jones et al., 2020). Unfortunately, a study of 4,022 emergency medical professionals found that 37% of the sample had considered suicide (Barber et al., 2015). This is compared to the Centers for Disease Control's (2015) report that 3.9% of adults in the United States population considered suicide in the same year.

Evidence suggests that the unfavorable effects of stress and traumatic stress related to the FR profession threaten the wellbeing of the entire family system (Kishon et al., 2020; May et al., 2021; Roth & Moore, 2009; Tuttle et al., 2018). While research examining the experiences of FR spouses and family members is limited, the existing body of evidence has shown that relational and individual wellbeing of FR family members (e.g., spouses and children), can be negatively affected because of the FR's stress symptoms (Sharp et al., 2022; Stelnicki et al., 2022). Previous research has established that symptoms of stress and traumatic stress can be transmitted from one family member (e.g., the FR professional) to another (e.g., the spouse or child) (Figley, 1995). This phenomenon, referred to as secondary traumatic stress, occurs when an individual experiences their own traumatic stress symptoms because they witnessed the primary trauma survivor's traumatic stress symptoms. Indeed, secondary traumatic stress theory (Figley, 1995) has been utilized to examine the transmission of traumatic stress symptoms from the FR individual to the FR's child(ren) (Comer et al. 2014; Duarte et al., 2006; Hoven et al., 2009;

Regehr et al., 2005) and spouse (Campbell et al., 2022; Friese, 2020; Kishon et al., 2020; Landers et al., 2020; Meffert et al., 2014). When both members of a couple experience the impact of stress and traumatic stress on their wellbeing, a stress response cycle begins in which the relationship that could potentially buffer against the negative effects of stress traumatic stress becomes the stressor itself. The impact of stress and traumatic stress then reverberates throughout the family system (Nelson Goff et al., 2020; Oseland et al., 2016).

Studies examining FR couples suggest that stress and traumatic stress related to the FR profession can negatively influence critical aspects of couple and family functioning (e.g., emotional engagement, quality time, division of labor, parenting styles) (Friese, 2020; Karaffa et al., 2015). While there is a considerable amount of research related to the challenges that FR couples face (e.g., Campbel et al., 2021; Morman et al., 2020; Rennebohm et al., 2023; Tuttle et al., 2018; Mennicke & Ropes, 2016), a limited number of studies place a specific focus on examining the unique experiences of parenting and coparenting in FR couples (e.g., Dursun et al., 2013; Shreffler et al, 2011). Domains of parenting and coparenting are both key domains that influence overall couple and family functioning (Erel & Burman, 1995; Gerard, Krishnakumar, & Buehler, 2006). The limited extant research suggests that FR couples encounter difficulties like differing parenting styles and an unequitable division of parenting responsibilities (Brodie & Eppler, 2012; Campbell et al., 2022; Karaffa et al., 2015; Stelnicki et al., 2022; Watkins et al., 2021). For instance, previous findings suggest that characteristics of the FR profession foster more authoritarian parenting styles in the FR parent (Anderson & Lo, 2011; Johnson et al., 2005; Kirschman et al., 2013; Lambert et al., 2004) and that FR spouses assume more responsibility in parenting and household duties (Brodie & Eppler, 2012; Karaffa et al., 2015; Watkins et al., 2021).

Although the existing research provides some insight into the challenges that FR couples might face as parents and co-parents, further exploration into how these couples navigate such challenges will be essential to effectively support the FR couple and family population. More research is needed to understand how FR couples experience the impact of stress and traumatic stress on their parenting and coparenting experiences. Further, understanding how these domains (i.e., couple, parenting, coparenting) are interconnected will be imperative to providing more comprehensive resources to FR couples who are parents. As such, research examining the nuanced couple interactions, parenting attitudes and behaviors, and coparenting processes is essential to critically examine the effectiveness of current and future couple- and family-level clinical approaches with FR couples.

### **Project Overview**

The overarching purpose of the study was to explore the lived experiences of the impact of stress and traumatic stress on FR couple relationships. A secondary purpose was to investigate parenting and coparenting dynamics in couples where at least one partner is a FR professional. The intent of this study is to provide contextualized, systemic information for clinicians and family scholars working with FR families. Informed by ecological systems theory (Bronfenbrenner, 1979) and the couple adaptation to traumatic stress model (CATS; Nelson Goff & Smith, 2005), this study employed a hermeneutic phenomenological research design to answer the following interrelated research questions: (1) How do FR couples experience the impact of work-related stress and traumatic stress on their couple relationship? (2) How do FR couples experience the impact of work-related stress and traumatic stress on their parenting? (3) How do FR couples experience the impact of work-related stress and traumatic stress on their coparenting relationship?

## Research Significance

A vast body of research demonstrates that the impact of stress and traumatic stress reverberates beyond the primarily affected individual, impacting those closest to them and potentially negatively influencing their relationship functioning (Allen et al., 2010; Cook et al., 2004; Gewirtz et al., 2010; Lambert et al., 2012; Nelson Goff et al., 2007, Riggs et al., 1998). PTSD symptoms, in particular, have been linked to both members of the couple reporting lower levels of relationship satisfaction, relationship confidence, and relationship commitment; higher levels of negative communication; and a weaker parenting alliance (Allen et al., 2010). These findings make sense, considering the gravity of post-traumatic stress symptomology, which includes re-experiencing (e.g., flashbacks or intrusive memories), arousal (e.g., hypervigilance, angry outbursts), negative changes in cognitions and mood (e.g., negative thoughts and feelings towards self and others) and avoidance (e.g., avoiding reminders of the traumatic event(s) (DSM-V; American Psychological Association, 2013). Understandably, the presence of such symptoms presents a challenging context for couple and family relationships, especially when parenting.

It has been previously observed that work-related stress and traumatic stress can negatively affect FR couples' individual and relational wellbeing (Henderson et al., 2016; Sharp et al., 2022; Violanti, 2010). Additional literature suggests that there are adverse effects of the FR profession on critical areas of the FR couples' functioning, including aspects of their parenting behaviors and coparenting relationship (Campbell et. al, 2022; Casas & Benuto, 2022; Freise, 2020). Aspects of parenting and the coparenting relationships provide serious implications for couple relationship and overall family functioning. Despite the growing body of research highlighting the impact of work-related stress and traumatic stress on FR family systems, a significant gap in understanding FR couples and families still exists. As a result,

current models of care for the FR community largely exclude the FR family members (May et al., 2023). Considering the lack of knowledge available about the FR couple experience and the complex conditions that influence the phenomena of parenting and coparenting as a FR couple, I utilized an exploratory qualitative research approach (Creswell, 2013) to explore the lived experiences of FR couples who are parents of at least one minor child.

In this study, I aimed to illuminate the impact of stress and traumatic stress on FR couples, their coparenting relationships, and their parenting to provide implications for mental health professionals, community mental health agencies, and policies related to FR wellbeing. To my knowledge, no past research initiatives have interviewed both members of a FR couple about the intersecting experiences between these relationship and parenting domains. Through collecting both individual- and dyadic-level data, I sought to provide a more holistic understanding of the shared experience of parenting and coparenting FR couples. With a better understanding of the nuanced impact of stress on FRs couples' relationship, parenting and coparenting relationship (e.g., parental involvement, parenting roles, and communication around parenting responsibilities), therapists, family life educators, and FR departments could better serve FR couples and families. More specifically, findings from this study may inform tailored couple and family-level clinical interventions, FR departmental trainings, and other targeted prevention and intervention efforts aimed to support the FR community.

### **Study Relevance**

I am personally motivated to explore these research questions for a few notable reasons. First and foremost, I am genuinely committed to and concerned for the wellbeing of FRs and their families. The suicidality rate of FR professionals is alarming, heartbreaking, and constitutes a sense of urgency for researchers and clinicians to fill the gaps in the support systems that

currently exist for FR communities. Relatedly, I am motivated to explore these research questions because I believe that family scientists and systemic thinkers are uniquely situated to examine the treatment of stress and traumatic stress within the context of the family system. As stated previously, there is a dearth of research that comprehensively examines how stress and traumatic stress impact FR couples and family systems. As such, current treatment models for FRs are largely individualistic and do not consider the important role that the family system plays in the wellbeing of FRs (and, in turn, how the FR's wellbeing influences family's wellbeing) (May et al., 2023). Research clearly demonstrates the effectiveness of systemic intervention and prevention efforts in similar professional environments (i.e., military families) (Cozza, 2016; Osilla et al., 2018; Pukay-Martin et al., 2021). I argue that the lack of systemic treatment opportunities for FR couples and families contributes to the continuation of suffering in the FR community. Thus, there is an immediate need for systemic intervention and prevention efforts for FR individuals, couples, and families.

Finally, it is important to share that I was motivated to pursue this research for deeply rooted, personal reasons. While pursuing my master's degree in marriage and family therapy, a professor told me that clinicians and academics often end up working with or studying topics that are "close to home." This resonates with my own academic and clinical journey, and I feel a loving responsibility to leverage my connection and access to a historically misunderstood and hesitant-to-trust population. In brief, I desire to give back to a community that has played a critical role in my individual and family development.

### **Researcher Positionality**

I understood from a very young age that my father had a dangerous job as a police officer. When he left for work in the morning (or late at night), he wore a bulletproof vest and a

belt with a gun; I understood that he was leaving home to protect our community. I also understood that he could be harmed or even killed. I felt a deep sense of pride in having a police officer as a father; my dad risked his life to help strangers, and I knew he would do the same for our family. My unwavering mother stood alongside my father and worked hard to make our home a haven, all along excelling in her professional career. My personal witness to the unique family stressors related to the FR profession informs my clinical and research interest in FR population. FRs are not the only ones who are affected by the demands of their job; FR spouses and families carry the emotional weight and the great expectations that comes along with the FR profession. Unsurprisingly, personal experience in a FR family is a source of deep connection and passion for my research and clinical interests.

While I hold pride in belonging to a FR family, it is imperative to note that for many years, my social location as the daughter of a law enforcement professional shielded me from recognizing and acknowledging the unjust, harmful experiences that many populations (particularly historically minoritized populations) have had and continue to have with FR professionals. In my adulthood and through my experience as a researcher and a clinician, I realize with immense humility that the population I am deeply passionate about supporting is also a population whose history, both recent and distant, is profoundly bruised and broken. My work with the FR population, particularly the law enforcement population, requires that I lean heavily on my clinical ability to “hold both.” By this I mean that I must acknowledge two seemingly opposing truths. First, I hold the truth that the public safety structure in the United States is deeply scarred by a historical abuse of power, discrimination, and horribly unjust systems. At the same time, I hold the truth that most FR individuals, couples and families that I encounter truly care about the communities they serve, and they have been historically

underserved in return. Their wellbeing deserves more attention and support than they have received. I continue to be amazed by the resiliency of FR individuals, couples, and families. My hope is that as we better understand the holistic impact of the FR profession, that the systems surrounding FRs will champion their health and safety in the same way that they strive to champion the health and safety of our communities.

## CHAPTER 2

### GUIDING THEORIES AND LITERATURE

To situate the current study, I must first provide an overview of my guiding paradigmatic and theoretical frameworks alongside a review of the current literature. In the following sections, I first describe the epistemological and theoretical frameworks that I use to situate the current study. Second, I present a review of literature related to the impact of stress and traumatic stress on the first responder (FR) couple relationship, parenting, and coparenting relationship.

#### **Epistemological Orientations**

Broadly, my paradigmatic position aligns with a poststructural orientation. Poststructuralism “refuses the closure and stasis of totalities” and “displaces concerns regarding being- what something is-for the more immanently oriented notion of becoming (Kuntz, 2024).” As such, I experience research as an open-ended and never-ending process. Therefore, my ontological position (i.e., position on being or the nature of reality) is relativist and non-static. I see humans as consistently evolving. Social constructionism is the epistemological (i.e., nature of knowledge and how knowledge is obtained) cornerstone of my worldview. I reject the idea that “true” knowledge can be objectively obtained. Instead, I recognize that historical, cultural, and social contexts shape the understanding of reality, and that shared language, beliefs, and interactions mold the meaning ascribed to lived experience (Berger & Luckmann, 1966; Gergen 1992). Further, I ascribe to the idea that the amount of “truths” present in the world are endless, and that an endless amount of lived truths can coexist at once. In this way, I rely on the concept of relativism, or the idea that multiple realities can coexist within and between individuals and

that there are no realities that exist outside of subjects that mentally conjure such realities (Bernstein, 2011). Additionally, my worldview considers the fact that historical power dynamics have contributed to dominant discourses that illuminate truths which are considered to be most important, “normal,” or acceptable. Finally, my axiology (i.e., position regarding values and ethics) centers notions of feminism (i.e., questioning patriarchal societal structures), the pursuit of equality in human rights, and an honoring of diverse perspectives across cultures, religious beliefs, and spiritual traditions. These poststructural sensibilities inform how I approach science and methodological undertakings.

I approach research with the goal of understanding phenomena within the layered context that envelops it. This means that I am drawn to methodologies, like phenomenology, that aim to illuminate wholistic lived experiences that are intertwined within complex systems. Further, my motivation for conducting research is not to reach an objective “truth” of the experiences that I study. Instead, I aim to illuminate the *lived* truths of participants that might otherwise be overshadowed or silenced by dominant discourses. Moreover, as I do with my clients in the therapy room, I accept that I can never fully understand the entirety of another person’s experience of the world. Therefore, the goal of research is not to present findings as definitive knowledge but, instead, to humbly approach an understanding how research participants experience their own lived truth so that I might advocate for their needs in a way that justly connects to their reality. Namely, my epistemological orientation, alongside my training as a couple and family therapist, informs the theoretical frameworks from which I conceptualize this study. Namely, I utilize (a) family systems theory, (b) ecological systems theory, and (c) the couple adaptation to traumatic stress model.

## **Theoretical Frameworks and Relevant Literature**

### **Family Systems Theory**

My training as a couple and family therapist fosters a foundational belief that our relationship to surrounding systems informs all aspects of our lives. Therefore, my approach to all work, whether it be a clinical or research effort, is systemic, guided by family systems theory. Family systems theory is heavily informed by Bertalanffy's (1972) general systems theory, which adopts a holistic approach to the understanding of complex phenomena. Specifically, general systems theory posits that in order to understand achieve a holistic understanding of a system, one must understand both the individual and components and the relationship between the components. As such, family systems theory applies this idea to the lived human experience, postulating that individual behavior can only be understood within the context of the family system and, conversely, the larger family system can only be understood through an understanding of the individuals within the family (Bowen, 1993).

The tenets of family systems theory inform my approach to research and to this study in particular. Overall, I aim to conduct research that goes beyond solely acknowledging that individuals and couples function within a greater family system. Instead, I seek to understand each part that makes up a family system (i.e., the FR individual, the FR spouse, the FR couple dyad) and the relationship between those parts. Further, I seek to understand how a family's interactions with their community, society, and political and cultural systems shape their experience. While family systems theory serves as an overarching framework informing my approach to all work, this study relies on two systemic theories that allow for a greater depth of understanding into FR couple experience. Namely, I utilized tenets of ecological systems theory (Bronfenbrenner, 1979), to conceptualize the unique layered systemic influences that FR couples

and families exist within. In addition, I used the couple adaptation to traumatic stress (CATS) Model to frame the couple-level processes of stress adaptation in FR couples.

### **Ecological Systems Theory**

My systemic worldview necessitates guidance from additional theoretical frameworks to conceptualize the layers of influence that shape lived experience. Bronfenbrenner's ecological model of human development (1979) provides a clear framework for situating the human experience within such layers. Bronfenbrenner describes these layers of influence as the microsystem (i.e., a person or couple's immediate setting), mesosystem (i.e., the interactions between various microsystems), exosystem (i.e., community, work, media, government, economic system), and macrosystem (e.g., laws, attitudes, values, political philosophy). In essence, an ecological framework provides a way to conceptualize how individuals interact with and within their surrounding environment. Pertinent to this study, the ecological model has been adapted to frame the psychosocial and environmental factors in high stress profession that share similar stress characteristics to FR professions. Elnitsky et al., 2017, adapted Bronfenbrenner's (1979) original model in an application to military service member and veteran reintegration. Their adapted ecological model portrays key factors that inform the reintegration experience at four hierarchical levels: individual, interpersonal, community, and societal.

To explore the lived experience of FR couples, it is first imperative to situate their relationship processes within the ecological layers of influence that are unique to the FR profession. Similar to Elnitsky et al.'s adapted model (2017), for the purpose of the current study, I situated FR couples within an ecological framework of the contextual layers of stress that FR individuals, couples, and families interact with over time. The following section highlights the specific aspects of the exosystemic layer (e.g., work characteristics like the first

responder's job demands and FR culture) and mesosystemic layer (e.g., community attitudes and politics surrounding the FR profession) that inform the FR's individual, couple, and family experiences. Current literature highlights the influence of FR professional job demands, FR culture, community attitudes, and sociopolitical context surrounding the FR profession as variables that influence individual and couple functioning.

### ***First Responder Job Demands***

The first responder profession can be conceptualized as existing within the exosystemic layer of the FR couple's ecosystem. Extant literature underscores how various aspects of the FR job demands influence couple relationships. The nature of scheduling and the duties demanded by the FR's job are inherently unique in comparison to most professions. For instance, on average, a person experiences at least one violent or potentially life-threatening situation in their life (Ozer et al., 2003), but FRs encounter distressful, traumatic events at a much higher frequency. These traumatic events, often termed 'critical incidents' in the profession (Mitchell, 2020), might involve responding to fatal scenes, witnessing child abuse, entering a burning home, having to use deadly force or having deadly force used against them. Threat of serious injury or death, disability, and exposure to toxins are risk factors that are more probable in FR professions than in most other professions. Alongside repeated exposure to traumatic events, FRs often encounter a pile-up of organization stressors (e.g., unorthodox scheduling, lack of departmental support, ineffective leadership, shift changes) that exacerbate the total amount of distress they can experience related to the job (Garmezy, 2023).

When FRs have little to no opportunity to process critical incidents due to their demanding work schedules, work-related stress and traumatic stress can be heightened (Gershon et al., 2009). The intense scheduling expectations placed on FR professionals (i.e., shift work,

working overtime, unpredictable schedule changes) are commonly reported as risk factors for FR couple and family conflict (Sharp et al., 2022; Shreffler et al., 2011). FRs often work on rotating shift schedules which require the professional to be absent from the home for long periods of time and can lead to unorthodox scheduling for the family (Garmezy, 2023). Low levels of organizational support from an FR department can exacerbate the risk for FR couples to experience negative impacts of stress related to the job (e.g., loneliness, lack of social support; Sharp et al., 2022; Waddell et al., 2020). In some cases, partners might feel that they are competing with the FR's work schedule, which can lead to feelings of resentment towards the profession and/or the FR (Torres et al., 2016).

### ***First Responder Culture***

FR culture is another defining characteristic of the exosystemic layer of the FR couple's experience. FR culture refers to a set of values, attitudes, and norms that are commonly shared among FR professionals. FR culture emphasizes emotional and physical strength, self-reliance, and saving others (Erich, 2014). Secrecy is highly regarded and sometimes expected from FRs. Often, secrecy is viewed as an exhibit of solidarity to their peers and the profession (Johnson et al., 2005). FR professionals are encouraged to silence their emotional responses to stressful or dangerous events, so they fear that any emotional expression will be perceived as an indication that they are not competent in their job (Davidson & Moss, 2008). While FRs might acknowledge that expressing difficult emotions is a healthy outlet for emotional wellbeing, they often find it difficult to take such actions for themselves due to the expectations of the FR culture (Howard, Tuffin, & Stephens, 2000). The systemic stigma and resulting internalized self-stigma surrounding seeking help are considerable barriers for FRs receiving individual and relational health care they deserve (Jones et al., 2020).

Indeed, existent research has found that about a third of the FR population experience the stigma of seeking mental health services as a barrier to receiving assistance (Haugen et al., 2017). Of major concern among the FR population is the fear that by acknowledging symptoms of distress or mental illness, others might believe that they are not psychologically fit for the job demands. Haugen et al (2017) conducted a systemic review and meta-analysis on literature related to the stigma surrounding seeking mental health services in the FR population. Among the most pertinent reasons for FRs to not seek help were a loss of confidentiality and the potential negative impact on their career. These findings are troubling, as FRs experiencing distress not only experience personal costs in their health and relationships but are also more prone to decision-making errors and hazardous behaviors while on the job (Kligyte et al., 2013)

Alongside fear of professional retaliation and embarrassment for seeking help, many FRs have a widespread perspective that those “outside of the culture” cannot be trusted to understand their experiences (Woody, 2005). Thus, FRs might be more likely to seek help from a peer, spouse, family member or seek private professional mental health services as opposed to engaging in the services offered by their department (Gulliver et al., 2019). FRs are more likely to consider receiving mental health care and/or psychoeducation from someone who 1) has personal experience as a FR, 2) has professional experience supporting FRs, or 3) is a family member of a FR (Gulliver et al., 2019; Jones et al., 2020). While the FR culture’s emphasis on loyalty to their fellow officers and department might create a substantial barrier to seeking professional mental health services, their loyalty might also be framed as a resilient factor that offers a critical amount of support to the FR (Karaffa et al., 2015).

It is also imperative to consider the relationship between FR culture and intersectional identities. FRs whose identities fall within minoritized populations as related to sex, gender

identity, race, and sexual orientation can experience additional layers of stress within the FR environment. FR professions have been historically male-dominated and embraced a culture of masculinity where displays of feminine behavior are unwanted and looked down upon (Miller & Lilley, 2014). While the number of female FRs has risen in recent decades, female FRs can still be seen as unfit (physically and emotionally) to complete the duties of the profession. Biases within FR culture and the FR organization structure extend beyond issues related to sexism. For instance, FRs belonging to minoritized racial groups can experience the impact of racial biases and implicit racial hierarchies in their FR careers (Wingfield & Chavez, 2020). LGBTQIA+ FRs might hide some aspects of their social identifies due to fear of discrimination within a culture dominated by heterosexual attitudes (Bernstein & Swartout, 2012). Further, LGBTQIA+ FRs can experience pressure to “prove themselves” more than their straight coworkers (Miller & Lilley, 2014). While a full review of literature related to the experiences of FRs with intersectional identities is beyond the scope of this review, it is critical to consider the sociopolitical implications for those FR couples with intersectional identities.

### ***Community Attitudes and Beliefs***

The beliefs, attitudes, and values of the FR couple’s surrounding communities can be understood as part of the macrosystemic ecological layer. Feelings of trust, gratitude, fear, anxiety, or skepticism within a community have differing implications for wellbeing of FRs and their families. In turn, the wellbeing of FR individuals, couples and families has implications for the quality of FRs’ professional functioning in the community. It has been established thus far that FR individuals and couples experience unique stressors related to the FR profession (i.e., extreme work demands, work-related traumatic stress, FR culture). Additionally, increased attention to police brutality has led to a louder outcry for police reform and for the law

enforcement community to acknowledge and align with the 'Black Lives Matter' (BLM) movement (Hanink & Dunbar, 2024). The increased attention to the detrimental impact of police brutality and unjust use of power in the policing system are imperative for positive change. However, an additional layer of stress is added by FRs, participant law enforcement professionals, feeling that they are constantly watched and judged by their neighbors, departments, media, and fellow citizens (Garmezy, 2020). As a result, some FR individuals and couples might be left feeling that they serve a public that they do not feel understood or supported by, potentially adding to their feelings of isolation and stress.

### ***Sociopolitical Context***

The sociopolitical context surrounding the FR couple can also be conceptualized as an aspect of the macrosystemic ecological layer. While there has been a recent increase in political attention to FR mental healthcare, there remains a lack of access to resources for FR individuals, couples and families. Compared to other professional communities that are known to experience high levels of stress related to their work while serving the safety and wellbeing of citizens (e.g., military populations), there seems to be less attention to public policy and fewer examples of government communities being attuned to the needs of FR couples and families. The organizational support systems that are in place for FRs are not well researched in terms of their effectiveness in terms of reducing symptomology in the FR individual, spouse, and family. For instance, while it is known that many FR departments contract Employee Assistance Programs (EAPs), to my knowledge there is no current research to date detailing the use of such services. Further, EAP therapists are not required to have training in trauma-informed care, which can be essential to effectively treat FRs symptom profile (Jones et al., 2020).

While the ecological model provides systemic framing for context in which FR couples operate, additional theoretical guidance is necessary for the conceptualization of the individual- and couple-level processes that result from exposure to stress and traumatic stress. These processes will be further explored using extant literature within the context of the couple adaptation to traumatic stress (CATS) Model.

### **Couple Adaptation to Traumatic Stress**

While FR couples experience the impact work-related stressors outside of the realm of traumatic stress (e.g., shift scheduling, lack of sleep), the frequency and likelihood of traumatic stress sets the FR profession apart from other professions that might share similar demanding characteristics. Otherwise stated, the risk of experiencing traumatic stress in addition to other work-related stressors can distinguish the FR couple experience from other couples impacted by high levels of occupational stress. The couple adaptation to traumatic stress (CATS) model provides a helpful framework for conceptualizing the impact of both traumatic stress and stress in FR couple relationships.

The couple adaptation to traumatic stress (CATS) model (Nelson Goff & Smith, 2005) is one of the first family systems frameworks to describe how the interpersonal effects of trauma lead to a cyclical stress response in couples. The CATS model expands upon secondary traumatic stress theory (STS), which assumes that symptoms of traumatic stress can be communicated and transferred to those in the primary trauma survivor's close surroundings. Otherwise stated, the emotional and behavioral stress symptoms that result in loved ones who witness and provide support for the primary trauma survivor are considered secondary (Figley, 1995). In brief, STS provides a foundational understanding of how stress is experienced by both the primary trauma survivor (e.g., the FR) and those closest to the trauma survivor (e.g., the FR's

spouse). However, STS theory on its' own provides limited insight into the specific relational processes that result when both couple members are experiencing either PTS and/or STS symptoms. As such, the CATS model provides a more nuanced outline for understanding how couple functioning is impacted by traumatic stress.

The CATS Model (Nelson Goff & Smith, 2005) describes how an individual's trauma symptoms affect both the trauma survivor (i.e., the self) and their partner (i.e., the other) because of the close intimacy of the couple relationship. The partner's secondary trauma symptoms impact both the trauma survivor's coping as well as the couple's greater relationship functioning (Oseland et al., 2016). In their chapter on posttraumatic stress and family systems, Nelson Goff and colleagues (2020) eloquently summarize a systemic conceptualization of trauma stating, "traumatic stress does not exist within a vacuum; it is collectively experienced and reciprocally construed by all members of the family system, thus contributing to the interpersonal paradox of trauma" (p. 270).

In the CATS model, it is posited that the interaction among the following three areas inform a couple's stress adaptation response: individual level functioning, predisposing factors (i.e., individual and environmental risk and protective factors) and couple functioning (i.e., aspects of the couple relationship like relationship satisfaction, role disruption, communication, and conflict management). The following section will review extant knowledge on these three relational components regarding FR couples.

### ***Individual Functioning***

Nelson Goff & Smith (2005) describe that the following aspects of individual functioning can be compromised by traumatic stress: emotional (e.g., depression, anxiety), behavioral (e.g., substance abuse, suicidal behaviors), cognitive (e.g., intrusive memories), or biological

symptoms (e.g., physical ailments) (Nelson Goff & Smith, 2005). Further, the CATS model distinguishes between individual level functioning in the primary trauma survivor (i.e., the FR individual) and the individual level functioning in the secondary trauma survivor (i.e., the FR spouse). Indeed, research demonstrates that stress and traumatic stress symptoms impact individual-level functioning in FRs (Baker et al., 2023; Sharp et al., 2022; Wagner et al., 2020) and their spouses (Landers et al., 2020; Meffert et al., 2014; Roberts & Levenson, 2001; Sharp et al., 2022). The following section will review existing evidence related to the impact of stress and traumatic stress on FR individuals and their spouses.

**Individual Level of Functioning: First Responder.** FR professions (e.g., police, firefighters, paramedics, emergency medical professionals) are defined by a frequent exposure to community crises. In their duty to be the first to respond to emergency situations, FRs routinely experience distressful or traumatic events (e.g., witnessing and handling mutilated bodies and/or bodily remains, exposure to severed injured adults and children, encountering victims of suicide, etc.) (Alexander et al., 2009; Donnelly & Bennett, 2014). In addition to their frequent exposure to intense or traumatic work-related events, FRs experience additional organizational stressors related to shift work, sleep disturbances, shortage of staff, and unstable leadership (Papazoglou, 2023). As a result of the constant exposure to work-related stressors, FRs are at risk of experiencing both physical and mental health problems, including post-traumatic stress (Bryant, 2022; Haugen et al., 2012). Indeed, past research demonstrates that FRs have a higher risk of experiencing anxiety, depression, dissociation, psychological distress, and other trauma symptoms (Carleton et al., 2018). Further, FRs might develop a “jaded” worldview and experiences feelings of shame, anger, sadness, hopelessness, or helplessness towards the

injustices of the world (Palm et al., 2004). Sadly, evidence has shown that FRs are also at an elevated risk of having suicidal thoughts behaviors (Stanley et al., 2016).

**Individual Level of Functioning: First Responder Spouse.** FR spouses and partners also experience detriments to their mental health and wellbeing (Sharp et al., 2022). Research suggests that FR spouses absorb much of the FRs work-related stress and experience symptoms of secondary traumatic stress, which may or may not mirror the symptom profile of the FR (Landers et al., 2020; Meffert et al., 2014; Roberts & Levenson, 2001). For example, in Landers' (2020) qualitative examination of spouses of law enforcement professionals, they found that spouses experienced nausea, intrusive thoughts, fear, and anxiety because of work-related traumatic incidents that their law enforcement spouses encountered.

FR spouses also report that their role as a partner and parent is greatly influenced by the FR's stress and traumatic stress symptoms, which exacerbates any negative influence on their mental wellbeing (May et al., 2023). Spouses and partners of FRs often experience great pressure in their family life because of the FR profession (Brodie & Eppler, 2012; Karaffa et al., 2015; Landers et al., 2020; Porter & Henriksen Jr, 2016; Regehr, 2005; Regehr et al., 2005). A recent review on experiences of family members of emergency FRs (EFR) with PTSD provided a telling description of the FR spousal experience of feeling overwhelmed and overburdened: "The spouse becomes a carer for their EFR partner, managing additional household duties, having increased parenting responsibilities, as well as navigating additional health needs, help-seeking, and protecting the family unit from PTSD symptoms" (May et al., p. 638). In sum, while FR spouses might deeply identify with their partner's career and feel a sense of great pride for the FR's work (Porter & Henriksen Jr, 2016), spouses can also feel that their own needs are

overshadowed by those of the FR (Garmezy, 2020) and that they are responsible for the family's wellbeing at the expense of their own wellbeing (Levin et al., 2017).

**Individual Level of Functioning: First Responder Children.** While this research endeavor does not directly examine the experiences of children of FRs, a brief review of literature related to FR children is relevant given the systemic framework of the current study. Indeed, research specific to children of FRs indicates that stress from the FR profession can be transferred to children (Regehr et al., 2005). More specifically, children of FRs have reported symptoms of PTSD (Comer et al. 2014; Duarte et al., 2006; Hoven et al., 2009) and anxiety resulting from worry for their FR parent's safety (Helfers et al., 2021). However, research investigating the impact of FR work-related stress and traumatic stress on children is sparse and many of the studies examining children of FRs focus on events of mass trauma (e.g., Boston marathon bombing, World Trade Center attack) (Comer et al. 2014; Hoven et al., 2009). While not the goal of this study, research is needed to examine the day-to-day experiences of mental health in children of FRs (Sharp et al., 2022).

### ***Predisposing Factors & Resources***

The CATS Model defines predisposing factors and resources as variables that influence both individual- and couple-level functioning (Nelson Goff & Smith, 2005). These variables serve as either protective factors or risk factors and lead to implications for how both partners adjust to stress and traumatic stress. Predisposing factors refer to the pre-existing individual characteristics and stress outside of the primary trauma (e.g., age, gender, pre-existing mental health conditions, childhood trauma). Resources can refer to an individual's physical and emotional resources (e.g., physical health, coping skills), education, financial status, and social support system (Nelson Goff & Smith, 2005). While a full review of the predisposing factors and

resources for FR individuals and couples is outside of the scope of this review, in the context of this study, it seems especially important to highlight what current literature has discovered about coping resources for FR individuals, spouses, and couples in the wake of stress and traumatic stress.

Coping is a combination of both individual and dyadic level efforts (Cutrona et al., 2006). However, there is currently more literature that has examined coping in FR individuals than FR spouses and couples (Dautovich et al., 2022). In their recent systematic review on the role of coping processes in FRs, Dautovich and colleagues (2022) found that engaged coping variables (e.g., problem-solving, planning, use of social support, religious practices) were more often associated with positive adjustment than disengaged coping variables (e.g., avoidance, denial, self-blame, venting). Further, while the research is limited, there is evidence to suggest that similar coping strategies, when employed by the FR, serve both the FR and their couple relationship (Rennebohm et al., 2023). For instance, a recent study found that the FR couple relationship can benefit when the FR regularly uses adaptive emotion-focused coping strategies (e.g., emotion regulation, cognitive reframing, acceptance-based strategies) in the wake of traumatic stress symptoms (Rennebohm et al., 2023).

Research that examines the coping mechanisms employed by FR spouses is more limited. Extant research does point towards positive coping mechanisms that spouses employ to manage stress related to the FR profession (Friese, 2020; Landers et al., 2020). In their study examining trauma in law enforcement spouses, Landers and colleagues (2020) found that spouses reported coping with stress related to the FR profession through seeking support from other FR spouses (e.g., spousal support groups). Another research study examining stress and coping in FR spouses found that the spouses reported peer support, spirituality, family time, self-care,

isolation, and loyalty or pride for the FR to be mechanisms of coping with the difficulties of the FR profession (Friese, 2020).

The limited research endeavors that have explored coping mechanisms in FR couples indicating that social support is critical for FR couples experiencing heightened levels of stress (Roth & Moore, 2009; Brodie & Eppler, 2012; Karrafa et al., 2015). FR spouses have reported “coping as a couple by communicating about exposure to traumatic events, providing mutual support and understanding to one another, being conscious about coping as a couple unit, demonstrating flexibility, and prioritizing quality couple time” (Landers et al., 2020, pp. 314). Indeed, additional research has pointed towards similar coping mechanisms in FR couples, naming intentional planning of quality time as a couple, seeking support both within and outside of the FR community, and engaging in spiritual practices to be forms of coping stress related to the profession (Campbell et al., 2022; Friese, 2020).

### ***Relational Functioning and Dynamics within the Couple System***

The CATS Model defines “couple functioning” as a relational component consisting of areas of clinical and empirical importance (i.e., attachment, satisfaction, support, power, role relationship, stability, intimacy, communication, conflict) (Nelson Goff & Smith, 2005). To adapt to the current study, I expanded “couple functioning” to also include aspects of parenting and coparenting functioning. The following section begins with a brief description of the interconnectedness of these relationship domains (e.g., couple, parenting, coparenting). Then, the section provides a brief review of literature pertaining to the impact of stress and traumatic stress on couple, parental, and coparenting functioning, in general, followed by a review of the literature specific to FR couples.

**The Couple Relationship, Parenting, and Coparenting.** The couple relationship can be conceptualized as a subsystem defined by processes that are romantic or marriage focused. Parenting refers to the child-focused actions, behaviors, and decisions of each parent and the coparenting subsystem is comprised of the dyadic processes between parents that are focused on child-rearing (Feinberg, 2003; McHale, Kuersten, & Lauretti, 1996). While these definitions distinguish each of these domains to have unique characteristics, research demonstrates that they are intrinsically interrelated areas of couple functioning. For instance, current literature describes how, when partners struggle to engage in healthy couple-level processes, this can spillover into their parenting behaviors and coparenting interactions (Erel & Burman, 1995; Gerard, Krishnakumar, & Buehler, 2006). For instance, higher levels of couple conflict have been linked to harsher disciplinary actions and increased parent-child conflict, both of which can have negative implications for the child's wellbeing and parent-child relationships (Erel & Burman, 1995). Further, research shows that higher levels of hostility and conflict in couple relationships can lead to an increase in parenting-related disagreements and a decrease in supportiveness between parents (Gerard, Krishnakumar, & Buehler, 2006). In turn, when a couple is struggling in their coparenting relationship, this can negatively influence their parenting practices (Delvechio et al., 2015). These findings highlight how challenges within the domains of the couple relationship, parenting, and coparenting relationship can mutually influence one another and lead to negative implications for child wellbeing. As such, concurrently examining these three areas of family functioning in high-stress populations, like FR couples, could offer a more comprehensive insight into the impact of stress on couple and family dynamics.

**Stress, Traumatic Stress, Couples, and Parenting.** There is a considerable amount of the literature that establishes a strong link between various symptoms of stress and relationship

difficulties in couples (Allen et al., 2010; Beck & Neff, 2012; Gewirtz et al., 2010; Lambert et al., 2012). Stressed individuals can experience heightened levels of stress within their couple relationship which, in turn, leads to decreased relationship satisfaction (Falconier et al., 2015). This could be attributed to the fact that stressful contexts deplete an individual's energy and capacity to engage relationship behaviors that promote healthy couple functioning (Buck & Neff, 2012; Baumeister & Heatherton, 1996). Post-traumatic stress symptoms, in particular (e.g., emotional numbing, hyperarousal, avoidance) can severely impede an individual's self-regulation and decision-making processes and, in turn, negatively influence crucial relationship outcomes like couple satisfaction, relationship confidence, commitment, and communication (Allen et al., 2010; Monson et al., 2009). Further, the presence of stress and post-traumatic stress symptoms have serious implications for the parenting domain.

Navigating parenting in the wake of stress and traumatic stress is onerous and poses risks for the entire family system (Nelson Goff et al., 2020). In Christie et al.'s 2019 review of the impact of PTSD on parenting, they found that PTSD is associated with higher levels of parenting stress, decreased parenting satisfaction, suboptimal parent-child relationships, and higher instances of negative parenting practices like overt hostility and controlling behaviors. PTSD symptoms impede an individual's decision-making process, and often inhibit one's ability to engage in positive relationship and parenting behaviors (Banyard et al. 2003; Gerwig et al., 2010; Scaturo & Hayman, 1992; Sherman et al., 2016). Further, evidence suggests that parents experiencing post-traumatic stress are more like to withdraw from their loved ones, become verbally aggressive, or engage in harsh disciplinary behaviors (Brockman et. al., 2016; Catani et al., 2008; Creech & Misca, 2017; Sherman et al., 2016). Specifically, Gerwig et al. (2010) explains that PTSD symptoms like emotional numbing and avoidance might precipitate

decreased family involvement. Additionally, parents may become hyper aroused and have trouble emotionally regulating while interacting with their children, particularly during stressful disciplinary moments.

Past research emphasizes the importance of a strong couple and coparenting relationship when one or both parents experience symptoms of PTSD (Levin et al., 2017). Coparenting processes include how parents behave towards one another in front of their child and how parents support each other in their roles as parents (Katz & Gottman, 1996). A positive couple and coparenting relationship between parents can serve as a buffer between PTSD symptoms and negative parenting behaviors (e.g., over-reactive disciplinary tactics, angry outbursts, violent parenting behaviors) (Leen-Feldner et al., 2013). However, as stated previously, the presence of PTSD symptoms increases the likelihood for lower couple relationship quality (Katz & Gottman, 1996), which negatively affects coparenting processes like inter-parental warmth, interaction, and cooperation (Cowan and Cowan, 1987). Additionally, the coparenting relationship can be negatively impacted (e.g., weakening parental alliance) when one member acts as a buffer between their children and their partner with PTSD or when partners overcompensate in effort to decrease the amount of stress placed on trauma survivors (e.g., take on additional household chores or childcare responsibilities) (Allen et al., 2012; Blow et al., 2015).

**FR Couple Functioning.** While the relationship between a FR and their spouse can serve as a critical source of support for helping the FR cope with stress related to their work (Henry et al., 2011; Jones et al., 2020; Landers et al., 2020; Regehr et al., 2005), high levels of stress and traumatic stress related to the FR profession increase the risk of relationship difficulties (Johnson et al., 2005; Mennicke & Ropes, 2016). FRs can carry behaviors from their work life into their couple relationship and often, the skills that are essential to completing job tasks (e.g.,

directiveness, demanding control) can damage the FR's relationship (Garmezy et al., 2020). Interactions between FR and non-FR spouses can suffer due to the FR adopting communication styles that serve them well at work but are not conducive to a healthy couple relationship. For instance, "black or white thinking" (i.e., labeling something as good or bad, right or wrong) might be imperative to FRs making quick and potentially life-saving decisions while on the job, however, carrying this "black or white thinking" into their couple and family relationships can prevent FRs from attuning to the important information and context necessary for nuanced discussion and compromise (Dattilio, 2010).

Additionally, to cope with PTSD, FR's might engage in emotional numbing or avoidance and as a result, detach from the relationship with their spouse or partner (Bergstrom, 2013). Carrico (2012) completed a qualitative study with firefighters who reported emotionally and physically withdrawing from their marital relationship to evade conflict in the relationship and avoid the pain associated with traumatic stress. Research also suggests that FRs withhold information from their spouse to shield them from the emotional weight of their work and to keep their personal relationships and home life untouched by the violence and death they experience at work (Garmezy, 2020). Thus, the intention behind a FR withdrawing from their partner can serve multiple purposes: to protect themselves, to protect their partner, and to protect their relationship. Simultaneously, FR spouses can participate in this "conspiracy of silence" and suppress their own fears about the FR profession to maintain marital homeostasis (Garmezy, 2020). Spouses might avoid presenting their own needs in the relationship out of fear that the FR will respond to them with anger and rejection (Levin et al., 2017). Further, symptoms of secondary traumatic stress in the FR spouse can potentially affect the FR's trauma symptoms, reinforcing the cyclical nature of stress and trauma, and leading to individual and relational

damage (Nelson Goff & Smith, 2005; Oseland et al., 2016). While both the FR and the spouse might engage in withdrawal behaviors to protect themselves and the relationship, this can risk decreased feelings of emotional connection and feelings of isolation from their partner within the couple relationship (Knobloch & Theiss, 2012).

**Division of Parenting Responsibilities.** There is a lack of research exploring coparenting and parenting behaviors in FR couples. To date, and to my awareness, no studies have specifically examined how the impact of stress related to the FR profession influences the couple's parenting and coparenting relationship. However, a few studies provide insight into critical areas of parenting that FR couples might struggle with including division of parenting responsibilities and differences in parenting styles (Brodie & Eppler, 2012; Campbell et al., 2022; Karaffa et al., 2015; Stelnicki et al., 2022; Watkins et al., 2021).

Spouses of FRs have reported feeling a sense of responsibility to single-handedly manage the household and childrearing, stating they felt like a single parent (Brodie & Eppler, 2012; Karaffa et al., 2015; Watkins et al., 2021) especially in the wake of FRs experiencing a work-related traumatic event (Campbell et al., 2022). Job demands of the FR profession help explain this unequal division of parenting responsibilities. First, FRs often have odd, inflexible schedules (e.g., working 24 to 48 hours at a time, working night shifts, being on call) that can keep them from consistently helping with parenting duties (i.e., dropping kids off at school, taking kids to and from activities, helping with morning and nighttime routines) (Hill et al., 2020). Spouses of FRs report that work schedules, shift changes, and job commitments frequently compete with family commitments and, as a result, spouses become responsible for planning and executing a large amount of the childrearing and childcare duties around the FR's availability (Stelnicki et al., 2022). Additionally, FR spouses report taking on these responsibilities to reduce demands on

the FR and decrease the likelihood of an emotional outburst from the FR (Anderson, 2019; Campbell et al., 2022). However, by trying to reduce the demands on the FR, the spouse might assist in the maintenance of a cycle characterized by the FR under-functioning in their spousal and parenting role (Krok et al., 2016; Tuttle et al., 2018). Unfortunately, a common result of this unequal division of parenting is the FR spouse “feeling like a single parent” (Friese, 2020; Karaffa et al., 2015) because they “have to do it all.” Further, spouses of FRs can be left with little time to engage in personal hobbies and friendships and report feeling isolated, lonely, and as if their needs are not as important as the FR’s (Regehr, 2005). As a result of carrying the heavier load of parenting, spouses can experience feelings of resentment toward the FR and/or the FR profession which are expressed in their couple and coparenting relationship (Campbell et al., 2022; Miller, 2007; Regehr et al., 2005).

**Parenting Styles and Behaviors.** Extant literature suggests that the FR profession influences parents’ behaviors and parenting styles (Anderson & Lo, 2011; Campbell et al., 2022; Freise, 2020; Regehr et al., 2005). For instance, FR parents can be “over-concerned” or even “paranoid” about their child’s safety because of frequent exposure to traumatic events involving children (e.g., responding to fatal accidents involving children, witnessing or learning about severe child abuse or neglect) (Regehr et al., 2005). As such, FR parents can display parenting behaviors that other parents might be less likely to engage in (i.e., chaperoning children to the bathroom at a restaurant, insisting on visiting a friend’s home before allowing their child to sleepover) (Freise, 2020). Further, FR parents might ask a lot of questions to their children, other parents, and school officials to continuously check that their children are entering safe spaces (Regehr et al., 2005). FR parents are more likely to engage in “harsher,” or authoritarian, disciplinary behaviors (Anderson & Lo, 2011; Johnson et al., 2005; Kirschman et al., 2013;

Lambert et al., 2004). As a result, FR spouses express feeling like a “buffer” between the FR parent and their children, which can negatively compromise their positive feelings towards the FR (Campbell et al., 2022; Regher et al., 2005). As such, spouses can take on a gentler parenting style to counteract the authoritarian parenting style of FR, (Anderson & Lo, 2011; Campbell et al., 2022).

### **Conclusion**

Attention to the systemic impacts of stress and traumatic stress related to the FR profession has increased in recent years. However, more systemic approaches to understanding the impact of stress on FR couples and families are needed. As such, this study utilized systemic theoretical approaches to understand the experiences of FR couples. This chapter utilized an ecological framework (Bronfenbrenner, 1979; Elnitsky et al., 2017) to summarize the extant literature on the community, societal, and cultural factors of the FR profession that impact the FR individual, spouse, and couple relationship. Further, extant literature related to the impact of stress and traumatic stress on the couple, parenting, and coparenting functioning were organized within the core tenets of the CATS Model (individual functioning, predisposing factors and resources, couple functioning; Nelson Goff & Smith, 2005), providing evidence that the impact of stress and traumatic stress is a cyclical, systemic process within the FR couple relationship. The following chapter describes the implementation of a hermeneutic phenomenological design to better understand how FR couples experience the impact of ecological layers of work-related stress and traumatic stress on their individual and couple-level functioning.

## CHAPTER 3

### METHODS

Guided by a poststructural paradigmatic orientation, I used ecological systems theory (Bronfenbrenner, 1979), and the couple adaptation to traumatic stress model (Nelson Goff & Smith, 2005) as interpretive theoretical lenses to inform how I would analyze and represent participants' lived experiences. My aim in this study was to illuminate the lived experience of the impact of work-related stress and traumatic stress on first responder (FR) couples, their parenting, and their coparenting relationship. The following grand tour research question (i.e., general or overarching question) guided the qualitative inquiry: How do FR couples experience the impact of work-related stress and traumatic stress on their couple relationship? Two mini-tour research questions (i.e., questions that magnify important areas of the overarching experience) further guided this study: How do FR couples experience the impact of work-related stress and traumatic stress on their parenting? How do FR couples experience the impact of work-related stress and traumatic stress on their coparenting relationship?

#### **Research Design**

##### **Hermeneutic Phenomenology**

As the nature of this study was exploratory and aimed to capture the lived experiences of FR couples, a hermeneutic phenomenological research design was employed. Hermeneutic phenomenology focuses on interpretive structures of experience, how we understand and engage phenomena in our human – and posthuman – world, including ourselves (van Manen, 1990). Phenomenology was born from a critique that modernist science was too disconnected from

everyday human experiences (Alvesson & Sköldbberg, 2009). In response, a phenomenological approach attempts to unveil, through co-construction of lived experience, what something is “really” like and asks the question, “What is the nature of this lived experience?” (van Manen, 1990, p. 42). van Manen (1990, p. 9), in reference to earlier founders, described phenomenology as the “study of the lifeworld - the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it” (Husserl 1970; Shutz & Lucmann, 1973). As such, phenomenological researchers aim to capture a rich description of the lived experience of a phenomenon (Kafle, 2011) through the suspension of assumptions and intellectualization (van Manen, 1990). Further, a hermeneutic approach to phenomenology asks the researcher to acknowledge that they play a role in co-creating the interpretations of participants’ lived experience (Wojnar & Swansin, 2007). The researcher aims to illuminate and contextualize details of lived experience that may otherwise be ignored or taken for granted (Wilson & Hutchinson, 1991). A key feature of this type of phenomenology is the emphasis of the hermeneutic circle in which the researcher moves between examining the holistic meanings and smaller units of meaning to understand a phenomenon (Grondin, 2015).

To further understand the impact of stress and traumatic stress on parenting FR couples, the dyad was included as a unit of analysis with the goal of describing the relationship between each partner’s experiences (Maguire, 1999). As such, data was collected from each member of the couple together (i.e., couple-level data) and separately (i.e., individual-level data), yielding a more comprehensive and nuanced account (Morgan, 2010) of the FR couple’s lived experiences surrounding work-related stress, traumatic stress and their couple relationship, parenting, and coparenting relationship. Semi-structured interviews were conducted to provide the flexibility to explore follow-up questions based on the natural responses of the participants. My goal was to

create the space for participants to fully explore their experiences and reach a point of thematic saturation within and across couple interviews (Creswell, 2013). Glaser & Strauss (1967, p. 61) describe saturation as the point in which “no additional data” are found. This means that no additional categories or themes were emerging when inductively coding transcripts.

### **Recruitment and Data Collection Procedures**

Recruitment and data collection procedures began following the study’s IRB approval in September 2023 (IRB Approval # PROJECT00007816). Interested participants were asked to complete an interest-eligibility survey (see Appendix A) via Qualtrics to assess initial eligibility. The survey also contained demographic questions to ensure they met criteria for inclusion in the study (e.g., FR professional affiliation, length of relationship, number of children, ages of children). We chose to include demographic variables that were directly related to the study, excluding demographic variables that were not (e.g., race, income, education status) in order to decrease participant burden. Recruitment materials (i.e., flyers; see Appendix B), which included a direct link to the interest-eligibility survey, were initially shared via Facebook (i.e., general Facebook post on my personal account) and the Athens Clarke County government officials listserv. I encouraged those who saw my Facebook post to share the flyer with relevant social networks. As a result, my original Facebook post was quickly shared by personal and distant connections and posted to various Facebook FR and FR spouse support groups. I was contacted by multiple people, specifically via Facebook, to answer questions regarding eligibility and asked to provide permission to post to support groups and on their personal Facebook account.

One member of each couple completed the interest-eligibility form. Each person who visited the link to the interest-eligibility form was given the opportunity to opt into a drawing for a \$50 gift card and one drawing for a \$50 gift card was conducted for every 50 interest-eligibility

forms that were completed. Over 200 individuals completed a portion of the interest-eligibility form between September and November of 2023. Completed interest-eligibility forms were reviewed as they were received. Over one third of the interest-eligibility form responses were incomplete (e.g., only filled out a portion of the survey, did not provide contact information) and couples who did not meet eligibility requirements were identified and excluded from the study. As responses were received, I organized interest-eligibility form respondents based on their FR profession affiliation (i.e., law enforcement, firefighter, paramedic, emergency medical technician) to contact a distributed sample across FR affiliations as interviews were conducted. I also reviewed responses to the exploratory stress scale that was included in the interest-eligibility form prior to contacting participants. Couples were contacted to ensure that I could engage with participants with diverse characteristics that were key to the study (e.g., number of children, FR profession, years in relationship, stress scale response).

Seemingly eligible potential participants were contacted to conduct a phone screening (see Appendix C) on a rolling basis between September and December of 2023. Phone screenings were conducted to remove otherwise eligible participants experiencing high levels of post-traumatic stress and/or intimate partner violence (IPV). The screenings were conducted out of an ethical concern for the emotional and physical safety of study participants who were more likely to experience heightened levels of stress and traumatic stress. Adapted from the PTSD screening module of the My Mood Monitor Checklist (M-3; Gaynes et al., 2010), the first portion of the phone screener asked participants to reflect on symptoms of post-traumatic stress (i.e., reexperiencing, avoidance, numbness and startle) in the past month. IPV was screened utilizing the four-question Hurt, Insult, Threaten, Scream (HITS) tool (Sherin et al., 1998). Screening responses were collected privately and were not shared between partners to maintain

confidentiality and increase safety. After each screening, I connected with Dr. Elizabeth Wieling to discuss screening results and determine the appropriateness of including any participants who indicated heightened potential symptoms of post-traumatic stress or reported intimate partner violence.

Out of the 56 potential participants who were contacted via phone or email, 25 responded and participated in a screening. Three screenings resulted in the couple being determined as ineligible by default; one screened participant was determined to be in a FR profession outside of the scope of this study (e.g., chaplain) and two screened participants were screened out for endorsing elevated PTSD scores on the screener. Both individuals screened out for PTSD were provided the reason for their exclusion and provided with PTSD resources (see Appendix D). Twenty-two couples were successfully screened, determined to be eligible, and were invited to a Zoom interview between September and December of 2023. The final sample was composed of fifteen couples who completed the screener and successfully scheduled and attended a Zoom interview. Prior to each interview, each member of the couple reviewed and electronically signed an informed consent (see Appendix E) and were sent instructions on how to prepare for the interview (see Appendix F). Interviews were conducted until data saturation was reached.

### **Eligibility**

Couples were eligible to participate in the study if they were in a committed relationship, cohabiting, and had at least one child between the ages of 4 and 13 living in the home for whom the couple shared coparenting responsibilities. Additionally, at least one member of the couple had to be a currently active FR professional (i.e., law enforcement officer, firefighter, paramedic, or emergency medical technician). For the scope of this study, FR professionals in support positions (i.e., evidence technicians, firearms examiners, investigative assistants, chaplains) were

excluded in effort to increase consistency across the types of work-related stressors and traumatic events encountered. Finally, all participants had to be 18 years old, English speaking, consent to be interviewed both individually and as a couple, and consent for the interview to be audio recorded.

## **Sample**

Table 1 provides a representation of demographic variables for each couple in the sample. All fifteen couples in the final sample were in a heterosexual relationship and identified as heterosexual. All but one couple was composed of a male FR and a female non-FR. There was one couple in which both members were paramedics. However, the male FR worked full-time, and the female worked only part-time as a paramedic. Three firefighters/emergency medical technicians, two firefighter/paramedics, three paramedics, one firefighter, and seven law enforcement professionals were included in the sample. On average, FRs in this study had been in their respective profession for 11 years ( $M=11.25$ ,  $SD=5.52$ ). All couples had at least one child that was between the ages of 4 and 13. On average, couples in this study had 3 children ( $M=2.53$ ,  $SD=0.92$ ) and had been in their relationship for 14 years ( $M=14.13$ ,  $SD=5.10$ ). All but two couples resided in the southeastern region of the United States (US) (one couple resided in midwest US and one resided in the southwest US). While race was not collected as a demographic variable, all but three couples were White-presenting.

## **Dyadic and Individual Interviews**

In-depth, semi-structured interviews (Kvale, 2007; Creswell, 2013) were conducted via Zoom with all fifteen couples. While the interview guide (see Appendix G) directed conversation towards the foci of the study (i.e., couple relationship, parenting, coparenting relationship), the semi-structured nature of the interview allowed me to ask follow-up questions facilitating further

insight into how FR couples experience the impact of stress and work-related traumatic stress. Within the 120-minute time frame of the interview, couples were interviewed conjointly and individually (i.e., 60-minutes conjointly, 30-minutes individually per partner). Conjoint interviews were conducted to yield a more holistic account of the couples' shared experience (Morgan, 2010) of the impact of traumatic stress on their couple relationship, parenting, and coparenting relationship. During conjoint interviews, I encouraged the couple to interact with one another and build on each other's ideas. Individual interviews allowed me to expand upon the understanding of how each unique couple member experienced the impact of work-related stress and traumatic stress on their role as a partner, parent, and coparent. The goal was to reach a point of saturation within each interview as well as with the data collected as a whole (Creswell, 2013).

A significant benefit offered by dyadic data collection and analysis is that it allows researchers to observe overlap and contrast between couple members (Eisikovits and Koren, 2010). Utilizing both individual and conjoint interviews allowed for the exploration of relational processes across levels (i.e., individual- and couple-level), and provided opportunities for me to gain a more complex understanding of FR couple's experience. While the use of conjoint interviews offered potential benefits (i.e., stimulation of ideas that might have otherwise gone unremembered and unspoken with the couple; Morgan et al., 2013), dyadic interviews can also pose difficulties. For example, in conjoint interviews, individual partners may feel less comfortable sharing about sensitive topics with their partner present, leading to a reduced identification of imbalances in the relationship (Eisikovits & Koren, 2010). As such, the utilization of individual interviews aimed to counteract such notable drawbacks of conjoint interviews.

**Zoom Interviews.** Considering the potential barriers of in-person interviews (e.g., increased time commitment, difficulty scheduling, sampling limits based on proximity), Zoom interviews were conducted. Zoom is a Health Insurance Portability and Accountability Act (HIPPA)-compliant platform, which is the national standard for protecting personal health information. Prior to the Zoom interviews, all couples were sent a document describing how to successfully prepare for the interview (see Appendix F). For instance, couples were asked to locate a confidential space in their home and to consider whether childcare was a necessity to ensure privacy and their full attention to the interview. All couples were provided with a unique link to a password-protected Zoom meeting to ensure confidentiality. All Zoom interviews were audio recorded and transcribed utilizing Zoom features. Interviews were also recorded using a SONY voice recorder for backup. Audio recordings were stored in a confidential, double password-protected OneDrive folder that was only accessible to Dr. Wieling and me. Once audio recordings and transcripts were transferred to the OneDrive folder following interviews, they were deleted respectively from Zoom and the SONY recording device. Following interviews, I reviewed audio recordings against transcriptions to ensure accuracy.

**Interview Protocol.** Each interview began with verbally reviewing the informed consent that both members of the couple e-signed prior to the interview. The first 60 minutes of the interview consisted of a conjoint interview which included questions related to the couple's experience of the impact of work-related stress and traumatic stress on their couple relationship, parenting, and coparenting relationship. For the sake of clarity and developing an in-depth understanding of such experiences, I asked about each of these areas separately. However, participants made connections across these relational areas as they shared their experiences.

I began by asking the couple to describe their couple relationship: *To start, I would like to hear from each of you how you would describe your couple relationship. Can you describe your relationship in a couple of words or a sentence?* Then, the couple was asked to 1) reflect on the specific work-related stressors that impact their relationship and 2) reflect on how these stressors impact their relationship in key relationship areas (e.g., communication, quality time, conflict). After asking the couple about their couple relationship, I transitioned to ask about how work-related stress and traumatic stress impact their parenting (i.e., how parents interact with their child). Specifically, I asked the couple to reflect on how work-related stress impacts their role involvement and parenting behaviors with their children. I then inquired about how the couple's coparenting relationship (i.e., how parents navigate the responsibilities of raising children together) was influenced by work-related stress and traumatic stress. As needed, the couple was provided with examples of aspects of the coparenting relationship that could be altered by work-related stress (e.g., communication around negotiating parenting responsibilities). Finally, the couple was asked to reflect on how they cope with the impact of work-related stress, with a focus on what resources they believe would support their relationship and other FR couples and families.

Following the conjoint interview, I asked to speak with one member of the couple at a time for about 30 minutes. The couple decided who would be interviewed first and last. The partner who was not in the individual interview was asked to leave the room to ensure privacy for the interviewing partner. To begin the individual interview, I framed the interview as a time to focus on their individual experience with work-related stress and traumatic stress. The same areas that were discussed in the conjoint interview were revisited in the individual interview: the

couple relationship, parenting, and coparenting relationship in attempt to elucidate any experiences that went unexplored during the couple interview.

**Ethical Considerations.** Conducting dyadic interviews required a heightened level of attention towards ethical concerns throughout the data collection process. In their review of the ethical considerations that qualitative researchers should attend to when conducting joint interviews (i.e., interviews with two or more family members, conducted by one researcher), Voltelen and colleagues (2018) note specific ethical dilemmas can arise throughout the data collection process (e.g., before, during, after the interview). This section describes how I remained sensitive to ethically delicate processes during joint interviews.

Voleten & colleagues (2018) provide an overview of ethical considerations when planning joint interviews. For instance, one partner might feel coerced into the interview by their significant other or have an unclear understanding of what research participation entails. The phone screenings conducted prior to scheduling the joint interview were meant to serve multiple functions in evading such risks. A core function of the screenings was to speak with each couple member separately to introduce myself, explain the interview process and procedures, and answer any questions or concerns that the individual might have. The conversational aspect of the screening allowed me to gauge the individual's interest and level of comfort in discussing sensitive research topics. Additionally, the specific screenings aimed to identify potentially vulnerable participants who were experiencing heightened levels of mental distress or potential intimate partner violence. While the screening measures provided quantitative results, the screening questions also allowed me to discuss with the participants the potentially sensitive nature of the interview prior to the agreement to participate in the study. During data collection,

Dr. Wieling and I met weekly to debrief and discuss a variety of topics relevant to ethics and trustworthiness.

During the interview, ethical considerations included remaining aware of disagreements between the couple members, managing interviewee discomfort with the interview conversation, and giving space for various interpretations and viewpoints (Voleten et al., 2018). In this way, the process of dyadic interviews could sometimes feel like the family therapy process. Voleten and colleagues (2018) describe such similarities and differences between the therapeutic process and the interview process:

Although the purpose of joint interviewing is not family therapy, studies have shown that joint interview poses similar features to family therapy because participants get to tell their story. The difference between interview and therapy lies in the lacking interference from the researcher whose primary role is to gather data not to solve problems. (p. 516)

While the goal of the interviews was to collect stories, not to intervene in the couple's relationship processes, I remained attuned to levels of distress within and between couple members, as I would in my role as a couples therapist. In moments where I could sense tension between couple members or if I noticed that an interviewee was becoming emotional, I redirected questions, utilized grounding techniques, and reminded participants that they could exit the interview at any time. For instance, one participant became very tearful in their individual interview. While the topic of the conversation was positive, due to the level of distress they were experiencing, I decided to lead them through a brief, deep breathing exercise. Then, I reminded the interviewee that they were free to step away from the interview. Since they were almost finished with the individual portion of the interview, the participant decided to step away and allow their partner to begin their individual interview. Overall, emotions and tension levels

within and between the couple members remained low across interviews. Still, I frequently created pauses in the interviews to check in with the participants about their level of comfortability.

At the conclusion of each interview, I remained attuned to the ethical responsibility to ensure the well-being of interviewees beyond their participation in the study (Voleten et al., 2018). I ended each individual interview with a statement that I am available to be contacted after the interview if any concerns or questions arise regarding the research process.

Additionally, I provided all participants with a list of mental health resources following the interview. In one case, a couple asked for specific recommendations for a couple's therapist in their area, which I provided later after collecting the appropriate information for them.

### **Analytic Approach**

A hermeneutic phenomenological approach to coding was utilized. Hermeneutic phenomenology places an emphasis on interpretations of experiences and how we understand and engage in the human world (van Manen, 1990). Phenomenological hermeneutical analysis aims to make sense of the meaning of the text within the interviewee's context (van Manen, 1990). More simply put, hermeneutic phenomenology required that I take an interpretive approach to coding, co-creating interpretations of the phenomenon described. Throughout the coding process, I meditated on the goal of hermeneutic phenomenology: "to gaze towards the regions where meaning originates, wells up, percolates through membranes of past sedimentations – and then infuse us, permeates us, infects us, touches us, stirs us...." (van Manen, 2007, pp. 11-30). Further, I engaged in a "phenomenological attitude" which is described as a practice of phenomenological "seeing" that is achieved through epoché (i.e., the practice of

suspending assumptions and judgement) and reduction (i.e., focusing on the essential features of a phenomena) (van Manen & van Manen, 2021). van Manen & van Manen (2021) describe:

The practice of phenomenological “seeing” is an internalized, perception-based, and sensitive serendipitous act. Furthermore, the methods of the epoché and the reduction are involved, in a broad sense, as the distinguishing feature and essence of the phenomenological attitude. (p. 1076)

Data collection and analytic steps described by Kvale (2007, pp. 102) were observed throughout the interview process, beginning within the couple interviews. First, couples were asked to “describe their life” during the interview (Step 1) to assist them in discovering “new relationships and meanings during their spontaneous descriptions (Step 2; p.102).” While in the interviews, I condensed and provided interpretations to the meanings of what the interviewees described and paused to provide opportunities for them to confirm or correct my interpretations (Step 3). Last, transcriptions of the interviews were analyzed to develop the meanings of the interviews (Step 4).

Analysis of transcripts were guided by van Manen’s (1990) approach to theme analysis - the process of recovering the “experiential structures that make up the experience” (p.79). van Manen (1997) states that themes are “like knots in the web of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes” (p. 90). More simply put, a theme is something that holds essential meaning to the phenomenon to be understood. van Manen’s (1990) suggested three ways to identify themes: (a) the wholistic approach, (b) the selective or highlighting approach, and (c) the detailed or line-by-line approach. A wholistic approach to isolating thematic statements requires that the researcher “attends to the text as a whole” and identify phrases or narratives that capture the fundamental

meaning or main significance of the text (van Manen, 1990, p. 93). When engaging in the selective approach to thematic analysis, the researcher listens to or reads the text multiple times and asks, “What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?” (van Manen, 1990, p. 93). During this selective approach, the researcher highlights statements that stand out as thematic of the experience being described. Finally, a detailed or line-by-line approach requires the researcher read each sentence of the text and question, “What does this sentence or cluster reveal about the phenomenon or experience being described?” (van Manen, 1990, p. 93). Through these three processes, themes that capture the essence of the phenomenon recur.

During thematic analysis, I immersed myself in the hermeneutic circle, actively engaging with each of the three approaches. In an iterative process, I utilized wholistic, selective, and line-by-line approaches to theme analysis (van Manen, 1990) to develop a comprehensive understanding of the phenomenon. Appendices H, I, and J provide brief examples of how I engaged in each level of thematic analysis levels with the same couple. As I completed interviews and read through the transcripts in their entirety, I identified units of meaning within each couple. Findings from individual interviews provided supportive information to the lived experiences described in conjoint interviews; no entirely new information emerged from individual interviews. As such, individual and conjoint data were coded together rather than separately. As interviews progressed, I identified preliminary interpretations across couples (i.e., potential emergent themes). I engaged in reflexive memoing (e.g., documenting methodological decisions, journaling about emerging themes and personal reactions) throughout the data collection and analytic process. Dr. Wieling and I met on a weekly basis to address discrepancies in the study protocol, process emerging codes and themes, and document possible interpretations

and potential biases contributing to the analytic process. Additionally, after initial codes were identified, Dr. Wieling and I engaged in a practice in which we coded the same transcript portion and compared results to ensure consistency and thus enhance trustworthiness criterion of credibility, dependability, and confirmability. Once all transcripts were coded and preliminary themes were identified, I met with Dr. Wieling to discuss the relationship between the potential essential themes and subthemes. The final themes and supportive quotes were reviewed with Dr. Wieling to discuss the thematic representation. Dr. Wieling conducted ongoing audit checks of random sections of the transcripts, analytic coding, and reflexive memos.

### **Trustworthiness**

Qualitative research aims to create a sense of closeness to the lived experience through participant stories, and qualitative researchers are responsible for providing evidence to the trustworthiness in how their stories are represented. One avenue through which qualitative work exhibits trustworthiness is through the synchrony of the paradigmatic, theoretical, and methodological approaches to the study (Espisito & Evans-Winters, 2022). As explored in the previous chapter, my guiding paradigmatic and theoretical frameworks are aligned within a wholly systemic approach to understanding lived experience. My paradigmatic attitude aligns with a poststructuralist stance and, as such, I did not approach this study with an intent to describe an objective truth about FR couples. Rather, my belief that knowledge is socially constructed through complex processes aligns closely to the phenomenological approach to this study, which aims to understand and describe participants' experiences as existing with their own intricate social, cultural, and political surroundings. Ecological theory (Bronfenbrenner, 1979) is rooted within a systemic perspective and acknowledges that individuals, couples, and families can only be examined within the context of their environment. The CATS Model (Nelson Goff &

Smith, 2005) focuses the study's exploration on the systemic, cyclical interactions between couples.

In *Naturalistic Inquiry*, Lincoln & Guba (1985) describe additional avenues to establish trustworthiness in qualitative research. Specifically, these scholars describe four criteria for establishing trustworthiness in qualitative inquiry: credibility, transferability, dependability, and confirmability.

**Credibility.** Similar to the concept of internal validity in quantitative research, credibility asks, "*How congruent are the findings with reality?*" (Stahl & King, 2020, pg. 26). Lincoln and Guba (1985) suggest that qualitative researchers engage in various methods to approach credibility: (a) prolonged engagement, persistent observation and triangulation, (b) peer debriefing, (c) negative case analysis, (d) referential adequacy, and (e) member checking. To establish the current study's credibility, I engaged in prolonged engagement, triangulation, and member checking.

Prolonged engagement is an act of immersion into the phenomenon of interest over a sustained period of time (Cohen & Crabtree, 2006). I have been personally involved in the FR culture my entire life and as a member of a FR family, I have my own lived experience of the impact of stress related to the FR profession. I continue to have professional involvement with the FR community, providing therapy services to FR couples and maintaining connections with FR agencies and support programs. I believe that my personal and professional connection to the FR community enabled me to establish and maintain trust with the study participants. Further, the FR cultural knowledge and language I possess aided in establishing trust with this population quickly. Additionally, my prolonged engagement with the FR community provided opportunities

to become aware of and assess biases, misinformation, or distorted ideas about the FR community, FR couples, and their experiences (Lincoln & Guba, 1985).

In addition to prolonged engagement, I used triangulation which is the utilization of various sources of information to elucidate identifiable patterns within the phenomenon of interest (Stahl & King, 2020). There are multiple methods of triangulation that researchers can engage in (i.e., methodological, theoretical, environmental, investigator). In this study, I engaged in investigator triangulation with Dr. Wieling. This involved engaging in a comparative analysis, in which we both coded the same transcript to compare our interpretive conclusions.

Finally, I engaged in both formal and informal approaches to member checking to enhance the credibility of this study's findings. Member checking is the practice of involving research informants (i.e., research participants or others in FR community) to "check" the researcher's interpretations (Stahl & King, 2020). Formally, I conducted member checks with a third of the participants to enhance credibility. Five couples were sent a brief summarization of key interpretations of their interview as it related to their experiences with the impact of work-related stress and traumatic stress on their couple relationship, parenting, and coparenting relationship. Appendix K provides an example of a de-identified member check that was sent to a couple via Qualtrics. Couples were asked to indicate how closely the interpretations aligned with their experience and were given an opportunity to provide written feedback or process their feedback with me in a brief phone call. At least one member of each couple that was contacted responded to the member check and all respondents indicated that the interpretations closely aligned with their lived experience. Informally, I incorporated thematic findings from this study into my clinical conversations with FR couples (when applicable to the therapy session). In such cases, I listened attentively to how my clients responded to the themes and noted areas of

convergence or divergence from my interpretations. In general, the FR couples in my therapy practice seemed to connect closely to themes that were emerging through the data analytic process.

**Dependability.** Dependability refers to the stability of research findings across time and researchers (Lincoln & Guba, 1985). Having an outside researcher consistently review the study's process and results provides opportunities to evaluate whether the results are adequately supported by the data. To increase the dependability of findings in the current study, I engaged in auditing and weekly debriefing meetings with Dr. Wieling. These meetings acted as a "sounding board" for the emerging themes and questions that I experienced throughout the study's progression. Further, these meetings served as a grounding space where I could receive feedback regarding my interpretations of the interviews.

**Confirmability.** Confirmability refers to the demonstration that study findings are shaped by the participants' experiences as opposed to the researcher's own biases, motivations, or interests (Lincoln & Guba, 1985). Confirmability is a concern for the objective reality of research findings, which is aligned more with a positivist approach to scientific methods (Stahl & King, 2020). Still, it is important that there is transparency in the research process, so I engaged in auditing practices that could increase the confirmability of the findings in this study. Rigorous qualitative research asks the researcher to constantly remain open to how their personal experiences, beliefs and values might impact the interview and research process (Guillen, 2019; Rice & Ezzy, 1999). Ricoeur (1981) emphasizes the importance that researchers acknowledge their role in creating the study's environment and thus researchers should constantly consider their own accounts along with the participants. Lincoln and Guba (1985) suggest that researchers engage with various reporting practice such as reports of raw data, field notes, theoretical notes,

notes related to themes and their categories, process notes (i.e., methodological notes), and personal notes (i.e., reflexive notes). To ensure rigorous reflexivity, I memoed throughout the research process (i.e., writing thoughts, reactions, insights, interpretations of data) prior to and after each interview, reflecting on the potential biases and personal experiences that could arise during the process. Appendix L provides an example of one of my reflexive memos.

**Transferability.** Transferability relates to how qualitative findings can be transferred from one context to another (Stahl & King, 2020). Transferability can only be achieved through providing thick descriptions of the study's research context, methods, and participants throughout the entirety of the study. By providing thick descriptions or details of the research process, the researcher ensures that the reader can make an informed judgement about the transferability of findings. While transferability is not always the goal of qualitative inquiry, developing a thick description in interviews contributes to the "data base that makes transferability possible" (Lincoln & Guba, 1985, p. 316).

### **Conclusion**

This chapter outlined the hermeneutic phenomenological approach to the current study and described the data collection process that resulted in fifteen semi-structured dyadic interviews with FR couples. Further, this chapter provided evidence of the steps taken to approach high levels of ethical consideration and data trustworthiness. Examples of how I utilized multiple levels of thematic analysis (e.g., wholistic, selective, line-by-line), memoing, and member checking were presented. What comes next in Chapter 4 is a representation of the essential themes that emerged from the interviews with FR couples.

## CHAPTER 4

### RESULTS

Seven essential themes emerged from this hermeneutic phenomenological data analysis process. These themes represented salient aspects of the lived experience of the couples in this study: 1) *The toughest things to deal with: Experiences of work-related stressors*; (2) *Time spent apart: Lack of time as a couple*; (3) *She experiences it with me: Sharing the stress*; (4) *It definitely changes how you parent: Work stress spills into parenting*; (5) *Not “normal” parenting: The profession divides parenting responsibilities*; (6) *Parenting shiftwork: Transitioning roles*; and (7) *I had to find it myself: Gaps in resources*.

The thematic reduction of such rich dyadic data was a challenging process. Consistent with interpretive qualitative approaches, I was aware that I am also part of the data and active in the process of co-construction of results and meanings (van Manen, 1990). Indeed, I wrestled with the data and with decisions of what to include and exclude from the results presented here. Through bracketing and reflective processes (i.e., reflexive memoing, member checking, triangulation), I aimed to always return to the core of the *participants'* lived experiences of navigating the impact of stress on their couple relationship, parenting, and coparenting processes. While the goal remained to illuminate the participant experiences, it was inescapable that pieces of my personal and professional experiences informed the selection of these essential themes. My hope is that through reading these themes, the reader might step into the experiences of the first responder (FR) couples in this study and, by the end this chapter, feel more connected to the FR couple experience as represented by this sample. The goal of this type of methodological

approach is to maintain a phenomenological “attitude” that engages with participants’ lived experiences without trying to reduce them to descriptive only categories but by expanding the multiple ways that experiences are embodied and performed. Therefore, I looked for opportunities to represent narratives and their meanings in various ways, including the representation of quotes and naming the themes based participant descriptions. To further facilitate a process of connection to the participants, I have placed a poem, quote, or song lyric at the beginning of each theme to further capture the related emotional essence of each one. Various forms of data representation were considered, including presenting the themes as they related to research questions focused on the couple relationship, parenting, and the coparenting relationship. However, I chose not to structure the thematic results categorically, as a categorical representation of data is consistent with how couples portrayed their lived experiences. Further, my epistemological approach emphasizes the interconnectedness and holistic nature of lived experiences, rather than compartmentalization and separation of distinct categories.

Most of the themes are supported by sub themes and some sub themes are supported by sub-sub themes (i.e., themes nested within sub themes). All essential themes and most of the sub themes that emerged were described by a large majority of the couples (between 11 to 15 couples). A few sub themes and sub-sub themes (i.e., themes nested within sub themes) were reported by a smaller number of couples. The decision to incorporate sub themes and sub-sub themes that were endorsed by a smaller number of couples was made in the recognition that frequency is only one way to assess the significance of an aspect of lived experience. In other words, the frequency in which an aspect of lived experience was mentioned does not necessarily equate to the depth of the impact on these couples’ experiences. Still, to increase trustworthiness, any themes or sub themes that emerged from less than a majority of couples are noted within the

sub theme or sub-sub theme's description. Participants' quotes are cited by their couple member role (FR=First Responder; S=spouse), couple identification number (1-15), and the first responder's affiliation (LE = Law Enforcement; PM = Paramedic; FF = Firefighter; EMT = Emergency Medical Technician).

### **The Toughest Things to Deal With: Experiences of Work-Related Stressors**

Whenever time is at the crucial must

And our safety and health to others we must entrust,

Whenever there is sickness, suffering and/ or blight

These heroes are always the first ones at the site.

- Randy L. McClave

All couples reflected on how the FR profession, while a humbling and vital resource for the community, is defined by various aspects of stress and pressure. The first essential theme provides an overview of which aspects of the profession that couples in this study found to be the most stressful. While there could be an endless list of the profession's stressful characteristics, this theme captures the stressors that were mentioned the most often and with the most emphasis. Further, these stressors described in this theme were most likely to inform how the participants in this study experienced the impact of stress on their couple relationship, parenting, and coparenting relationship. Four subthemes emerged out of this overarching theme: (1) *Time is everything: FR family schedules* (2) *What I see at work: Exposure to distressful events* (3) *Just like high school: Workplace culture* and (4) *It's hard to be hated: Law enforcement families*.

### **Time is Everything: First Responder Family Schedules**

All couples in this study emphasized how "time" or "scheduling" was the aspect of the profession that led to the most stress in their couple and family lives. FRs in this study often

worked shift schedules, which required them to be out of the home for long periods, sometimes days, at a time. Additionally, the nature of shift work was defined by a consistent irregularity. For instance, while the FR's hours per week might remain the same, the days of the week that they are working might change from week to week. As such, the family's schedule was based around the FR's schedule.

One spouse described their family's schedule in comparison to other families: *To compare it to 9 to 5 life, there are no weekends, you know. He doesn't come home at 5 o'clock or 6 o'clock, or whatever* [S9, FF/EMT]. In response, her husband simply shared: *I am always coming off or going on shift* [FR9, FF/EMT]. For these couples and families, the FR's shift schedule often meant that their time altogether was limited and, in many ways, unorthodox when compared to the general public. For instance, the FR spouse might attend family functions, birthday parties, and the children's extracurricular events alone. Scheduling time with friends and family as a couple could be extremely difficult or seemingly impossible. One spouse shared her frustration with how she felt that their family's schedule was constricted by the profession: *We can't do anything extra during the week, because he's constantly carrying around like 'I've gotta get up early, you know. I'm gonna have to work 12 hours tomorrow'* [S14, LE].

To couples and families outside of FR profession, the gravity of the consequences of the FR's schedule could go overlooked or minimized. One spouse described how she felt that others outside of the FR profession failed to acknowledge the impact that the FR's schedule had on their day-to-day life: *Thanksgiving is coming up this month, and there are a ton of families that aren't gonna have Thanksgiving on that day because of the schedule someone else is working to make sure things are still safe for everybody.* She then goes on to say: *I just wish people were more mindful of the sacrifices and think about that* [S7, LE].

In relation to the stressful impact that the FR's schedule had on the couple and family, two specific aspects related to scheduling stood out in the data. Namely, the topic of working overtime and the lack of sleep that the schedule caused.

### ***Overtime***

As couples described the stressful nature of the profession's time demands, about a third of the couples mentioned the impact of the FR professional working overtime, in particular. While overtime was described as something that could be required of the professional depending on the department, working overtime was frequently described as a choice that the FR made in relation to their financial circumstances. In one couple, the spouse described how the FR's overtime was both a requirement and a necessity:

*It was frustrating. Because I'm like, you know, we wanted a big family, and now you have to work all the time for mandatory and to pay for them. So I guess that's probably another huge stressor is how underpaid they are [S3, LE].*

While working overtime resulted in greater financial stability for the couple and family, it also resulted in a more frequent absence of the FR. For one couple, there was tension in the relationship around the FR's decision to work overtime. While they needed the financial security, there could still be tension in the relationship around the FR picking up additional shifts, especially they had plans to spend time as a couple: *I'll think we have a night together, and he takes an extra duty. So I mean, well, there goes our evening [S1, LE].*

Interestingly, one FR used the term "overtime addiction" to encapsulate his experience with working overtime. He described how, for many FRs, taking on extra shifts and working overtime became like a compulsion. He and his wife, who was also a FR, described how this "overtime addiction" developed over time:

*We have to work more hours to live the lifestyle we do. For example, when he was talking about when we first bought our home, the only reason we qualified for a loan was because of how much overtime he worked [S2, PM].*

*I think that's where my overtime, kind of... addiction came from. We started trying to get the fundamentals to start a family, and the only way to do that is, at the time, was to pick up 24-hour shifts. I'd be gone anywhere from 3 to 7 days a week on 24 hour shifts and that's kind of where it came from, and it just never really stops [FR2, PM].*

Overall, the participants in this study noted how the FR taking on extra shifts added a layer of complexity to their already busy schedule. Another stressor related to the time demands and scheduling of the FR profession was the lack of sleep that resulted from the schedule.

### ***Lack of Sleep***

The FRs in this study named ‘lack of sleep’ as one of the most stressful aspects of the FR profession. The exhausting demands of the sleep routine, on top of the physically exhausting demands of the FR’s work, could leave the FR chronically fatigued. Whether it was working night shift or having to wake up early to be on shift by 6:00 AM, the FR’s sleep schedule often was misaligned with the family’s sleep schedule. For one FR, the lack of sleep that resulted from his schedule was the most prominent stressful aspect of the profession: *So the stress for me is mostly just the time I lose and can't get back. The fact that your weird sleep schedule’s literally taking years off your life [FR15, FF/PM].* A firefighter described how sleeping at the fire station impacted his sleep quality at home; he always had to be prepared to jump out of bed for a call. It was difficult for him to “turn off” this hypervigilant state when he was sleeping at home, too:

*That’s a big thing, just like I said, lack of sleep and being on edge when you’re sleeping is hard to.... sometimes it's hard to turn it off. Especially on in-between days. I don't know*

*about anybody else, but me, before I go to work on shift I have a hard time going to sleep. I know I gotta get up at 4:00 and then I know it's midnight. But I'm not asleep. I can't go to sleep [FR13, FF/EMT].*

The shortage of quality sleep impacted the FR's physical and emotional presence in their personal lives. Further, the rhythm of the FR's sleep schedule informed the rhythm of the household. Additionally, the FR's sleep schedule did not solely impact the FR, it could also influence their spouse's quality of sleep. For instance, one wife described how she experienced sleep deprivation as a result of her law enforcement husband's routine:

*I definitely feel like a hundred years older than I am, because I'm tired. You know.... night shift is hard cause he rotates and like, you know, he'll come home at 6:00 or 7:00 AM depending when he's on night shift and like it wakes me up no matter what. I haven't had a good night's sleep.....or when he's on day shift, he's waking up at like 4:30 AM to go to work. And so, being a light sleeper, that's just one aspect. I'm always tired [S3, LE].*

In essence, the lack of sleep that resulted from the FR's schedule had a reverberating impact on their personal and familial wellbeing. Overall, the subtheme *Time is everything: First responder family schedules* captures how the FR's schedule created a ripple effect of influence for the FR family's day to day life. In addition to the demanding schedule of the profession, participants in this study were impacted by the FR's frequent exposure to harrowing events.

### **What I See at Work: Exposure to Stressful Events**

Couples described stress resulting from the FR's frequent encounters with distressful, sometimes traumatic, incidents in their community. FRs witnessed adversities within individuals and families from a wide range of circumstances – from the extremely wealthy to the incredibly impoverished. Further, while FRs indicated that witnessing the traumatic events could result in

emotional distress, many emphasized how the aftermath of the traumatic event (e.g., witnessing family member's reactions to the event, alerting family members that a loved one had passed) was just as, if not more, impactful. FRs carried memories of these events and their resulting reactions home. One FR put into words how particular events were "hard to forget":

*Yeah, I mean, there's a few runs where I've been on that are just hard to forget about, you know. I mean, even now, 10, 11, 12 years later, for some of those runs. And then every year I feel like there's a couple that kind of stick with you forever [FR11, FF/EMT].*

This FR goes on to express how he feels the pain of the people that he sees suffer. Further, he puts into words that while the event itself left a lasting impression on him, it was the sounds of the family member's screaming around him that he will never forget:

*I'm a very empathetic person and so when people feel in pain, I feel that pain. You know, it hurts a lot and I just wish that these people weren't in this situation. I think probably the biggest thing that sticks out with me and a lot of other people that I work with is sometimes it's not necessarily the actual incident that happens, it's the family members who come around - they're screaming and that type of stuff sits with me forever [FR11, FF/EMT].*

Further, this FR's spouse described that the traumatic events that the FR experienced were the most impactful stressor related to the profession: *I think the biggest [stressor] is just like the trauma that he sees and how that impacts him. And then he brings that home, and then it can impact us as a family [S11, FF/EMT].*

Some FRs said that witnessing events that involved people who reminded them of their loved ones were especially emotionally impactful: *You might see a patient or a victim that reminds you of a family member or a friend or something like that. And it just sticks with you for*

*the rest of your life* [FR13, FF/EMT]. Additionally, work-related events that involved children or “more vulnerable” citizens were more likely to stick in the FR’s mind after the event: *I would say that probably, on the job, the toughest thing to deal with was stuff dealing with kids. There’s been a couple, one or two child deaths, that have been the hardest* [FR7, LE]. One law enforcement officer expanded on this experience, noting that he could feel ‘let down’ after particularly tragic events and ruminate on how he might have done his job better. Many FRs described a similar feeling following events, wondering if or wishing they could have done more to help.

*I think most everybody that gets into law enforcement gets into it because they want to be some sort of protector or rescuer of those that are children, or, you know, more vulnerable people. So when we see, especially children or elderly being taken advantage of, or in harm's way, or been hurt seriously, it kind of makes us feel let down in a way that we didn't quite do something right that we could have done differently to help them out* [FR3, LE].

Even if the events they witnessed weren’t classified as traumatic (i.e., real or perceived threat of serious injury or death), FRs noted how the relational demands of the profession could wear on their patience. This gave FRs a unique view of the world and sometimes, provoked a sense of cynicism or weariness for the state of the world: *My wife tells me this sometimes, you know, sometimes I have less compassion for people in general than I used to, all because I'm dealing with it so much* [FR14, LE]. However, witnessing these events could simultaneously provoke more compassion and understanding for others. One FR put into words this tension between cynicism and compassion: *It can make you better and worse at the same time. I think*

*that you get see a lot more of society, and I guess it opens up your eyes to what really goes on, and a lot of people are sheltered [FR7, LE].*

FRs weren't the only ones to be impacted by the adversities they encountered during their work. Couples in this study gave voice to the exposure that spouses experienced through the FR's recollections. Spouses, too, could experience a sort of loss of innocence. One FR described how, through sharing about his job, he saw his wife come to new realizations about the darkness in the world:

*I think at first she didn't realize how screwed up people are in the world, and like, the dark side of the world. Because, you know, while our childhoods might not have been perfect, we were certainly protected from the really dark side of stuff, right? So I think, coming home with some of those stories I think, might have you know, obviously it was a shell shock to me, but coming home and telling [my wife] some of those stories, whether it was from the time I worked in a jail correctional setting, or, you know, to patrol setting and now a detective setting, I think there's stories at each of those levels that are like, that's kind of rough [FR6, LE].*

His wife goes on to share:

*It's definitely been eye-opening to me, how screwed up the world is. And it is in your own backyard, you know. It's one thing to watch like CSI or something and see these perfect crimes and just hear these stories about things that happen, especially to children, but it's another thing for it to be in your community [S6, LE].*

In essence, this subtheme captures how couples described how distressful or traumatic events were paramount to describing the overall stressful nature of the profession. Through their exposure to harrowing community events, FRs and their spouses were emotionally impacted.

Further, couples could have a less romanticized view of the world due to their exposure to community tragedies. In addition to the nature of the job's scheduling and the exposure to traumatic events, participants in this study voiced how the workplace culture, including the relationships with their coworkers and leadership, could be a major stressor that spilled into their couple and family relationships.

### **Just Like High School: Workplace Culture**

Couples in this study articulated how stress from the FR's workplace culture could influence their couple and family relationships. The workplace culture could include the attitudes and behaviors they encountered with their co-working relationships, including the relationships they had with their superiors. More than once, FRs likened the relationship dynamics at their place of work to being 'just like high school.' In this way, FRs referred to experiencing a lack of maturity and professionalism within their coworkers. Additionally, strained relationships with the leadership of the station or department exacerbated the stress that the FR experienced at work. Some even named who they worked with to be the most stressful aspect of the job, beyond the schedule and the exposure to traumatic events. One firefighter put the stressful nature of his workplace quite plainly:

*I don't know if I know if anyone ever told you this, but the hardest part about working for the fire department is getting along with other people. The hardest part is not even calls, it's not the fires, it's nothing like that. It's getting along with other people for 24 hours a day [FR13, FF/EMT].*

Another FR described how it was harder to 'leave work at work' because of the leadership that he was under. He described the differences between working for leadership who

were motivating and uplifting, and working for leadership who were likely experiencing their own burnout with the profession:

*And I've had some really good lieutenants, and they have motivated me and pushed me to do things outside of my comfort zone. Then I've had some really bad lieutenants, and it's really difficult, being the personality type that I am, to leave work at work. Right now, I have a lieutenant who is negative about everything, because he's been burned over and over again with department. I don't fault them for it, but it's tough to be around him and come home with any kind of a positive mentality, because that's all I deal with for 24 hours [FR9, FF/EMT].*

One spouse described how she experienced secondhand stress due to the tense relationships that her husband was experiencing with leadership at work. When the FR experienced conflict with his leadership and coworkers, this made both the FR and the spouse worry about the security of his job:

*So there's just a lot of that that goes on as well in his job, which is stressful, because then you just don't know if you're gonna be ganged up on, if you're gonna be the one they're gonna target or try to get out. And so there's a lot of that stress as well, for me and for him, cause I have to hear about it and be worried about his job [S1, LE].*

Another couple spoke about how they experience the FR culture, particularly law enforcement culture, to be “toxic.” When the FR felt judged by his coworkers and superiors, this had a large impact on the FR’s levels of stress and satisfaction with his job: *I think he would probably say that he's felt more judged by the people that he works with than by the community in general [S5, LE].* This statement was made by a law enforcement spouse in a dialogue with me about the complexity of experiencing judgement from the outer community as well as within

their law enforcement community. Connectedly, the law enforcement couples in this sample described a unique stressor that is important to include these results.

### **I've Definitely Lost Friends: Law Enforcement Families**

This subtheme encapsulates the unique stressors that law enforcement families described facing. Namely, four out of the seven law enforcement couples in this study conveyed how they faced judgement from their communities and, oftentimes, from their own family and friends. Additionally, law enforcement couples described experiencing a heightened fear for the safety of the law enforcement professional and their family within the current sociopolitical climate around policing. In the years since George Floyd's murder, activism around police reform has greatly increased, and much of the United States started to voice their upset around the current state of policing and historical presence of detrimental, racist police practices. As a result, there has been an increase in voiced hatred towards the law enforcement professionals themselves. Most of the law enforcement couples in this study described how they received messages of distrust, dislike, and even hate, from their surroundings. One spouse shared a powerful story about realizing how much the hate from the community impacted her husband and, in turn, left her wondering how to support her husband when he felt detested by the community that he served:

*I'll never forget. He came home one day and he's like, "You know, I was just driving around," and he's like, these 4- and 5-year-old kids saw him and both flicked him off. And he's like, "It's like that. That's what we get every day." How do you heal those wounds when they realize the smallest of kids that don't even know them, hate them [S3, LE]?*

Alongside receiving hateful messages, this law enforcement family also received threats to their safety. A frightening incident in which protestors came to their home led the family to move to a more remote location to increase their feelings of safety:

*We lived through having people show up at our house trying to cause issues during the protests. So that brings up a lot of our kids fear, too. So we moved. So that way our kids feel a little more secure and we feel a little more secure and don't feel on high alert all the time. Yeah, I used to not even be able to sleep when he was work night shift, because I didn't feel safe [S3, LE].*

They were especially fearful for their children at school and their safety at home. Some spoke about how they went from feeling supported and cherished by their community (i.e., receiving kind gestures from the public), to feeling that they needed to hide their identity for fear of safety. Another law enforcement spouse said,

*There was a time where things got so bad that I told my daughter, "If someone does not know what your dad does, do not tell them. If it comes up, stay silent. Go away, or just change the subject," because I was afraid. He's gone, we're here by ourselves, and I don't know cause people were attacking law enforcement families [S7, LE].*

Many of the law enforcement couples spoke about the heightened fear that they experienced for the law enforcement professional because of the increased attention to policing practices. A law enforcement professional put into their own words the pressure that he experiences to perform in a way that does not reflect badly on the profession: *With the culture of this country right now, I think it's something that you have to be a little more worried about and of course, if you're worried about something, it puts more stress on you [S7, LE].* For the law

enforcement professions and their spouses, this stress could manifest as fear for the officer's safety and fear for the officer's reputation:

*Because the mayor and the people there, it was very clear they were anti-police. And if you make one mistake, you do not have support. And so the fear was there constantly about, you know, could something happen? What if he got in an altercation? What if he does the right thing or doesn't do the right thing? [S1, LE]*

These couples also spoke about losing contact and support from friends, family, and the community due to their involvement with the law enforcement profession: *It's also very difficult to have lost friends and to have been uninvited to stuff just because I happen to be married to a police officer. So I don't know that everybody really understands how hard that is [S7, LE].* It was as if they could no longer feel pride for the law enforcement profession for fear that it might have severe negative consequences for their family. Some participants described a sense of betrayal by people in their life: *But that's probably had the biggest effect on us. Because we actually lost friends over that.... of people being like, 'All cops are terrible.' And I'm like, really? Because you ate dinner at my table [S3, LE].*

While law enforcement couples were only a portion of the sample in this study, this subtheme captured an important, unique aspect of these couples' experience with stress related to the profession. In essence, *I've definitely lost friends: Law enforcement families*, points towards a key environmental layer that informed the law enforcement couples and family's experience with work-related stress.

### **Time Spent Apart: Lack of Time as a Couple**

Time is the scarcity, and it's the commodity we can't create any more of.

- Jim Mitchell

When asked to reflect upon which aspects of the profession impacted their relationship the most, “time” was the most frequent answer. All couples in this study repeatedly emphasized how various aspects related to how limited their time was together. This essential theme encapsulates how time impacted the FR couple relationship, yet it captures much more than the measurement of seconds, minutes, hours, and years that the participants spent together. Couples in this study described how functioning within a time sensitive dynamic impacted crucial aspects of their couple relationship and informed their overall couple and family functioning. Namely, couples’ communication and feelings of romantic connection with each other could be influenced by this scarcity of time. Still, couples found resilient ways to frame and function within the stressful context of time scarcity. Three subthemes that emerged in relation to how a lack of time impacted the couple relationship: 1) *Communication can be difficult: Time and couple communication* 2) *We’ve become more distant: Couple disconnection* and 3) *Making the most of our time: Couple and family coping*.

### **Communication Can Be Difficult: Time and Couple Communication**

Couples in this study shared how challenging communication with their partner could be because of the time-demanding nature of the FR profession. Couples emphasized how the FR profession presented challenges not only in how often they communicated, but also in determining which topics they prioritized communicating about (or not communicating about), when they are able to communicate, and *how* they communicated (e.g., in person or over the phone).

For instance, couples mentioned that their conversations often focused heavily on what needs to get done – like family scheduling, household responsibilities, and parenting. While all parenting households must have frequent conversations around scheduling, FRs often work shift

schedules that can change from week to week, which necessitates that couples spend more time communicating about scheduling, parenting tasks and responsibilities. Couples in this study described how they could often prioritize conversations about household and parenting responsibilities over having conversations related to their couple relationship. For instance, one spouse participant said: *I feel like when he's home right now, it's just like... let's try and knock out these to do lists. I don't know that we're actually really getting time for communication* [S3, LE]. Another FR participant said something similar, stating that focusing on what needs to get done takes the focus away from their relationship:

*Do those stressors [related to scheduling] impact the way that you talk with one another [Interviewer]?*

*Yeah. I mean, I think so, because it obviously puts a strain on the relationship. And so the communication can actually be a little more difficult at times because you're focusing on maybe things have to get done instead of focusing on each other* [FR7, LE].

In addition to influencing what topics these couples spent their limited time talking about, the scheduling and lack of time together heavily influenced the amount that couples communicated in person versus over the phone (i.e., texting and phone calls). We live in a digital age, so finding that these couples communicated heavily via text or phone is not a novel finding; however, considering that the couples in this study were already pressed for time to communicate, the finding that many couples communicated more frequently over the phone than in person provides insight into how they find ways to make it work.

For many couples, communication via text and phone calls was essential to maintaining consistent communication with one another. One FR described how the phone is the only way that they communicate because of their busy schedules:

*So a lot of times, because we have multiple jobs, the phone is the only way for us to communicate. Because usually we're only at home at night, at best. And then if we're home at night, God only knows what we did all day [FR9, FF/EMT].*

While some couples communicated frequently while the FR was at work, many couples expressed an understanding that when the FR was on shift, they are largely unavailable to the family unless in the case of an emergency. One FR described how he and his wife have a strong, mutual understanding of what to expect in terms of communication while he was at work:

*So she doesn't need to speak with me for long periods of time throughout the day, just to feel like we're okay. We're forever okay. And so if she doesn't hear from me for 2 days, she knows that I'm not running off with some floosy. I'm not mad at her. She knows I'm busy working. It's not because I'm trying to ignore you. She also knows that if she calls and that I don't answer, it's because I can't talk. Or she'll shoot me a text and say, 'Hey, if you get a minute, please give me a call.' And so, and she even knows if she sends me a text message, I'm probably not going to read it either if I don't have time. So she knows that if I'm gone I am totally gone, and don't expect any communication. But when I am available I make every effort to [communicate] [FR12, FF].*

However, another couple held different expectations around how much the FR should communicate while at work. In brief, she felt that her husband had the capacity to connect with her more frequently while he was at work, which led to tension in their couple relationship. In this way, she experienced her husband's lack of responsiveness as indicative of more overarching problems in their relationship:

*He just doesn't want to answer me and that's not acceptable to me. I don't like sending a text message or asking a question and [him] tell me, 'Let me think about it,' or 'Let's talk about*

*it later.' You know, it's more of a he just avoids until something is a big problem [S1, LE].*

Further, this spouse's reaction could be indicative of how the expectations for law enforcement professionals to respond might vary based on the spouse's knowledge of the type of duty that the professional is on. For instance, if the spouse knows that their husband is providing security and is stationed in the patrol car for long periods of time, they might expect the professional to be more responsive. On the contrary, if the spouse is aware that the professional is running calls and therefore less available for contact, they might be more understanding of their husbands lack of communication.

Additionally, couples expressed how communicating while the FR is at work can interrupt important conversations. For instance, one couple spoke about how some conversations are dropped and never revisited again. He shared:

*If the communication is at work, we could be right in the middle of a very important conversation, or even a simple conversation and the tones drop and I'm like, 'Gotta go, later.' She literally called me Sunday or Saturday....she called me and we got started on a conversation and boom, 'Gotta go '[FR10, EMT].*

*And then we may never pick up that conversation again [S10, EMT].*

*Yeah, that conversation's gone, cause we just... it's gone. Or it might be hours before we get back to it or like I said, if we ever have it again [FR10, EMT].*

Connectedly, some couples described how they experience limits in their ability to find time to have important conversations about their relationship or address conflict. During a conversation with me about negative interaction cycles, one spouse participant responded:

*Every couple has those negative interaction cycles. Every couple has them [Interviewer].*

*We just have less time to deal with them, I guess, and less time to deal with them makes it easier for him to avoid, in a sense [32A].*

Indeed, another spouse shared about how days passed before she and her husband were able to acknowledge and attempt to repair a disagreement.

*I was having a bad day, and [I] just kind of lashed out at him, and then I went to sleep and texted him at like 2 o'clock in the morning when I was awake, and said, "This is what's going on. This is what I've been feeling." And then I didn't hear from him until 9 o'clock last night and that's the first time that we had had a chance to really talk about what was going on [S9, FF/EMT].*

In essence, couples in this study experienced challenges regarding the frequency and duration of their communication. In turn, they could struggle to find time to have meaningful, connected conversations and resolve conflict. Relatedly, because of the lack of time and communication that these couples experienced, they could also report experiencing a lack of romantic connection with each other.

### **We've Become More Distant: Couple Disconnection**

When asked to reflect on how stressors related to the profession influenced their couple relationship, participants frequently emphasized how little time they felt they had to spend connecting as a couple. About half of these couples struggled to find time to provide undivided attention to one another.

*How has the stress of law enforcement impacted your couple relationship? What would you say [Interviewer]?*

*I definitely feel it has negatively impacted it. Unfortunately, we don't get to spend time together [S7, LE].*

One spouse stated this scarcity of time together quite clearly: *How do we function? I don't know. Like passing ships half the time* [S3, LE]. Another participant noted how trying to find time to connect as a couple can become a stressor within itself saying: *Just trying to make time for each other is stressful* [FR10, EMT]. Further, couples expressed how, alongside the demanding nature of the FR's schedule, the time commitment that their parenting responsibilities required also constrained their availability to focus on their couple connection. One participant said: *Even though we're together, we don't have that time alone because we're always around our kids. So I will say quality time is unfortunately low versus what we wish it could be* [S2, PM]. Another spouse shared about the times that she has yearned for uninterrupted time to connect with her husband:

*I feel like there was also things that I'm like.... Oh, he's my husband and I wanna do things with him, too. I just wanna be able to have a conversation with you without a kid screaming in the background, or just sit down and have a meal together that doesn't involve highchairs and messes and things* [S6, LE].

Similarly, one couple shared how they feel that their roles as parents has taken precedence over their couple connection:

*Unfortunately, I feel like, especially right now, the way things are, that we are more sometimes parents than we are a couple* [S7, LE].

*Yeah, I agree with that because there is little time together. You know, we feel like we have to concentrate on the kids with the little time that we have. And then there's just nothing left for us* [FR7, LE].

About half of the couples expressed how the feelings of connection with their partner has been negatively impacted by the time spent away from their partner. One participant stated an awareness of the connection between the scarcity of time and higher divorce rates among FRs:

*It's really affected our relationship. I know we've been married for that long, and we've kind of become a little bit more distant, unfortunately, just because of the time spent apart. I mean, I'm sure you know the ratio. How many relationships succeed versus how many don't succeed in public safety, and I know it's a huge high divorce rate [FR2, PM].*

Indeed, multiple couples shared how their weakened couple connection led them to feel like they were living separate lives or living as roommates instead of romantic partners. One spouse put into words how she and her husband came to a pivotal juncture in their relationship where they had to decide if and how they could remain a romantic couple: *I feel like we just get pulled in so many different directions between his job and my job and home life and everything that we just we don't know which path to take to get back to each other [S10, EMT].* About a third of the couples spoke about reaching a decisive point in their relationship where they contemplated whether to continue their relationship:

*We felt like perfect roommates. But we were just like, you know, maybe we go our separate ways because, romantically, we're not dating. There's no time for dating. And I was like, this is too much. I wanna have my own life separate from you [S8, FF/PM].*

Ultimately, the couples who deliberated whether to part ways chose to stay in their relationship, setting intentions to strengthen their couple connection. This couple, for instance, related their disconnection back to the importance of communicating with one another:

*Our relationship is better now than it has ever been, I believe. Even though it's stressful and we're busy, we have overcome some things in the last 5, 6 years. We had to take a*

*step back and look at our relationship and figure out how to make it work. And we did. It's all about just really just communication [FR10, EMT].*

In essence, the couples in this study operated within intensive constraints to their time, which had implications for their communication and, in turn, their couple connection. Still, couples were resilient, and shared about the ways that they overcame adversity together. The subtheme, *Making the most of our time: Couple and family coping*, explores how couples described leveraging their most precious resource: time.

### **Making the Most of Our Time: Couple and Family Coping**

When speaking with these couples, I found myself wishing that I could stop time for them so that they could take a deep breath and focus on each other. Most of the couples in this study emphasized that they cherished the time that they did have together as a couple and as a family. Protecting their time together as a couple and family helped them to cope with the time that they spent apart. Some couples in this study described how they found ways to stop the clock, turn towards each other, and experience moments of intense love and appreciation for each other. They realized that the time they have together is precious and they were intentional about appreciating the time that they share as a couple and family. One spouse said, *I think we treasure our time together because of the times that were apart [S15, FF/PM]*. This spouse went on to compare their experience to the animated movie 'Inside Out,' which illustrates the range of human emotions (e.g., joy, sadness, anger, disgust) and how all emotions are a necessary part of the human experience. She said,

*You know that movie Inside Out? How because of sadness, you have joy? I think that that is a perfect picture of this FR life that we have. We have the hard and the sad and the lonely, but we also have really sweet times of being together [S15, FF/PM].*

One couple shared how they practice acceptance around the times of disconnection and inconsistency in how much time they have together as a couple. They prioritized utilizing the time that the FR had off work to reconnect and revitalize their relationship.

*Every couple has seasons where they don't connect, and then, before I know it, he's back, and I'll make sure I don't schedule any clients for a day, and we'll go out to eat, or we'll go for hike, and we just have to be more intentional [S12, FF].*

*We make that a priority. It's not always possible, but we try to at least once a week where we just have time as a couple. So we just we try to do that as much as possible cause we understand the importance of it. And we understand that it's just chaotic [FR12, FF].*

In addition, FRs spoke about how witnessing struggling families and marriages as a part of their job, both in the community and in their colleagues, further facilitated an intention to treasure their relationship. FRs spoke about their intense feelings of appreciation for their spouse and shared that their professional experiences could foster a strong understanding of what not to do in a relationship. One law enforcement professional shared how witnessing domestic violence calls helped him to further understand the importance of being open and honest with his wife:

*When I used to work like domestic calls, the smallest thing might have started [the domestic dispute], and then it just tore the relationship apart. So my goal as a husband is to just like be transparent. Don't try to hide anything and be honest [FR6, LE].*

Another FR shared how the job has taught him about the fragility of life, which fosters a sense of urgency to “not go to bed mad”:

*One thing we've really also done is we've agreed that we wouldn't go to bed mad at each other. We really try to stick to that, even if I'm at work, and she's at home. We try not to*

*just because, again, the stressors of the job have shown me that you never know when this moment might be the last [FR10, EMT].*

In conclusion, most couples shared that while the race for time together was arduous, they found ways to intentionally reconnect and appreciate their spouse.

### **She Experiences it With Me: Sharing the Emotional Stress**

Please swallow your pride

If I have things you need to borrow

For no one can fill

Those of your needs that you won't let show

-Bill Withers in *"Lean on Me"*

A majority of the participants in this study shared how they navigated the stress and emotional impact of the FR's profession as a couple. Couples acknowledged that their relationship could be a place of emotional solace and support when weathering stress related to the profession. However, there were variations in how couples accessed support through their couple relationship. For instance, couples spoke through their navigation of sharing and listening to details of particularly traumatic or critical events that happened at the FR's work. The extent to which FRs shared details of critical events with their partner was influenced by a two important factors: how helpful the FR felt that sharing about the event was and the spouse's emotional capacity to listen. Sometimes, the FR found that they had to "swallow their pride" and share with their spouse even if the FR culture taught them to withhold their emotional responses from everyone, including their partner. For some couples, the FR sharing about work-related events proved to be beneficial for the FR's emotional state and increased feelings of closeness in the couple relationship. For example, one firefighter shared how processing particularly tragic

work-related events with his wife was his most reliable emotional outlet, as emotionally processing with his work colleagues is not culturally acceptable at the fire station:

*It's kinda bad because I kinda unload on her and she is my wife. You could add this to her role: psychiatrist. She's a psychiatrist, you know. It's kind of like an unspoken rule in a firehouse [that] if you go through a bad call.... if it's really bad, [the department] will talk to you. They'll let you get a couple of days off but for the most part, everybody has a significant other that they kind of talk to, if they're close to them like that, that they kind of talk to to unload. I kind of unload on her, and you know, tell her 'We had a bad call today,' or something like that [FR13, FF/EMT].*

In response, his wife shared how she felt that, when he shared about difficult work events, it strengthened their couple relationship and helped her to feel more connected to what he was experiencing at work.

*I think it brings us closer, if that can make sense. Just because with your partner there are things that I know about him, and he knows about me, that no one else in the world knows. So, even though some of those aspects might be sharing something tragic that happened at work, it still allows me to know what's going on in his heart and what he's experienced and keeps us close to one another. And it helps me to be more sensitive to what he's experienced in the last 24 hours when I was just here doing the mundane things. He was, you know, up overnight, or he was helping somebody get out of a car that was trapped, or something on fire. So it's not that I minimize what I do, but I have to be his support when he has things like that he needs to talk about [S13, FF/EMT].*

Other couples shared that the FR grew to understand the importance of sharing about difficult work events with their partner over time. As stated above, the FR's work environment

oftentimes discourages FRs from emotionally processing events with anyone. Instead, they are encouraged to “compartmentalize” and “leave their work at work.” A few couples noted how, over time, this compartmentalization effort was not healthy for their couple relationship. In response, the FR made intentional changes to share more with their spouse:

*It's also come from me, too, to be able to share with her, saying, 'Hey, when I get home, this has been really too much,' and being able to kind of share a little more with her than than I have in years past. Just because, yeah, she experiences it with me [FR3, LE].*

*What does that mean for your relationship when he's able to share a little more? What's it like for you [Interviewer]?*

*I think it's still in the process. I mean, it definitely helps me understand, like, why he may not be in the best of moods when he comes home or whatever but it also, I know if he's seen something traumatic, it helps me understand that it's gonna be a couple days for him to come to grips with whatever he has seen or dealt with and we just try to take those as slower days [S3, LE].*

Similarly, another spouse spoke about how the concept of “sharing” has evolved over time in their relationship. Like the aforementioned spouses, when the FR shared about traumatic events that happened at work, it helped them to feel more connected to the FR’s emotional world:

*I mean, he's been better in the past years, but before that, when you're getting to know each other, I wouldn't really understand the reason for him being withdrawn or being quiet. And when you don't know the answer, you're left wondering. And I'm a very anxious person when it comes to that. Like, why is he quiet like? Why is he not talking to me? And I didn't necessarily pair that with the trauma that you [husband] saw at work. But in the*

*past year; he'll tell me like when he had a rough night or when he saw traumatic run, and so I just know to be attentive to that. I think it just takes more awareness for me to understand that how he's acting or he's saying or what he's feeling isn't necessarily because of me, or because of our kids. It's because of something that happened at work [S11, FF/EMT].*

For some, sharing about work-related events increased feelings of understanding and connection between the couples and provided context for the FR's behavior. However, couples differed in terms of how much detail the FR felt it was necessary to share and how willing spouses were to hear about work-related events. For instance, some FRs spoke about withholding details of events to protect the spouse: *Well, we share a lot, but there are some things that I don't share, just because I don't want to stress her out with things that I'm having to deal with [FR10, EMT].* On the other hand, sometimes the spouse was the one to place boundaries around what work-related events they can handle hearing about from the FR:

*Non-serious things, I'm fine, but anything that's in the realm of what I would consider serious, I don't want to talk about it. I don't want to hear about it. It stresses me out. So we've been like that since the beginning. And I hate it for him because I want to be supportive of him but I wouldn't be able to cope if I dealt with that. So I think that that makes us very different from a lot of couples that I know [S7, LE].*

Essentially, sharing the emotional weight of the profession, particularly the emotional impact that resulted from work-related traumatic events, was a balancing act for couples in this study. While the couple relationship could be a place of support, sometimes, cultural attitudes and personal boundaries informed how much couples in this study shared the emotional weight.

### **It Definitely Changes How You Parent: Work Stress Spills Over into Parenting**

What has been seen cannot be unseen, what has been learned cannot be unknown.

-Cynthia Woolf

All participants spoke about how stress related to the FR profession spills over into the parenting domain. This theme, *It definitely changes how you parent: Work stress spills over into parenting*, encapsulates how work-related experiences (i.e., exposure to stressful or traumatic events) and behaviors inform the parenting experience of the couples in this study. Alongside their descriptions of how the stress from the job impacts their parenting, participants also described how spouses often buffered their children from any negative parenting behaviors that can result from work-related stress. The three subthemes that inform the essential theme are explored: (1) *I protect them even more: Work experiences shape safety-focused parenting practices* (2) *I'm still in that work mindset: Parenting reactions* (3) *A soft place to land: FR spouses*.

#### **I Protect Them Even More: Work Experiences Shape Safety-Focused Parenting Practices**

Study participants described how their exposure to work-related events influenced their parenting experiences. More specifically, participants stated how their exposure to critical events led to a heightened concern for the safety of their children and, in turn, influenced their parenting decisions. One spouse shared: *I mean things that he'll tell me, or that he sees, it definitely changes how you parent and what you let your kids do or not do* [S3, LE]. Examples of rules that the participants enforced as a result to their exposure to work-related stress ranged from strictly adhering to the legal guidelines for car safety (e.g., use of car seats, not allowing preteens to sit in front seat) to carefully choosing which friends their children can spend time with, to restricting their children from going to sleepovers. Two law enforcement officers noted how they do not

allow their young children to attend sleepovers because they are aware that sexual abuse often occurs within families or with family friends:

*You know, something that I see at work, specifically with kids, is going to a friend's house and they get sexually assaulted and what not. That's a rule for me is like, alright, you're not gonna go to sleep at your friend's house. That's not gonna happen. And I know that hurts my kids, but I want to make sure that they're safe. I want to make sure that they don't go through a traumatic experience that, later in life, they're going to get impacted by [FR14, LE].*

Another FR described their concern for safety as a result of running “nasty calls” involving children. Further, he describes how he wrestled with the question, “Am I being too overprotective?”

*You know, we go on these really nasty calls and these crazy things that most people never see and we've got to deal with it. And you get the luxury of, you know, dealing with the families who are going through this and trying to explain to them that, despite our best efforts, there's nothing we could do to save their loved one. And all that stuff really sucks, and it especially sucks when it's a kid. And then it sucks even more when it's a kid and it could have been prevented. And so, as a parent, I look at that and say, 'No, you're not doing that, because I've been on that call.' Something as simple as riding your bike a mile down the road without a helmet, you know, that's dangerous. And in some cases, I've been a little too overly protective, but then I would quickly argue that I don't think I have been because in a lot of cases parents aren't doing enough [FR12, FF].*

Their spouse agreed with this conclusion that the concern for safety was not overprotective, but instead, “aware parenting” that was informed by the events he had witnessed:

*I would argue that it's not overly protective parenting. I would argue that it's probably more necessary and accurate in a way that I think more parents actually need to be involved [FR12, FF].*

*Maybe very aware parenting? You don't have the luxury of not knowing or not seeing some of these things [S12, FF]?*

Most couples presented in agreement around parenting practices that stemmed from a concern for safety. FRs noted that it was not solely their exposure to traumatic events that influenced their parenting, but also their frequent exposure to parents and parenting challenges in their community. In one law enforcement officer's case, he had recently started working closely with parents and adolescents as a resource officer:

*The way that I parent now after dealing with other parents in the world and some people who should not be parents....it makes me want to try even harder to teach [my children] what to say, how to be respectful, and what not to do. That way they don't... I mean, I don't want to talk bad about others kids, so they don't end up being losers [FR4, LE].*

In essence, most participants noted how their exposure to work-related events created an intense desire to prepare their children to navigate society safely and successfully. Other couples shared how, as opposed to feeling "overprotective," the job's training enabled them to act as skilled teachers for their children: *You can't protect them, but you can't prepare them to face the world that they will inevitably have to deal with [FR12, FF].* As such, witnessing and managing traumatic or stressful work situations did not solely lead to intense concern for their children's safety; the FR's experience also provided parents with a unique set of skills that they could use to teach their children. One firefighter and paramedic stated: *So in my jobs, which are inherently dangerous, your safety comes from your training, not from avoidance [S15, FF/PM].* As such,

some participants expressed how they sometimes described work-related events, particularly events in which someone was harmed, to their children to deter their children from engaging in potentially harmful activities.

It seemed that at heart of this theme was an intense desire to keep their children and family safe. One FR shared that his professional experience *changed the way that I look at life and I look at my partner, and I look at my children. I protect them even more, because I see the dangers of this world, see this sickness in this world* [FR10, EMT]. The intense concern the FRs have for their children was often partnered with an intense appreciation for their kids and family.

### ***Intense Appreciation for Children***

Witnessing especially difficult events involving children shaped more than just the FRs' protective nature. Directly following events, particularly those involving children, about a third of the FRs shared how experienced fierce feelings of appreciation and even tenderness towards their children. One FR shared how these events helped him to take a step back and parent with gentleness:

*Any type of call involving a child.... Instead of being so stressed out and going straight to yelling, it makes me take a step back and be grateful that they're here and not like some unfortunate kids who don't have an option of what situation they have going on at home. It makes me grateful for the life that I live and the life that I am bringing my kids into. Calls involving children is what effects the way I parent* [FR4, LE].

Another FR shared that, following a tragic event involving a toddler who drowned, he wanted nothing more than to go home and hold his baby. It was like all other life stressors faded into the background:

*I came home, and it was like the most valuable thing in my life at that time was my 16-month-old son. Nothing else mattered: not the car, not the house, not finances, not my wife. At that moment, the only thing that I was focused on.....I walked in and walked right past my wife after that [event], and I said, "I need a minute" and I just picked up my son who was asleep and just held him. Because in that moment I valued him more than anything else in the world [FR9, FF/EMT].*

Essentially, the nature of the FR profession had multifaceted implications for their parenting decisions and behaviors. At the core of these decisions was a meaningful intention to protect their family and ensure their children were not in harm's way. While some work-related events could elicit fierce feelings of protection and appreciation, couples in this study also shared how stress and behaviors related to the FR profession could sometimes lead to reactive parenting.

### **I'm Still in That Work Mindset: Reactive Parenting**

Participants in this study described how a spillover of work-related stress and behaviors from the FR profession impacted the FR's parenting behaviors. Couples described how, at times, FRs could react with anger or harshness because of lingering stress and work-related behaviors. During one interview, I likened the FR's experience to having a well of patience or a "patience meter." Throughout the workday, their "patience meter" would deplete, which meant that it was more difficult for them to respond to their children with gentleness when they returned home:

*You have to have a lot of patience doing this job and people don't necessarily listen to you a lot of the time. So you're caught repeating yourself and then it gets to the point where it's escalated. The stress that gets home from work is now being put on [my wife]*

*and the 2 kids. When I tell the kids to do something while I'm still in that work mindset and they don't listen the first time, it immediately escalates [FR4, LE].*

*If you're having to have patience all day on certain calls or with people in the community, it's like your patience meter is running thin. And then you come home and when you have little left in your patience meter, it's more likely to come out at home with the wife and kids. And then you find yourself kind of speaking with them in a way that you would speak to...[Interviewer]*

*To someone out on the street [FR4, LE].*

One spouse put into words how she sometimes perceives her FR spouse to be hyper aroused when he comes home from work. She connects his harsh reactions not to his personality, but to his stressed-out mental state: *Like I said, with him not being a naturally angry person, I see that he's just like hyper aroused when he comes home. So anything sends him over the top, really quickly [S14, LE].* Later, this spouse goes on to describe: *Because of being a police officer, it is harder for him to have compassion for the kids in the moment because he is entering crisis mode as a stress response:*

*[My husband] is one of the most compassionate men you'll meet, he's not a typical guy in that way. And so for him to not have compassion for our kids in the moment, in those situations, I think it's something about going in crisis mode. It's like his job is to make sure everybody's in control. And so he's like, with very little emotion. And so he doesn't have a lot of compassion in those moments [S14, LE].*

More participants described how FRs sometimes responded to stressful parenting situations similarly to how they respond to a work scenario, with a demand for control. One FR

provided a vivid description of how he viscerally experiences himself morphing into his FR form while parenting:

*So with me, if I feel that I'm losing command of the room, typically my posture changes. I've become aggressive. I'll tense up my shoulders, nostrils will flare, my eyes will kind of change. My tone will drop to more of a guttural kind of sound. And unfortunately, if I feel like I'm losing the room with my children, some of that kind of intrinsically comes out. My posture will change, my tone will change. They'll see that I'm not as much "Dad" as I am the authoritarian that has to come out. And, sometimes, it is too aggressive for the context of the situation [FR2, PM].*

Another participant, a law enforcement professional, reflected on how he used to bring his disciplined mindset from work into his parenting:

*So the mentality at work was structure, structure, structure, structure, discipline. Be hard. So I would come home and because [as] people in authority we're being harsh and presenting that harshness is the way to discipline and discipline is the way to obedience and everything having structure and order. The military mentality...I found myself enacting a lot of that at home [FR5, LE].*

A few FRs whose children were in their teenage years at the time of the interview reflected on how they have come to realize the adverse consequences that their harsh parenting had on their relationships with their children. Additionally, they described how they could tell that how they were behaving as a parent was harming their relationships, but they did not know how to stop their behavior.

*I remember, in the first years of being in law enforcement, everybody was kind of excited to see me in my uniform. Probably about 4 to 5 years after being in there, that's when you*

*kind of notice that change in people. You know, I noticed it, but I didn't know how to deal with it. I would come home, and instead of the kids running to me, they would just kinda disperse. Everybody would be gone. They wouldn't want to be around. And you know, that's hard to know that something's occurring, but not knowing really how to handle that or fix that [FR3, LE].*

While some professionals reflected on how their harsh parenting negatively influenced their relationships with their children in later years, many FRs, particularly those with younger children, noted that they made frequent repair attempts with their children after a harsh reaction.

*And there have been times I've had to look at my kids, especially my oldest because he kind of understands.... it's always something that happened at work. But I still try to make it a point to look at him and go, 'Buddy, I want you to know I'm in a bad mood, and it's not anything you or mama your brother have done. I blew my fuse at you when it was something little, and I shouldn't have. No, you shouldn't have done that. But I overreacted, and I'm sorry for that [FR9, FF/EMT].*

Essentially, participants in this study acknowledged that they could react harshly to their children because of lingering stress or work-related behaviors. In turn, spouses described how their parenting was sometimes shaped by the need to buffer or comfort the children in response to stress being brought home from work.

### **A Soft Place to Land: First Responder Spouses**

Most spouses described their parenting as a warm, comforting presence in their children's lives. All non-FR parents in this study were female, which surely informed how they described their parenting role. In other words, females are often socialized to engage in more gentle parenting approaches, while men are often socialized to take on more directive, authoritarian

approaches. While the spouses' parenting role was not solely shaped in response to stressors associated with the profession, spouses in this study shared how they acted in ways to buffer the stress associated with the FR profession from their children. Buffering could look like spouses responding to discomfort or sadness that children might experience because of the FR's absence or explaining why the FR might be in a bad mood. Further, spouses described acting as a buffer by intervening when the FR engaged in harsh parenting.

One spouse put into words how they took on role of comforter when their young children are missing their dad: *I'm here at night more, so when their crying for Daddy and things like that, I'm always here* [S10, EMT]. Additionally, spouses described making efforts to distract their children from the FR's absence. For instance, one spouse framed her parenting actions as a sort of "compensation" for her husband's absence:

*Do you feel like what he does now as a law enforcement professional has impacted the way that you parent, too* [Interviewer]?

*Kind of, yeah. I feel like it's made me more involved, in a way. Not that I wasn't involved before, but it's made me just put in more effort to almost compensate. I'm just trying to make their lives happy and fun and teach them stuff all at the same time. So yeah, it's almost compensating, in a way* [S4, LE].

In brief, spouse participants described doing their best to comfort their children and "make up" for the fact that the FR parent was often absent. One FR described his wife as a being *a soft place to land* for their children. Essentially, the FR spouse was the steadfast comforting presence for the children. However, the spouse's role as comforter took the form of protector when the FR was acting harshly, which could lead to tension between the couple.

### *Coparenting Conflict when Spouse Intervenes*

Spouses expressed that when stress from the profession impacted the FR's parenting, they intervened to emotionally protect their children. Spouses had to navigate feeling protective towards their children while navigating their coparenting relationship when they disagreed with the FR's actions. When they acted as a direct buffer between the FR and the kids, this often led to tension between the couple. While FRs struggled to change their behavior in the moment that the spouse intervened, most retrospectively understood why their spouse stepped in. One FR considered the times when his wife intervened or tried to get him to parent more gently. Retrospectively, he realized that he did not have the tools to 'disengage' from his emotions in the moment:

*Yes, [my wife] told me multiple times, 'You're not being kind or really listening to the kids,' but I still didn't take that to heart, because I didn't know how to change or disengage from a law enforcement aspect of dealing with kids in any kind of disciplinary issue [FR3, LE].*

Another spouse described the intense protective feelings that surfaced when she witnessed her husband harshly disciplining their children. In those moments, she was fiercely connected the painful experience that her children were having as the FR was yelling at them. She described how acting as a buffer between her husband and children was distressing:

*I'd be like, 'Oh, I'll teach you! Stop hurting my children!' And it wasn't that I wanted to insert myself or to take away his relationship with them, it just was that innate [feeling that] I need to protect them. And so, for me, it was really hard to watch [S7, LE].*

Other spouses described how they tried to tactfully ask the FR to step out of the parenting situation in order to calm down. One spouse provided an example how she intervened when her husband was in a bad mood at home:

*And there are times that his mood and all that like towards the kids, I finally had to tell him one day, 'Look if you need to go, go. Go take a walk, go take a ride, do what you need to do.' There's times where he'll come home, and all he is just ill towards everybody. So that stresses me out because the kids, you know, they're like, 'Well, what did I do wrong [S10, EMT]?'*

Another spouse spoke to how it was difficult to redirect her spouse in the moment. Sometimes, intervening when her partner was in the midst of a stress response could cause him to escalate more: *In those moments sometimes he can't be redirected, and so I'll go like, 'Hey, sweetie, you can't talk to the kids that way,' and it just escalates him more [S14, LE].* In essence, the spouse's attempts to intervene while the FR was experiencing a stress reaction could often lead to feelings of frustration or disconnection between the couple.

### **Not "Normal" Parenting: The Profession Divides Parenting Responsibilities**

And the cat's in the cradle and the silver spoon

Little boy blue and the man in the moon

"When you coming home, dad?" "I don't know when"

But we'll get together then

You know we'll have a good time then

- Harry Chapin

All participants spoke about how the profession informed their division of parenting responsibilities. Sometimes, this division of responsibilities was influenced by stressful

characteristics of the profession and sometimes the inequitable division of parenting responsibilities was the stressor itself. Three subthemes emerged from the essential theme: (1) *There's things I can't be a part of: Limits to FRs parenting responsibilities* and (2) *He's here but he's not here: Navigating the first responder's emotional availability* and (3) *I have to be on all the time: The spouse's parenting role.*

### **There's Things I Can't Be a Part Of: Limits to the First Responder's Parenting Responsibilities**

All couples spoke about the challenges presented by the limits that the FR profession placed on the FR's parenting availability. The demanding nature of the FR's schedule often meant that the FR parent missed meaningful milestones and parenting moments. Participants expressed that FR's schedule often meant that they were absent from the home for long periods and sometimes days at a time. This absence shaped the extent of the FR's parenting role on a day-to-day basis and overtime. For instance, one FR reflected on missing stages of his children's life: *I am at the point where I feel like my whole life has been spent on an ambulance. To the point where I've missed a lot of my kids growing up, and I've missed a lot of stages in their life* [FR2, PM].

FRs described how their schedule was demanding and unforgiving. Unlike many professions that allow some level of flexibility (i.e., calling out of work when their kids are sick), FRs cannot change their schedule or call out of work easily, if at all. One FR verbalized how he made meaning out of being away from his family:

*I'm not saying that being a "normal" parent is not stressful, but it is a little more stressful for me I feel like because of the amount of time I have to spend away. I'm not here at nighttime for bedtime. I'm not here to help [my wife] get them [the kids] ready for*

*school every morning. I'm not here for when, it never fails, when they throw up in the middle of the night when I'm at work. When they're running a fever when I'm at work. You know, those things that I can't be here to be a part of. Things that I feel like are an integral part of being a parent. I can't be there for those because I'm at work as a first responder and I can't just drop ship and come home [FR10, EMT].*

For some FRs, knowing that their spouse was taking on most of the parenting responsibilities could bring up feelings of guilt and helplessness. One professional expressed how his helplessness was partnered with a blossoming resentment for the profession: *Of course, I wish I had less hours at work, or you know, maybe the same days off. I feel bad that I can't be here [FR7, LE].* He goes on to say: *It also kind of starts starting to make me resent the job as well, because it's having such a such an effect on our family life [FR7, LE].* Another FR shared how it felt to know that he was not at home to help with their baby because he was at work:

*I could call from the housing unit, or whatever, and I could hear the kids screaming in the background. And it's just like I can't do anything about it. I literally, I can't. And it kind of sucks on my end, knowing that you can't give that help and support [FR6, LE].*

Later in the interview, this same FR related how he felt like being the “fun dad” when he was home was a way to try and compensate for his absence. He wanted his children to think of him positively:

*Yeah, I got to be the cool dad and do all the cool stuff with the kids. Looking back on it, it's not beneficial but it's just kind of cause I wasn't there. It was only way, not the only way, but it felt like that was the quickest and easiest way to make the kids like, 'Daddy!' [FR6, LE]*

In fact, most couples spoke about how the FR was the “fun parent” in that the presence of the FR can create a sense of novelty and excitement in the household. One spouse said: *When he comes home, [the kids] are like, ‘Daddy, Daddy, Daddy, Daddy!’ I feel like I’m always here, so they’re never excited to see me cause I’m always here* [S13, FF/EMT].

In essence, this subtheme, *There’s things I can’t be a part of: Limits to the first responder’s parenting responsibilities*, encapsulates the FR’s experience of being physically away from the family. However, the profession did not solely place limits on the FR’s physical availability (i.e., FR being at home); work-related stress and traumatic stress could often limit his emotional or mental availability for parenting as well. Couples also conveyed the challenges of navigating the FR’s emotional availability as a result of stress related to the profession.

### **He’s Here But He’s Not Here: Navigating the First Responder’s Emotional Availability**

A majority of the participants described that the physical presence of the FR in the home did not guarantee an emotional presence; fatigue from lack of sleep or lingering emotions resulting from work-related stress hindered their emotional availability. The lack of availability was stressful for both the spouse and the FR. One FR shared about his exhaustion coming home from work and how this hindered their ability to engage with the family: *So working 24/48 shifts, coming home exhausted, wanting to be part of the family, but just so tired that it’s just not really feasible. That’s been probably one of the biggest stressors over the last 8 years* [FR8, FF/PM].

Another spouse shared her perspective on what it was like when her husband would come home exhausted from work. Even though the couple discussed how they wanted to raise their children within a close-knit, active family, it felt like the profession impacted her husband’s ability to follow through with their parenting goals in the moment:

*We both knew how we wanted [to raise the children], like the morals we wanted to raise our children with, but it got really hard because he would be tired but he'd wanna see the kids. So there was like this push and pull of like, 'I really wanna see the kids but I'm exhausted.' And then he would kind of get snappy, and then the kids didn't know why he was snappy, because they're little. How do I navigate all of that? And that was that was very turbulent for a while [S5, LE].*

Another spouse described what it is like in the home after her husband arrived home from a shift:

*And then the kids sometimes don't understand that he's tired, and they want to talk to him, do something with him, and he's tired. He needs to rest. So, even though he was gone for those 24 hours, he still needs more recovery time, especially the day in between. So he's here, but he's not here, that's how I'll say it like he's here, but he's not. He's still recovering [S13, FF/EMT].*

Participants also described how the FR's availability was impacted when they were experiencing lingering work-related stress in the home:

*Work stressed me out even when I was here at home. I couldn't be present with my kids because I was [mentally] at work trying to figure something out or thinking about a situation with my coworker or what I could have done better in a situation. Like there was one [work] situation that was a close encounter. I could have been injured really bad, you know, and I was really upset by it, because I let my guard down, and so I couldn't let that go for days [FR14, LE].*

For spouses, a lack of emotional availability on part of the FR sometimes led to feelings that they could not rely on their partner, even when he is physically home from work. The

spouse's feelings of loneliness when the FR was physically away could continue even when he was home.

*I just feel like sometimes I can't rely on him when he comes home from work, either, because I know he's had a hard night, or that he hasn't slept. And so I feel like I'm alone on some days that he's here. He's here, but he's not here, like he's not fully physically, mentally in a place to parent or talk to his wife or whatever [S9, FF/EMT].*

Spouses often spoke about navigating the FR's emotional availability on their days off. Essentially, spouses described having to remain flexible and be prepared to change family plans. For instance, they might have planned to do something fun as a family on the FR's day off, but when the day comes, the FR is not up to the task. This called upon the spouse to be understanding, even when it was frustrating.

*I'm like, oh, man! Now I'm doing this by myself, just because, you know, he's tired and he doesn't want to. And then, even if he tries, it feels more like a forced thing where you're like, he doesn't really want to. He's tired, let's just not do it. So, it takes a toll on the things that you feel like you want to do or could accomplish [S4, LE].*

This subtheme captures how the FR profession created limits not solely on the physical presence of the FR, but their emotional presence as well. FR spouses navigated the FR's physical and emotional availability. Further, spouses expressed how they took on a majority of the parenting responsibilities.

### **I Have To Be On All of the Time: The Spouse's Parenting Role**

When asked to reflect on how work-related stress impacted their experience of parenting, spouses in this study emphasized how their greatest source of stress resulted from bearing most of the parenting responsibilities. Spouses expressed how stressful it was to be responsible for

making most of the parenting decisions, coordinating childcare, overseeing the family's schedule, and completing the bulk of household chores. While carrying these responsibilities could sometimes lead to feelings of empowerment and independence, spouses also reported that they experienced feelings of loneliness and yearning to not have to take on so much alone.

Spouses noted how when the FR profession limited the FR's availability, they could often feel like they were single parenting. These responsibilities weighed heavily on spouses, especially those who also worked full-time jobs: *I'm the one who has to solve childcare issues. I'm the one who has to figure out how we're gonna have groceries in the house, and I still have a full-time job, so that's stressful* [S7, LE]. Spouses also described how they had to make a majority of the parenting decisions on their own: *I'm used to being the decision-maker in a lot of ways for our kids and stuff like that and scheduling* [S15, FF/PM]. Sometimes, spouses described overseeing more parenting decisions than they would like. Not having frequent and consistent opportunities to connect with their FR partner could lead to feeling like they were not on the same page parenting wise:

*I feel like I have to make more decisions on my own than I might make if he were here more when I had to make those decisions. Which is, you know, not necessarily bad or good. It's just that I think it leads to us to not always being on the same page because there isn't that opportunity and time to discuss things* [S7, LE].

During a few conjoint interviews, spouses spoke about feeling like a single parent in front of their partners, noting that they are hesitant to use the term "single parenting", even if they feel that is the best way to describe their experience:

*I mean, that is one thing that sometimes.... and I don't wanna say...[S10, EMT]*  
*You're doing it by yourself* [FR10, EMT].

*Yeah, I mean sometimes I feel like I'm a single mom [S10, EMT].*

Another spouse shared how there have been stages in their life that the law enforcement professional worked so much, that the family did not see him for months:

*I guess for me, I feel like I've always single-parented, which I know he doesn't really like to hear. But it's kind of true, especially when he worked for a different county. They had so much mandatory overtime that the kids didn't see him. And if he was on night shift, they would go months without, you know, actually seeing him [S3, LE].*

Spouses expressed how, because most of their time and energy was spent maintaining the household and parenting responsibilities, their personal wellbeing suffered: *But then the day-to-day, I think that the single parenting, it can wear on me. It can just be exhausting just being the sole parent and adult [S15, FF/PM].* Others shared how they did not feel that they have time for themselves: *I joke a lot of times that I am the executive function of the house and it's hard. And it doesn't leave me in time for me [S9, FF/EMT].*

Indeed, multiple spouses described going through stages of their life in a “survival mode,” especially when they had young children or infants. One spouse reflected on a stage of life during which her husband worked night shift and they had 3 children under the age of 3: *I look back and I have no idea how we survived that. One foot in front of the other [S14, LE].*

More than one spouse spoke about how having young children or multiple children while their partner worked night shift negatively impacted their mental wellbeing:

*I was just so depressed when he was on night shift. Because, like all the pressure was on me. Everything was on me. And I was not the best parent either, because I was just like.... I'm gonna survive. Like whatever it takes to make them happy, to quit crying, to quit driving me crazy [S6, LE].*

When spouses reflected on how the stress of having most of the responsibilities weighed on them, many noted how they could feel unacknowledged and lonely. One spouse said: *I think that goes back to the workload of the household. I think that's where the biggest stress [comes from], of just feeling very alone in everything that I do* [S4, LE]. For some spouses, feeling alone in their parenting could lead to feelings of resentment towards the FR. Another spouse talked about how putting most of her time and energy into the collective “family pot” could feel unfair: *You build a little bit of resentment that so much of your time and energy goes to like this pot versus yourself* [S8, FF/PM].

### ***Independence***

While most spouses expressed feeling lonely and overwhelmed with their parenting responsibilities, many also expressed a sense of pride in their ability to independently problem-solve and care for their children without their spouses. One spouse described how the profession requires spouses to lean into a sense of independence: *This lifestyle does not lend itself for me to be a damsel in distress at all. There's so much that I just pick up and do that I know for a fact other wives just don't do* [S9, FF/EMT]. Another spouse made a connection between the independence that the profession requires her to have and how intentionally she and her husband have to be in communication with each other. Further, she discussed that the level of intention she and her husband have to possess is positive for their relationship:

*We have to intentionally communicate because we are so independent. It does work for us, too. I mean, I don't need him to help me make most decisions. Some people are scared to make decisions on their own, and I'm not. I like him to be part of it, I want to be in partnership and have partnership on decision-making things, but at the same time, I don't*

*have to have it. And so, I think that's good that like the kids make us be more intentional than maybe our personalities would have been, which is good [S15, FF/PM].*

In essence, the spouses in this study experienced a parenting role that was defined by taking on most of the parenting decisions. While this was sometimes an overwhelming role, many spouses in this study also described feeling supported when the FR trusted the parenting decisions that were made while they were at work.

### ***Trust your Spouse***

Over a third of the participants in this study expressed that when the FR conveyed trust in their spouse's parenting skills, they were less likely to experience conflict over parenting decisions. Further, couples said that when the FR trusted their spouse to make parenting decisions, the couple felt like they were a coparenting team even when they were not physically together. One spouse shared how she felt confident in her coparenting relationship with her husband because there was an understanding that he will *support whatever disciplinary action I had to take, even when he was gone* [S11, FF/EMT]. Her husband stated that, even when he was not physically at home, he felt that he and his wife were always *making decisions together because we just support whatever decision the other person made* [FR11, FF/EMT]. In fact, multiple couples shared a similar experience, stating that their coparenting relationship was positively impacted when the FR supported and endorsed the parenting decisions that were made while they were gone.

### **Parenting Shiftwork: Transitioning Roles**

Now my shift is finally over,  
I got to deal with what's mine  
and try to find

a way to leave those tragedies behind...

-Kevin Davidson

Participants in this study described how their parenting experiences were characterized by an ability to transition. FRs described how, to parent effectively, they had to transition out of their role as a FR and into their parenting role. Many spouses, on the other hand, were often tasked with transitioning from “sole parent” to “coparent” when the FR came home. All couples described challenges and success at both individual and couple-levels, that defined their experiences in transitioning into their parenting and coparenting roles. Three subthemes emerged: (1) *I have to reverse it in my brain: FR role transitioning* (2) *Let me download information on you: Transitioning from single parent to coparent* and (3) *You’re not at work anymore: Helping the first responder make the switch.*

### **I Have to Reverse it in My Brain: First Responder Role Transitioning**

All participants described how the FR transitioned from their work demeanor to their home demeanor. FRs engaged in efforts to facilitate this shift from “professional” to “Dad.” Namely, most FRs described needing time to “decompress” after work and before they begin interacting with their family. However, finding the time and ability to decompress and switch roles was often a challenging process. Further, this role transition was perceived to be more challenging for some FRs than others. Couples described trials and errors in finding ways to help the FR navigate this transition.

One FR expressed how differently he had to show up at home compared to how he presented in his work environment as a firefighter. He described how he must “reverse” his thinking and instincts as a FR when he is transitioning from work and into parenting:

*Home and work are very different in so many ways. And I go from having to be to the point, 'We have to do this, now. Let's go,' and [making] critical decisions with no time to think about it, and then coming home, I have to literally reverse that in my brain and slow down [FR12, FF].*

This participant goes on to say that, to make this transition, he had to find ways to decompress before he stepped into his household roles: *The other part is just transitioning, having some decompression time before I transition into being a husband, being a dad and I have to just reset my brain [FR12, FF].* Indeed, many FRs described how they engaged in practices to decompress after work and before parenting:

*It starts on the way home. I won't talk to anybody. I'll turn my radios off and I'll just sit and drive [home]. And then when I get home a lot of times, it's a couple minutes to just sit and decompress. Give me a few minutes, and then we can talk about what happened today and what needs to be done and stuff, instead of having little to no time walking in the door and having to deal with the kids fighting. That's what I do before I get home [FR4, LE].*

While most FR participants described the importance of decompression after work, this was not a seamless process without barriers. Some FRs struggled to find time to decompress after work:

*So, it's almost like there's no break from the stress, whether it's the stress of the fire department, stress of home, which are two separate areas. But it all kind of blends together when you don't have any kind of down time. I mean, the most downtime I get is my 25-minute drive from work to home or home to work [FR9, FF/EMT].*

Additionally, not all FRs felt that they had access to healthy skills to help them de-stress. One FR described how he went through a period where he used alcohol to unwind after work before coming home to his family. Going to get a drink after work was normalized in his workplace. He said: *I didn't talk to anybody. I just kind of sat there by myself. I'd have you know, 1 or 2 beers, and I would go home. And that was kinda like my hour to decompress* [FR11, FF/EMT]. He went on to describe how he no longer used alcohol as a decompression tool because he realized the effect was short-lived and had a negative impact on his relationship. Even if participants in this study did not abuse substances themselves, most FRs noted that substance use was a common tool that their coworkers would use to decompress.

Alongside sharing how they would find ways to decompress, most FRs also described how engaging in mental efforts to detangle their work stress from their home life was crucial. Specifically, FRs noted how they aspired to compartmentalize and prioritize in order to separate their professional life from their family life.

### ***Compartmentalization & Prioritization***

FRs frequently used the term “compartmentalize” to describe how they separated their work stress from their home life. Additionally, the phrase “I leave work at work” was repeatedly used by study participants. Importantly, all FRs talked about compartmentalization as something that is encouraged in their work environments. For instance, FRs were told by others in the field to “not take work home with them” as a way to protect their spouses and families from work-related stressors. Indeed, many FRs spoke about how they tried to compartmentalize work-related traumatic events, in particular. However, some attributed their ability to compartmentalize to their personality type: *But I didn't really have to process it because I can*

*just kind of let that stuff slide. Luckily, it's part of my personality that I didn't let any of that really affect me [FR7, LE].*

Furthermore, FRs shared that having a strong prioritization of their home life above their job helped facilitate an easier transition from their workspace to their personal space:

*You punch in, you punch out, you come home, and your actual life happens at home, right? And we do spend so much of our time at our jobs, and it is important to like it, but you're only working your job to support your family. So at the end of the day, that's what matters most [FR6, LE].*

Another FR described how, after many years in law enforcement, it has become easier and easier to enter his personal life without thinking about his job. He connected this ability to a growing resentment for the job:

*For a long, long time now, I've been able to, as soon as I clock out, I'm gone. I'm in my personal life. I can switch that off within 30 seconds cause like I said, you do become a little more resentful to the job. So the minute you clock out it actually almost makes it easier to transition and just go home [FR7, LE].*

Similarly, a firefighter put into words:

*I've heard it said also that if something happens to you in the fire service, the fire department will replace you in heartbeat. They'll fill your slot. And one day, if/when that happens, the fire department's not gonna be there to take care of you, your family will. And that gives me a different priority [FR9, FF/EMT].*

Further, when the FR displayed a prioritization of family over work, the couple and coparenting relationships benefitted from it. A spouse described how knowing that her husband prioritized their family over everything created a strong sense of trust in their relationship:

*He's passionate about his job and I'm so glad he has his job. He wouldn't be the same person that he is without it. But I also know that comes hell or high water, I never have to worry about it, because I know that we always come first [S8, FF/PM].*

To conclude, FRs in this study described unique ways in which they switched from “work mode” to “home mode.” Spouses in this study described a parallel process in which they helped to promote the reincorporation of the FR parent into the home.

### **Let Me Download Information on You: Transitioning From Single Parent to Coparent**

In addition to the individual-level processes that FRs utilized to role transition, spouses played a large role in reincorporating the FR into the home. Further, spouses described what it was like to move from parenting “solo” and making parenting decisions independently to parenting as a couple when the FR was in the home. Communicating with the FR about important parenting topics (e.g., child behaviors, extracurricular events, disciplinary decisions, etc.) was by far the most important process that couples named. However, spouses also described how this reincorporation process posed challenges, especially when it felt that there was so little time to connect about coparenting:

*I think it's hard enough to co-parent and then when you're coparenting going on weeks without having conversations...I mean there's a lot of times that we're just ships in the night. 'You take this kid. I'll take this kid. You gotta do this. You go do that.' And then he's back at work [S9, FF/EMT].*

While all spouses found ways to update the FR on parenting decisions that were made while he was gone, couples went about this process in various ways. Specifically, some couples connected via phone or text more frequently about parenting topics throughout the day while others connected much less or not at all while the FR was at work. For instance, some spouses

described having no expectation that they would be able to communicate with the FR while he was at work. As such, this meant that they had to update the FR on topics pertaining to parenting when they arrived home. One spouse shared: *So sometimes when he comes home, I feel like it's almost like a list. Like, okay, let me download information on you, cause you missed a lot* [S12, FF]. Similarly, another spouse described: *I catch him up on our day before or 2 days if he's been gone for overtime. Yeah, we kind of just catch up in the morning when he comes home* [S15, FF/PM].

Other spouses spoke about how they tried to keep the FR updated on the kids while he was at work. One couple described how they made an effort to connect over a phone about the children at least once a day while the FR was on shift.

*At some point in the day, he'll call and then we'll talk about how the kids are doing, what's going on, or if there was something that happened with the kids I need to tell about* [S13, FF/EMT].

Another spouse described how keeping the FR updated throughout the day helped to prevent their kids from receiving mixed messages between parents: *Even when he's at work, I don't stop communicating with him like, even if he's not here. So he still hears everything that's going on* [S8, FF/PM]. In essence, for some couples communicating via phone or text often helped the FR remain more consistently attuned to the home and the kids.

*I would say with him working, it's a lot of like.... it's a lot of texting a lot of like, 'Hey, this is going on,' just to give each other a heads up. I would say that it's that's a lot of communication through text so he knows what he's coming home to, or so we can be on the same page for something that's coming up or happening* [S4, LE].

Essentially, spouses found ways to keep the FR informed about their children and any important parenting topics. This was an essential process to integrating the FR into the home and into the parenting role. Furthermore, spouses assisted the FR in emotionally transitioning from their day (or days) at work, to their time at home.

### **You're Not at Work Anymore: Helping the First Responder Make the Switch**

Spouses shared their experience of the FR before or during their transition from their “work self” to their “personal self.” Importantly, spouses noticed that their husbands were more likely to engage in harsh parenting behaviors when they did not sufficiently de-stress after work. One spouse described how their partner had to “make the switch” from work persona to home persona to be “emotionally flexible and playful” with the kids: *Once he makes that switch, he's great. He's wonderful. But it's like, until he makes that switch, everything is just.....we're all like so tense, you know* [S14, LE]. As such, spouses described how they sometimes had to remind their partner when they displayed lingering work behaviors like harshness or sarcasm.

*And we also like to joke around with each other too, like we're very sarcastic with each other at work. You know, like we goof around a lot. And so [my wife] will occasionally be like, 'You're not at work anymore.' You're right, good point* [S11, FF/EMT].

Indeed, many couples described having to communicate about and work through finding the best way to facilitate this transition over time. Spouses described how, at times, they could feel eager for the FR to get home so that they can be relieved of carrying all the parenting duties. However, they came to recognize that immediately sharing parenting updates with the FR might overwhelm him if he had not fully transitioned out of the professional headspace. As such, some couples described how they decided on certain routines that the FR needs to go through before the spouse incorporates the FR into their parenting role:

*He's gotta change out of his uniform cause it makes him hot, and it's heavy. And so that's always his first thing like when he gets home, he's going to go change out of his uniform and we're not gonna ask him to do anything before he changes out [S4, LE].*

Another couple described how, in the past, the FR would come home and immediately start parenting, which could lead to counterintuitive parenting practices and tension within the couple relationship. They noticed how the transition home was not working for them as a couple or as coparents and made intentional changes to their transitioning process. For this couple, creating boundaries around the types of parenting actions that the FR was allowed to take as he transitioned into the home was beneficial for the coparenting relationship and, in turn, the couple relationship. The spouse said:

*And so we started where I tell him to take 10 minutes [when he gets home] and don't parent at all. Come in, take a breath, let's powwow before you try to jump into any discipline or parenting, or anything. Greet them [the kids], love on them, do all that. But don't, parent yet until we can connect, and that has helped I think [S12, FF].*

Essentially, this subtheme captures how spouses could play an important role in supporting the FR to transition out of work-related behaviors and ways of thinking, and into their parenting role.

### **I Had to Find it Myself: Gaps in Resources**

When some time has past us, and the story if retold

It will mirror the strength and the courage in your soul

-Gordon S. Kennedy and Sara Groves

All couples in this study were asked to reflect on what resources they felt would be helpful in managing the impact of work-related stress on their couple and family relationships.

Participants in this study provided rich descriptions of the resources that they wished they had for the FRs, FR spouses, and FR families. Although many participants noted that increased awareness around the importance of addressing mental health and wellbeing in FRs and their families, most participants also noted ways in which they felt that their resources could be elevated. Particularly, participants noted how the current resources for FR individuals, couples, and families can seem nonexistent or fall short. This theme encapsulates how participants used their personal experiences to describe what resources they would like to see to help them buffer against the stress related to the profession. Three subthemes emerged: (1) *The family gets dragged along: Lack of support for spouses and families* (2) *You have to deal with this yourself: More mental health support for first responders* and (3) *Department matters*.

### **The Family Gets Dragged Along: Lack of Support for Spouses and Families**

Most spouses, in particular, noted that there was a lack of family involvement in the resources or training for FRs. Multiple times, when participants were asked about what resources they wished existed for FRs and their families, they would respond with “I haven’t really thought about it.” Together, the participants and I conjured alternative realities in which they were provided with the types of support that might have prevented or buffered against the work-related stress that negatively impacted them as couples and parents. Retrospectively, many spouses realized that they were not provided with resources that might help them to understand what the FRs might endure and how their job would impact their family system. Spouses gave voice to how they felt that the family was often left to figure out how to navigate the stressors related to the profession on their own:

*The family kind of gets dragged along in it without a lot of information on how like myself or the person doing the job is really able to explain what's going on with them through each day and at the end of each shift and stuff [S3, LE].*

One spouse clearly described what she would like to have happen with families of FRs. She stated that there should be professionals to talk to the spouse and family about what they can expect from the profession and how stress related to the profession might manifest in the FR. She ended her statement with sharing how it took years of marriage to her firefighter husband to learn what to expect from his behaviors and how to manage the stressors associated to the job:

*And so, just having something where someone talks like when you have the family member that goes into the profession like talk to the family about what to expect or what it looks like, cause I feel like I would have been way more prepared had there 'd been some kind of training or education just to make me think about what he sees. I never even thought about it and it just took me like years of being married to him to finally figure that out [S11, FF/EMT].*

Indeed, other spouses shared a similar experience of feeling that they figured out how to support their family and their FR through the impact of stress on their own. When asked what resources she wished were available to her, one spouse, shared:

*I had to find it myself, but understanding what he goes through as a firefighter at the station, some of the mentality that's placed on him, so that I can kind of understand what it's like for him coming off shift and what he's got to deal with there [S9, FF/EMT].*

Some spouses shared their ideas about resources in the form of advice that they might give to younger FR couples who were at the beginning of their journey with the FR profession and parenting. When asked what advice she would give a young couple who is entering into the

FR couple lifestyle, one spouse shared how she would focus her conversation with a young FR couple on the family impact of the profession, so that the couple and family might be more prepared for the types of circumstance they are likely to encounter:

*I think that I would focus my discussion with them on time management and make sure that there's enough time for them as a couple. And as parents, new parents, or if they have a newborn or something like that, that it takes a lot more work. But if they have kids and they're entering law enforcement, just make them aware of it going into it like, 'Hey, this is, gonna be your schedule. This is gonna be the problems with it. So, you know, make sure you can balance all that. Don't focus too much on the job itself.' I think that a lot of people commit themselves too much to the job sometimes and lose track with most important and that's their family [S7, LE].*

Essentially, spouses shared that they wished that the importance of couple and family relationships was considered more by the FR profession. In a powerful statement, one spouse shared:

*They shouldn't have to forego having a healthy family relationship to do this job. They actually need the healthy family relationship to do the job well. And that was one of the things that, as a wife, I didn't know that there were online groups on Facebook that I could join of other law enforcement wives and things. I just found out about this in the last 3 years, and I was like, 'Holy crap! I've been doing this for so long.' And I would get on there and hear all these people talking about the stress of it. And I feel...yeah, you really have to talk to one another. And it's more important that your family be together than it is to fight about it. So I feel like there's there maybe needs to be more mentoring*

*for new law enforcement and families coming in, but also better training for the agencies in general [S5, LE].*

While participants emphasized the need for more family-oriented resources, spouses also highlighted the need for more FR spousal support, in particular.

### ***We Need More Support***

Spouses stressed how they need more acknowledgement of and support in their role in sustaining their own wellbeing, as well as the wellbeing of the FR and the family. When asked what support she would like to see for FR spouses, one spouse strongly stated, “*We need more support. A lot more support [S3, LE].*” For some spouses, like this one, it was difficult to identify and put into words what they needed. Still, in moments of vulnerability and exhaustion, spouses were able to state what they wish they had. One spouse said,

*I feel like, as a spouse, we also need to be heard and validated, and, you know, listened to, cause we have a lot that we deal with on the back side that a lot of people don't know about. It's hard. It's really hard being a spouse to somebody in the FR profession [S10, EMT].*

Other spouses were perplexed by the question about what types of support they would like to receive. Spouses spoke about being unaware of resources that are specific to their experience:

*Not every department has resources for the cops themselves, but no one that I know of has resources for the spouse. And I think that's what's needed because... not only is this job, I mean, this job becomes a part of your life and everyone's told me that when I got into it but now I understand it, and I see it [S4, LE].*

Multiple spouses were aware of resources, which were a mixture of informal and formal types of support groups for FR spouses. One spouse described her involvement with a group for wives of firefighters. Ultimately, she felt that the support provided through the group did not cut it, and further, failed to provide meaningful tools for parents, in particular:

*Oh, but as for me, there's not that brotherhood to back up the sisterhood of wives, either. When he first started, I was part of, I think they called it the [Name of Group] and I paid into that organization to be a part of it and I quit that after 5 or 6 years, because it was the same resources over and over and over. I've gone, 'Okay, great. I've been through it once, I've been through it twice, get a new resource.' And their whole parenting section of their website says 'Coming Soon.' I'm going, 'Ok, enough of us have kids, ask those questions,' and nobody did. So any type of resource I've gotten has been through my own search or reading a bunch of Facebook posts and picking out what matters to me and what relates to me [S9, FF/EMT].*

In fact, multiple spouses named Facebook groups as the most prevalent and consistent form of support that they could find. They noted how the Facebook groups were a place for spouses to share their experiences and stressors and find peer support and validation. However, these groups were also a space for many of the members to vent about their relationship problems. More than one spouse expressed how the informality of the spousal support Facebook groups was only helpful to a certain extent and the groups often lacked the presence of healthy peer mentorship:

*I'm a part of a couple of Facebook groups for like wives of firefighters, and they're not really helpful or kind of depressing. It sounds like every firefighter is cheating on their*

*wife, according to these groups. But it'd be so nice if there was actually like a healthy mentor group that wasn't talking about all the hard things [S12, FF].*

In summation, this subtheme embodies the need for more consistent, specialized, and formalized resources for FR spouses. Participants in this study also emphasized the need for more consistent and accessible mental health resources for the FRs.

### **You Have to Deal With This Yourself: More Mental Health Support for First Responders**

While many participants acknowledged that there had been an increase in conversation around the importance of mental health support in FRs, they were adamant that there was still a long way to go in terms of accessible and successful mental health care reaching the FR population. In multiple interviews, individuals and couples named how aspects of the FR culture created barriers for FRs who might benefit from receiving mental health support. A few FRs explained that, although there have been shifts towards a normalization of mental healthcare within the FR community, it has not been easy for them to shift their own ways of thinking around mental health. Otherwise stated, it was difficult for FRs to “unlearn” the messages that they received about how to handle their stress during their training and early parts of their career:

*But for, you know, the early part of my career, it was always like, well, you have to deal with this by yourself. You can't talk. You can't talk about it at work because you don't want to be perceived as weak. And you can't talk about it at home with your spouse, because you're not supposed to bring it home to your family [FR11, FF/EMT].*

A FR shared a powerful example that demonstrates the heartbreaking disconnect between this shift towards normalizing mental health support for FRs and the internalized feelings of hopelessness in FRs who might be deeply suffering:

*We have an EMS conference every year, and it was held [in a hotel]. We actually had a paramedic hang himself in his room when there. Committed suicide. It really really got the mental health part of EMS started and talking really big then. Cause he felt like he had nowhere to go and he was in a he was in a building full of professionals that knew what he was dealing with and he didn't have anywhere to go [FR10, EMT].*

FRs also acknowledged how their training did not adequately prepare them for the stress that results from the job. Instead, through the lack of mentorship around mental wellbeing and stress management, it was made clear to many FRs that the expectation was to figure out how to manage their stress alone:

*That's one of the things law enforcement fails to do is really talk about how to decompress after dealing with your shift and things that go on. You know, they expect you just to go, okay, next you handle this task.... now it's time for this one ....now it's time for this one....alright, days over. Go home, come back tomorrow, do the same thing over [FR3, LE].*

Further, participants described how the FR's training and cultural environment failed to acknowledge the importance of healthy, supportive relationships. One FR put into words how, in many ways, the nature of the job sets young professionals up for failure in their personal lives:

*There's so many young guys who get into it who are just idiots. Like, there's a couple of guys that I work with, they just like it because they are..... cause you get drawn to law enforcement because you're like a thrill seeker, right? That's part of it. That's not the only reason, but generally it's because you want to help people and you like roller coasters. It's kind of kind of the thing, right? And so, a lot of those people make stupid decisions in their personal life. And police academies don't set people up for success in their personal*

*life. They're designed to get people in uniform as quickly as possible to fill spots. So I think there needs to be better, whether it's state wide, not federally, because I don't trust anything the federal government does, but state-wide or at local levels, to support new officers and try to make them better people: honest, kind of well-rounded. There's not really one single thing, right? I think there's just better there needs to be better support [FR6, LE].*

Spouses chimed in on this topic of a need for more mental and relational wellbeing support for the FR individuals. A couple of the spouses shared how they wished that mental health support was mandatory for all FRs. They acknowledged that FRs were unlikely to engage in support services on their own and, for more FRs to engage in mental health support, the support would have to be required:

*This is my personal opinion that there needs to be some sort of stress management course training that you take individually on how to recognize stress and how to cope with it, like healthy coping mechanisms [S9, FF/EMT].*

Another spouse said,

*I could just see so many people struggling. And they're [FRs] not the type that are going to go sit with someone. And so I think it should be like part of the job. Like, if we know that mental health is impacted by the job, there should be mandatory help for people or to like a clinical therapist that comes in once a week, or maybe just after a traumatic run something like that. I felt like that for years. That's something that they [FRs] should all have to do [S11, FF/EMT].*

In addition to having more individualized support services for the FR to focus on their mental wellbeing, participants also spoke about potential support for FRs who are parents,

specifically. One spouse gave voice to how she feels that there should be tools to help FRs transition from their work role to their parental role:

*Helping officers know how to transition, like to maybe even have like routines when they come home to transition to a place where they can be more flexible, emotionally flexible, and like playful with their kids [S14, LE].*

To summarize, this subtheme captured how FRs and their spouses perceive gaps in the training and resources that are currently available to FRs. Importantly, participants in this study emphasized that characteristics related to the specific department or station that the FR worked within had serious implications for the perceived level of support for FR individuals, couples, and families.

### **Department Matters**

The final subtheme that emerged from the essential theme related to resources was *Department matters*. This theme encapsulates the important role that the departmental environment and leadership plays in informing whether the individuals and couples in this study felt adequately supported and resourced. There were differences in how participants in this study described their relationship to their department and their perceived level of resources. For example, FRs who worked in more rural departments described having access to minimal resources for themselves and their families. While they were aware of outside departments or stations having resources or supportive opportunities for their workers (e.g., critical incident support teams, support groups, frequent family gatherings), they did not have access to those same resources: *Working for a rural EMS service like I have, a small county service, we really don't have that [FR10, EMT].*

Ultimately, the participants in this study emphasized the responsibility that FR departments had in taking care of the FRs and their families. Sadly, many of the couples in this study did not feel that they had a strong support system in their department. They acknowledged systemic layers that influenced the presence or absence of quality resources and healthy relationships in their department. Namely, some FRs acknowledged that the people who made decisions around investments in resources were not the FRs who were running calls and bearing the brunt of the stress of the profession. In a powerful statement, one FR put the responsibility on the departmental or agency leadership to invest in the health of their FRs:

*We can start to employ a career counselor, we can employ a time management counselor, we can employ these things for the person, for the whole agency. A lot of it's gonna have to do with actually convincing the leaders to invest in your people to create balanced individuals and giving them the time off and the time that they need to be able to process what's happening to them [FR7, LE].*

Participants in this study acknowledged how family involvement within the workplace could be leveraged as a resource within itself. However, family-involvement varied heavily from department to department, station to station, agency to agency. When the department did not make consistent efforts to include the family within the culture of the department, some spouses felt ignored and frustrated. One spouse shared an impactful example of how she has made attempts to feel seen by her husband's chief:

*It's not just the firefighter, it's not just the first responder, it's their entire family. And as soon as the department forgets that it's their entire family, they lose a lot of good people. For his department, I sent out Christmas cards every year and I make sure I send one to his chief, because should the worst ever happened, I want that chief to know he's got a*

wife and 2 kids and you're at least gonna have my Christmas card every year to see [S9, FF/EMT].

While it is necessary to share what participants described happening when they did not feel supported or seen by their department, it is incredibly important to note that this was not the experience of every couple in this study. In fact, a couple of dyads in this study described how their department or agency worked hard to resource their FRs and, further, acknowledged the importance of family relationships in the FR's life. One couple provided an excellent example of what the family experience can be when a departmental environment values the FR's wellbeing and family relationships:

*It definitely depends on your department. Like the department I am with is very understanding, and I feel like they understand that to have good employees, you have to be able be flexible with that kind of stuff [family matters]. As soon as you tell someone 'No, you can't do this because of this rule,' I mean, you're gonna start losing people. Your morale is going down. So, luckily, I've had leadership, and the department as a whole has had leadership that kind of allow for [family matters] to happen [FR8, FF/PM].*

This FR's wife agreed:

*But I think, you know, when he was just starting off as a firefighter, and if you see your lieutenants and everybody else in charge, like, prioritize their families and show up for their families, and they really like instill that in you, that allows you to do it. Because he already feels bad whenever he feels like he's not giving a hundred percent of himself to the department, or he's not giving one hundred percent to the family. In that way, he doesn't have to choose. He knows that, you know, he gets to do both. He gets to be a*

*reliable husband, and a reliable Dad, and he also gets to be a good, reliable firefighter without compromising one or another [S8, FF/PM].*

The narratives in this theme capture the power that FR departments hold in creating working environments that value the wellbeing of FR couples and families. To me, this final subtheme, *Department matters*, is a call to action for the decision-makers in FR departments and agencies to consider the positive influence of family involvement in their workplace culture.

### **Conclusion**

This chapter presented the seven essential themes that emerged from the narratives that couples in this study provided about their experiences with impact of work-related stress and traumatic stress on their couple relationship, parenting, and coparenting relationship. The underlying interconnection of these areas of lived experience was apparent in the participants' narratives. The final chapter will situate these findings with current literature and theory and provide recommendations for future research and clinical work with FR couples.

## CHAPTER 5

### DISCUSSION

#### **Connecting Lived Experiences to Qualitative Inquiry**

My aim in this study was to better understand the lived experiences of the impact of work-related stress and traumatic stress on the couple relationship, parenting, and coparenting relationship in first responder (FR) couples. A hermeneutic phenomenological approach was employed to guide methodological components of the study, from conceptualization, study design, analytic protocol, to informing representational decisions. Dyadic qualitative interviews were conducted with fifteen FR couples who had at least one school age child. To my knowledge, while previous studies have examined the impact of stress on the FR couple relationship (Brodie & Eppler, 2012; Karaffa et al., 2015; Meffert et al., 2014; Roberts & Levenson, 2001) this is the first dyadic qualitative exploration of the impact of work-related stress on parenting and the coparenting relationship in FR couples.

The seven essential themes that emerged represent salient aspects of the lived experiences of the couples in this study. The first theme, *The toughest things to deal with: Experiences of work-related stressors*, provided a glance into elements of the FR profession that the couples in this study described as having the most weighted impact on their couple and family experience. The following themes, *Time spent apart: Lack of time as a couple* and *She experiences it with me: Sharing the stress*, captured key facets of how work-related stress and traumatic stress impacted their connection and communication as a couple, and in turn, how they leveraged time as a couple and family to revitalize their relationship. The next themes, *It definitely changes how*

*you parent: Work stress spills into parenting; Not “normal” parenting: The profession divides parenting responsibilities; and Parenting shiftwork: Transitioning roles*, centered rich descriptions of how work-related stress and traumatic stress shaped the parenting and coparenting experiences of couples in this study. The final essential theme, *I had to find it myself: Gaps in resources*, captured how couples in this study described their encounters with support structures and how they envisioned their support systems can be enhanced.

The purpose of this study was to utilize the knowledge gained in this study to connect the dots between the empirical literature and lived experience. Further, I aimed to better understand the experiences of the couples themselves so that clinical intervention and prevention work can serve the FR community in a way that resonates with their lifeworld. In this chapter I will summarize, provide a critical analysis, and discuss key findings of this study. Consistent with qualitative bracketing procedures, I begin with a reflexive narration, examining my scholarly motives for conducting the study, cognitive and emotional reactions, and ongoing spaces of struggle and disruption as I engage critically with the findings. Then, I discuss how the thematically organized lived experiences described and co-constructed in this study are aligned with the theoretical frameworks that guided this study, namely ecological systems theory (Bronfenbrenner, 1979) and the couple adaptation to traumatic stress model (CATS; Nelson Goff & Smith, 2005). Next, I situate the main thematic findings within three key points of discussion (i.e., time, trauma, and transitions), weaving findings into extant literature. Finally, I elaborate on the clinical implications and directions for future research as it relates to FR couples and families.

## Reflexivity

A necessary exercise for those who hold a poststructuralist paradigm is to interrogate their own interpretive processes, practices, and modes of representation. This vigilant state and return to interrogating the self serves to diminish the temptation to reduce findings into essentialist truth statements.

- Aaron Kuntz, *Poststructural Engagements*

My poststructuralist worldview encourages me to engage with the data interpretation process with an open, relational orientation that refuses the creation of a “façade of clarity” (Carducci et al., 2013). Otherwise stated, the results presented are not meant to be static or taken as a closed, ultimate truth. Rather, I hope that readers approach the results of this study with a sense of openness and resist their own urge to find comfort in deductive reasoning about the experiences described in this study. To facilitate an open-minded engagement with this chapter, and in line with a hermeneutic approach to phenomenology, which requires that I become an intrinsic tool of the data interpretation process (Van manen, 1997), I begin this chapter with a reflection of my own lived experience of this research endeavor. To begin, it is imperative to state that through the whole of this process, I have been incredibly humbled and, at times, overwhelmed by the willingness of couples to share their personal experiences with me. As someone who grew up within a FR family, I imagined how apprehensive the community might be to engage in such sensitive conversations. As I reflect on the onset of this project, I remember the sense of unease I had during the recruitment process. Questions and doubts swirled in my mind: *Will couples be willing to talk with me about the most vulnerable aspects of their lives and relationships? More importantly, will they think that what is being explored is important? Will the questions make sense to them?* While I struggled with these doubts, they were quickly

quieted when over 200 people responded to the recruitment announcement and expressed interest in volunteering for this study. It was humbling to witness such an incredible amount of interest in this study and exciting to receive such strong validation that this topic was of importance to the community. However, paired with my sense of excitement was a physical sense of heaviness surrounding the weight of the tasks ahead. If so many people expressed interest, it meant that there were countless FR couples who resonated with the topic of the influence of stress on their family life. Perhaps the emotional weight that I felt then is similar to what I continue to experience as I near a completion of documenting their experiences in this dissertation; I was greatly aware of the amount of work to come and I was plagued with an internal question: *Will this process and my representation of findings do them justice?*

In essence, I was humbled by the gargantuan task that was this qualitative endeavor. I consistently struggled with more questions as the study progressed: *Am I doing enough? Am I telling the story that they want to be told? Will my work honor their vulnerability?* I am still making peace with this uncertainty, but I do not think peace will come. I will never know if I “got it right” and that is something that my ontological stance calls me to sit with – the uncertainty that these findings are *the* findings. I know that the “truth” lies within the lived experiences that can never fully be captured in words. Further, I know that this dissertation is only one possible interpretation of the impact of work-related stress and traumatic stress on FR couples. As such, I chose to lean into my experienced interactions with these couples, the attention to myself as co-constructing analytic findings, and stay grounded within a hermeneutic phenomenological attitude (van Manen, 1997). This attitude embraces a move away from *being* and towards *becoming*, beyond becoming towards *becoming-with*, and eventually towards *becoming-with-community* (Haraway, 2008). I urge the reader to not seek or impose a positivist

epistemological or ontological essential truth in the findings that is incongruent with the poststructural stance I used to guiding the study.

There was a very important and consistent aspect that all of couples in this study shared: authenticity and coolness. At the beginning of interviews, I would provide a prompt like, “*Describe your relationship in a few words or a sentence.*” After we laughed together about how difficult of a task it was to describe their relationship with such brevity, most of the couples would end up looking at each other, sharing a smile or a nudge and a “*You go first*” before someone finally said, “*We are best friends,*” or “*We balance each other out.*” While it would be easy to take witnessing these moments for granted, I did not lose sight that the simple fact that these couples voluntarily sat with me, a stranger, and divulged information about their most stressful relationship experiences is nothing short of magical. As I write, I am having flashbacks to the laughs I shared with one participant towards the end of the interview. He shared that he was quite apprehensive before the interview thinking, “*What in the world is this graduate student going to ask me?*” By the end of the interview, I believe that he understood what I was committed to learning more about and my purpose. On a very basic level, I wanted the honor of getting to know him and his wife. I share these moments to state this: While this study focused mostly on what happens for couples in the wake of stress, these couples demonstrated and articulated lives of resilience in the face of constant stressors and challenges. They were extremely generous with their time and vulnerability. The conversations that we had were genuine and open-hearted. Thus, as I write the next section connecting their experiences to the experiences described in previous research, I am not imagining these couple experiences as a concept that I can summarize in a paragraph on a page. Their voices cannot be reduced to a

participant number in this study; they are couples with real lives, and this is my attempt to share a partial account of their narratives and lived experiences.

*My hermeneutic process.* The hermeneutic process is defined by a continual back and forth between the interpreter – including their theoretical perspectives and previous knowledge of what is being studied – and the phenomenon at hand – including the participants and the participants’ descriptions (Grondin, 2015). I liken this hermeneutic process to my process as a therapist. Just as I enter the therapy space with hypotheses based on my knowledge of theoretical models and clinical interventions, I entered this research study with theoretical frameworks and empirical evidence that guided my structure of the inquiry process. Just as I practice the suspension of my therapeutic hypotheses to gain a closer understanding to how therapy clients *live* their relationships, I was diligent about bracketing and suspending my theoretical and empirical knowledge in order to interact with participants in a way that centered their experiences and perspectives. Similarly, my phenomenological attitude required a commitment to staying curious, open, challenged, tolerant, and suspicious of any conclusions I may be tempted to arrive at. Just as I return to therapy models and interventions to find patterns and meaning within the therapeutic process, I return to theory and literature to interpret and make meaning of the couple experiences described in this study. In essence, both therapeutic work and qualitative work are iterative processes that involve data collection, analysis, and meaning making exploration. This discussion section represents a continuation of this feedback loop of meaning making, where I attempt to weave the stories shared by the participants into the theoretical frameworks and current literature as it relates to FR couples.

### **Experience Shapes Theory, Theory Gives Shape to Experience**

The goal of hermeneutic phenomenology is to better understand intricate *lived* experiences amidst the complex contextual layers of existence (van Manen, 1990). The theoretical frameworks that guide such phenomenological work should heighten the understanding of the explored lifeworld and give shape to the context of lived experiences. Otherwise stated, theoretical frameworks should assist readers, including clinicians, stakeholders, leadership, and policy makers, in feeling closer to the lived experiences of the communities that they aim to serve. In this study, I utilized tenets from ecological systems theory (Bronfenbrenner, 1979) and the CATS Model (Nelson Goff & Smith, 2005) to explore the understanding of the lived experiences of FR couples. Both theories are rooted within a systemic perspective that considers how context shapes individual functioning and relational interactions. However, each of the theoretical frameworks have distinctive principles that aid in the organization of the FR couple's experience. Based on examples from this study's findings, the following section summarizes how each of these theoretical frameworks give shape to the lived experiences of FR couples.

#### **Embedded Theories: An Ecological Framing of the CATS Model**

Ecological theory emphasizes that "individual and families must be examined within the context of their environments, recognizing that each influences and is changed by the other (Smith & Hamon, pg. 180)." Core to an ecological framework is the concept that experiences are nested within environmental systems that interact with and influence one another. In brief, Bronfenbrenner's ecological theory (1979) posits that individuals, couples, and families are nested within systemic layers including their microsystem (i.e., the immediate familial and social environment), mesosystem (i.e., the interaction between microsystems), ecosystem (i.e.,

community setting, work setting) and macrosystem (i.e., overarching customs, values, and politics of the culture). An ecological perspective is largely missing from the extant literature related to FR couples and families. Considering the strong ties that FRs have with their community and larger society, ecological systems theory provides an appropriate framing of the FR couple experience. From an ecological perspective, work-related stress and traumatic stress can be understood as emerging from couples' interactions with these environmental layers over time.

I utilized the CATS Model to further contextualize the FR couple experience with work-related stress and traumatic stress within a greater ecological perspective. The CATS Model (Nelson Goff & Smith, 2005) provides a framework for understanding the systemic, cyclical way in which stress and traumatic stress influence the family system. Specifically, the CATS model posits that individual levels of functioning (e.g., emotional, behavioral, cognitive symptoms of stress), predisposing factors (e.g., age, gender, pre-existing mental health conditions), and resources (e.g., coping skills, social support, financial status) inform relationship functioning (e.g., communication, satisfaction, conflict, roles). For the purposes of this study, this model was used as a guiding framework to conceptualize how work-related stress *and* traumatic stress result in individual- and couple-level processes. Further, the current study expands upon the CATS Model's inclusion of couple functioning to consider how exposure to stress and traumatic stress inform other key domains of the couple and family functioning: parenting and coparenting. In tandem with the ecological framework, the CATS model provides an appropriate lens for contextualizing the lived experiences of these participants as adaptive processes that result from the interaction with stress related to the profession. Specifically, the CATS Model provides an avenue to better understand the individual functioning (i.e., microsystem) and couple and family

level processes (i.e., mesosystem) that are nested within the community (i.e., ecosystem) and sociopolitical systems levels (i.e., macrosystem) (see Figure 1).

Indeed, the thematic results display complex interactions between FR couples within their immediate settings and relationships (e.g., couple relationship, parenting, coparenting relationship) and between the various systemic levels of community systems and societal characteristics (e.g., work-related demands, scheduling, traumatic work-related events, FR culture, societal attitudes and beliefs). The layered aspects of the FR profession were such a presence in their life that, at times, participants expressed difficulty in voicing exactly how the profession informed their lifestyle. I remember one participant who said, “*This is just our life.*” However, through our conversations and in comparing their environment to non-FR families, the participants in this study undoubtedly described the uniqueness of their environment and how those characteristics shaped their couple and family relationships. From the day-to-day scheduling to the leadership and co-working dynamics with the FR’s work setting, the surrounding community, and sociopolitical climate and attitudes, it is only through understanding such environmental layers that the complexity of the FR couple’s lived experience can be understood. The interaction between the contextual layers of stress related to the FR profession led to nuanced interactions and adaptation processes in the FR couples in this study. Couples in this study described the interplay between their individual symptoms of stress, resources, and their couple, parenting, and coparenting functioning. Even when participants weren’t directly prompted to draw such a connection, the mutual influence between individual functioning, coping, and the key domains of couple and family functioning explored in this study (i.e., couple relationship, parenting, coparenting), was clearly woven throughout the conversations with couple participants. In essence, all the thematic results in this study could be

explained within an ecological framework and via the couple adaptation to traumatic stress model. To highlight the usefulness of these theories for FR couples, the following section will provide an example of how selected thematic results from this study can be placed within the various systemic pieces as they are described in the ecological systems theory (Bronfenbrenner, 1979) and the CATS Model (Nelson Goff & Smith, 2005). Figure 1 provides a depiction of the macrosystemic and exosystemic layers that the FR couples' adaptation process is embedded within.

The macrosystem encapsulates the social attitudes, ideologies, values and laws of the culture (Smith & Hamon, 2016). A clear example of the FR couples' interaction with the macrosystem (i.e., laws, political movements) and the resulting influence across ecological settings was in the case of the law enforcement families in this study. The subtheme, *I have definitely lost friends: Law enforcement families*, encompasses this interaction. Law enforcement couples described how their interaction with the sociopolitical climate following George Floyd's murder shaped the FR's experience at work (i.e., exosystem) and individual and couple-level functioning within their family system (i.e., microsystem and mesosystem). When overarching sociopolitical attitudes resulted in community distrust and distaste for law enforcement professionals, this had a direct impact on the law enforcement professional's experiences while on the job (i.e., receiving direct messages of hate while in uniform) and off the job (i.e., receiving threats while at home). To adapt to the sociopolitical and community landscape, families moved homes, FRs moved departments, parents told their children to remain wary about sharing their parent's law enforcement identity, and some lost touch with what could otherwise be supportive relationships in their life. While this example provides insight into how the macrosystemic setting can have potentially negative influences on the FR couple's immediate

setting, participants in this study also provided examples of how their sociopolitical setting also had the potential to positively shape their interactions within the community and with each other. For instance, law enforcement couples noted how, in the past, they might have had a stranger or restaurant staff pay for their meal at a restaurant after seeing the FR in uniform. In these moments, they felt a sense of pride for FR and FR profession. While such examples are focused on a sub-population within this study, it is a clear example of how, to understand the FR couple, it is imperative to consider the surrounding environmental layers beyond their immediate home setting and interactions as a couple.

The work setting of the FR (i.e., including the work culture, demands, schedule) can be understood as existing within the exosystemic layer surrounding the FR couple and family. The theme, *The toughest things to deal with: Experiences of work-related stressors*, encapsulates the various aspects of the FR's work setting that influence both individual and couple-level functioning within the FR couple. The theme, *It definitely changes how you parent: Work stress spills over into parenting*, provides examples of how characteristics of the FR setting informed the FR couple's individual and couple-level processes within the home setting. A strong example of the cyclical, systemic process described in the CATS model centered on the subtheme of *I'm still in that work mindset: Reactive parenting*. FRs experienced symptoms of stress and traumatic stress in their individual functioning (e.g., exhaustion, hypervigilance, negative changes in mood) because of their interaction with the work setting (i.e., exosystem). When they did not engage in coping skills (i.e., protective factors) after work and prior to entering their parenting role, they could react harshly to their children (i.e., parenting functioning). In turn, their harsh reaction towards the children could illicit a strong reaction from the spouse towards the FR (i.e., spouse individual functioning). For instance, spouses might feel a strong sense of protection for

their children, and strong negative feelings towards the FR. Such strong negative feelings could impact both the couple relationship (e.g., feelings of connection with their partner) and their coparenting relationship (e.g., disagreement with the FR's parenting behaviors in front of the children). In turn, aspects of couple and family functioning could then negatively influence individual level functioning in the spouse, exacerbating stress symptoms and feelings of resentment or loneliness.

In essence, this section provided supportive evidence for the use of an ecological framework in tandem with the couple adaptations to traumatic stress model in FR couples. The following section will discuss one iteration of the representation of findings in this study.

### **Representation of Findings**

The following research questions were central to the current study:

*What is the impact of work-related stress and traumatic stress on FR couple relationships?*

*What is the impact of work-related stress and traumatic stress on parenting in FR couples?*

*What is the impact of work-related stress and traumatic stress on the coparenting relationship in FR couples?*

As described previously (see Chapter 2), research establishes a strong interconnection between a couple's relationship functioning, their parenting, and their coparenting relationship (Erel & Burman, 1995; Delvechio et al., 2015; Gerard, Krishnakumar, & Buehler, 2006).

Family systems theory, a theoretical framework cornerstone to my research and clinical approaches, establishes the importance of understanding the interconnectedness of these domains of functioning. Namely, family systems theory describes the importance of conceptualizing that

“the whole is greater than the sum of its parts and has properties that cannot be understood simply from the combined characteristics of each part” (Cox & Paley, 2003, p. 193). With this core tenet of family systems in mind, the themes of this study point to, not just an interconnectedness, but a holistic experience of the couple relationship, parenting, and coparenting subsystems. While couples in this study provided insight into the specific impact on each of these areas, conversations with couples were characterized by an intermingling of these domains of functioning.

Even when couples were not asked to make direct connections between these relational areas, the lived experiences described by the couples in this study offered a more interconnected comprehension of impact of work-related stress and traumatic stress. In other words, stress and traumatic stress did not impact each of these areas (i.e., couple relationship, parenting, coparenting relationship) separately and distinctly. Instead, the impact of stress on these family domains were experienced concurrently. For instance, if work-related stress impacted the FR’s physical or emotional presence in their parenting duties, this could increase the responsibilities shouldered by the spouse. Consequently, shouldering most of the parenting duties could lead to feelings of loneliness and resentment in the spouse and diminish their feelings of emotional connection to the FR both as a romantic partner and as coparent. In turn, FRs might feel or sense of helplessness when they are not present for their spouse as a co-parent (e.g., coparenting relationship) or their children (e.g., parenting).

The connections in these domains of functioning were also present in the rhythm of the responses that couples provided. For example, when couples were asked questions like, “*How does work-stress impact your couple communication?*” couples did not always create a clear delineation between challenges related to communication focused on the couple relationship and

communication focused on navigating shared parenting duties (i.e., coparenting communication). Instead, they described how their communication with each other was limited overall, moving in and out of examples that some might classify as “coparenting communication” or “couple communication.” These are only a few key examples of how couples in this study did not always perceive their roles as coparents and romantic partners as separate entities, instead, they experienced them as connected.

In considering how to structure this discussion chapter, I contemplated a few ways to organize the experiences of couples in this study, one way being to write a section about the couple relationship, one on parenting, and one on coparenting. However, I found this approach to be inconsistent with how couples narrated their lived experiences and in conflict with my epistemological approach in understanding and representing knowledge. My approach to discussing findings in this chapter is rooted in acknowledging the complexity of narrating lived experiences and resisting the imposition of pre-existing categorizations that are valid and relevant for some scholarly purposes but not others. What follows next is one of many possible representations to the thematic findings of this study.

### **Time, Trauma, and Transitions**

Seven essential themes captured the impact of stress on the FR couples in this study. Specifically, these themes captured the most stressful aspects of the FR profession, their impact on the couple relationship, parenting, and coparenting relationship, and gaps in resources for FR couples and families. My reflections about these themes led me to ask the question, “*What do these essential themes reveal about the lived experience of FR couples?*” From this question emerged one potential portrayal of the essence of the themes in this study. ‘Essence’ refers to the structures that are fundamental to a phenomenon; without such structures, the phenomenon

would not exist (Husserl & Moran, 2012). Figure 2 depicts how each of the seven themes fall within the three overlapping aspects that I believe encapsulate the essence of the FR couple experience. The following discussion explores these recurring conceptual threads woven throughout the seven themes: (1) Trauma; (2) Time; and (3) Transitions.

### *Time*

One thread of experience seemed to dominate the narratives of the couples in this study: time. One of van Manen's (1997) four lifeworld existentials is lived time. Lived time encapsulates time as it is subjectively experienced; it is not an objective definition of time as a factual concept. In their article examining the principles of Van Manen's four lifeworld existentials, Rich and colleagues (2013) state, "The way we feel can influence how we experience time and moments, and conversely, constraints, freedoms, and demands placed by time can also affect how we feel" (p. 12). In many ways, it feels like all roads in my coding analysis converged on the couples' experience of time; it was the heartbeat of the experience of work-related stress on the impact of these couples. Themes like *The toughest things to deal with: Experiences of work-related stressors* and *Time spent apart: Lack of time as a couple* and subthemes like *Time is everything: FR family schedules; There's things I can't be a part of: Limits to FRs parenting responsibilities* and *I have to be on all the time: The spouse's parenting role*, all coalesced around the overarching concept of lived time.

While research shows that shift work scheduling can negatively impact family routines, strain romantic relationships, and pose difficulties in regards to parenting, in general (Grzywacz, 2016), such negative effects are compounded for FR couples due to nature of the FR's workplace environment (e.g., trauma and high-stress environments). In other words, the additional workplace stressors unique to the FR profession intensify how scheduling challenges impact the

FR couple. The couple's and family's operations orbited around the timing of the FR's schedule. The work schedules and sleep schedules determined when the FR would be physically and emotionally available as a spouse and parent. In turn, the FR's availability, or lack thereof, determined the schedule of the FR spouse and greater family system. The intense scheduling of the profession and the subsequent impact on the couple and family system has been commonly reported in past research and clinical articles pertinent for the FR population (Anderson, 2019; Garmezy, 2023; Sharp et al., 2022). As the couples in this study described such experiences, I imagined two separate but parallel timelines in my head: one timeline for the FR and one timeline for the spouse. The spouse's "timeline" was likely to include more time spent with the children, focused on parenting and household responsibilities. As a result, spouses could often feel lonely and isolated within their timeline. Further, spouses could feel that they did not have time to meet their own needs; their time was devoted to meeting the needs of their children and family. There is a substantial amount of research that corroborates this finding that spouses can subdue their own needs to balance the challenges of the FR and the family (Campbell et al., 2021; Landers et al., 2020; Porter & Henriksen, 2016; Sharp et al., 2022). Further, spouses might experience thoughts and feelings that their own needs are unimportant, leading to feelings loneliness and isolation in their couple relationship and in their parenting role (Casas & Benuto, 2022).

The FR's timeline was, of course, also dominated by their work and sleep schedules. Compared to their spouse's timeline, they were more likely to spend more frequent and lengthy periods of time outside of the home and away from their children and spouse. While the spouse might experience loneliness and isolation, the FR might experience feelings of guilt, helplessness, and even resentment towards the profession for not being home with their family.

The narratives of FRs in this study added a depth of understanding to how they can experience their own feelings of isolation or missing out within the family experience. When FRs were consistently unable to attend family events or were not home to witness milestones in their children's lives, this could leave them feeling downtrodden or even left out. Not being able to leave work to help when their children were sick or when their wife experienced a car malfunction might illicit feelings of helplessness. Even when they did spend time physically in the home, FRs could struggle to engage with their spouse and children due to lingering stress or sheer exhaustion.

The FR couples in this study could struggle to find moments for their timelines to converge. As a result, couples in this study described facing challenges in their communication and couple connection. For instance, couples expressed how they could feel that there was not enough time in the day to focus on their couple relationship. This finding is in line with past research which highlights how the amount of time that the couple has together can be severely limited due to the demanding nature of the FR's shift schedule (Hill et al., 2020; Regehr et al., 2005; Stelnicki et al., 2022). When the FR's and spouse's timelines did converge, the moments of connection could be fleeting. As a result, conversations centered around parenting could take precedence over communication about their couple relationship. Parenting couples, in general, can face similar issues around communication as stated in previous research which indicates that the overall quantity of communication between couple partners can decrease after the birth of a child (Delicate et al., 2018; Doss et al., 2009; Belsky & Volling, 1987). However, the combination of unorthodox scheduling alongside the prioritization of their parenting role places FR couples at a greater risk of experiencing diminished couple communication and connection. This is only one

example of how the constraints of time impacted how couples in this study experienced their relationship and, conversely, how their feelings could affect their experience of time together.

While time posed considerable challenges for these couples, it was also their most cherished resource and major avenue of coping. The subtheme, *Making the most of our time: Couple and family coping*, captures how study participants made intentional efforts to appreciate their time together, and experienced their time together as a respite from the stressors related to the profession. This is consistent with previous research shows that FR couples cope with the impact of stress on their relationship by intentionally protecting the time that they have together (Campbell et al., 2022; Miller, 2007). Couples in this study described how, when they appreciated the time that they were able to spend altogether as a couple and family, it helped them to cope with the feelings of distance and loneliness when they were apart. They understood that time was a limited resource because of their time spent apart but also as a result of nature of the job. Further, FRs described having a unique understanding of mortality that encouraged them to place importance on *how* they spent their time with their spouse and family.

In conclusion, the concept of time was an essential aspect to the experience of FR couples in this study. While couples in this study emphasized that time and scheduling were paramount to understanding their experience, they also repeatedly emphasized how other aspects of the profession, namely the FR's repetitive exposure to stressful, traumatic work-related events, posed equally substantial challenges in their relationship.

### ***Trauma***

In this study, when FRs shared statements like, "*There are just some calls that stick with you forever,*" I could physically feel their somberness in my body. The seriousness with which they made these statements was helped me understand that they had witnessed horrible scenes,

the images, smells, and sounds of which were cemented in their memory. As a therapist trained in imaginative exposure therapy, I felt that each of these FRs had specific events that they remembered every detail of: the time of year, how their uniform felt on their body, the smells of the scene, the voices of the victims or victims' family members. FRs emphasized it was not just the traumatic event that was stressful; the reverberations of the traumatic event left a lasting impact on them. Telling family members that they had lost a loved one or hearing family members scream watching their loved one in pain, these were terrible parts of the job. In these moments, they were reminded of their own loved ones. I felt deep compassion for these FRs and many of the spouses in this study expressed a similar feeling of compassion during the discussion around the types of events that the FR witnessed at work. *"You can't see what he sees and expect him to be not go a little crazy,"* one spouse stated.

While most professions are likely considered to be stressful and have implications for the professional's family wellbeing, not all professions expose people to potentially traumatic life-threatening events on a consistent basis. The likelihood of encountering traumatic events sets the FR profession apart from other high-stress professions (Dautovich et al., 2022). The results from this study corroborate what prior research has already pointed to: FRs frequently encounter distressful traumatic events that can lead to symptoms of posttraumatic stress (i.e., hypervigilance, negative changes in mood, cognition, and worldview) that have implications for couple and family relationships (Beattie et al., 2023; Bryant, 2022; Casas & Benuto, 2021; Hill, 2020). This study's guiding research questions, literature, and theoretical frameworks (i.e., CATS Model) were incorporated because they underscore the unique impact of traumatic stress on the individual, couple relationship, and family system. Indeed, narratives surrounding the impact of traumatic stress on the FR, the spouse, and their relationship were woven throughout

the essential themes. Consistent with prior research, the exposure to distressful, traumatic events experienced by the FRs in this study impacted their individual functioning (Beattie et al., 2023; Bryant, 2022; Haugen et al., 2012), their spouse's individual functioning (Landers et al., 2020; Meffert et al., 2014) and their relational functioning (Campbell et al., 2021; Davidson & Moss, 2008; Landers et al., 2020; Mennicke & Ropes, 2016). Multiple themes and subthemes centered around the systemic impact of the FR witnessing traumatic events while on the job. Within the themes like, *She experiences it with me: Sharing the emotional stress* and *It definitely changes how you parent: Work stress spills over into parenting* and subthemes like, *I protect them even more: Work experiences shape safety-focused parenting practices* and *I'm still in that work mindset: Parenting reactions*, are descriptions of the complex influence that exposure to trauma had on couple relationship and parenting domains.

Consistent with previous research, some FRs in this study found solace from their exposure to traumatic events in their relationship with their spouse (Jones et al., 2020; Landers et al., 2020). For couples who sought comfort in one another following a particularly traumatic work-related event, they expressed feelings of closeness as a result. However, there were individual- and couple-level dynamics that shaped whether the couple relationship was utilized as a source of comfort for traumatic stress. Namely, some spouses reported setting boundaries around the content that their FR spouse could share about traumatic events. In these instances, it seemed that the secondary exposure to trauma would have been emotionally burdensome for the spouse. Further, not all FRs reported that they found it helpful to verbally process traumatic events with their spouse. Other spouses wished that the FR would share more about the traumatic events in hopes that they could better understand the FR's mood and provide emotional support. Knowing what the FR witnessed that day might provide much needed context to why the FR is physically,

but not emotionally present. While couples differed in the amount that they shared with one another about traumatic events, these findings point to the importance in finding a balance within the couple dynamic based on the need of the FR and the boundaries established by the spouse. Previous research points towards the importance of finding such a balance between couples. For instance, past evidence suggests that, for those with traumatic stress, sharing “just enough” about the emotional struggles related to the trauma, without sharing too many details, can facilitate a secure attachment between partners (Johnson, 2002). For FR couples, specifically, research suggests that instead of “assigning” specific coping strategies to FR couples in the wake of traumatic stress, an ideographic approach is encouraged where multiple forms of coping (both individual and couple) are encouraged (Rennebohm et al., 2023). Additional research suggests that, when couples agree about presence or severity of the traumatic stress and perceive their relationship as a supportive place where they can work together during times of stress, this has positive benefits for the couple relationship and the trauma survivor’s PTSD symptoms (Lambert et al., 2015; Marshall et al., 2017).

Couples in this study described the FR sometimes having challenges in emotional regulation during difficult parenting moments. Like a runaway train that has no choice but to go off the tracks, FRs could struggle to identify and regulate their emotions in the moment. While it cannot be definitively stated what the couples described was directly related to a traumatic stress response, research documents how exposure to trauma can lead to difficulty in engaging in goal-directed behaviors when upset, experiencing limited access to emotion regulation strategies, and an overall lack of emotional clarity (Tull et al., 2007). Such symptoms are disruptive to the decision-making processes that are crucial to maintaining healthy relationships and parenting behaviors (Banyard et al. 2003; Gerwig et al., 2010; Scaturo & Hayman, 1992; Sherman et al.,

2016). Couples in this study seemed to describe similar symptoms in the FR during stressful parenting moments. Further, tension could arise in the coparenting relationship when the FR struggled to regulate their emotions with the children. At times, spouses described acting as a buffer between the FR and the children, making attempts to deescalate the FR. However, the spouse's attempts could be unsuccessful: "*In those moments, he can't be redirected* [S14, LE]."

While FR's in this study could report running "off the tracks" emotionally, they also reflected on the feelings of remorse for responding to their children harshly. They shared that, retrospectively, they could acknowledge their reactions as coming from a place personal distress. FRs whose children were in late adolescence by the time of the interview acknowledged that their reactive parenting was harmful to the relationships with their children and, in turn, with their spouse. Such findings emphasize that timely repair is essential, both for the relationship between parents and with the children.

Participants in this study also highlighted ways in which their exposure to traumatic events could lead both the FR and the spouse to have a heightened awareness around the safety of their children. This finding is not shocking, as previous literature indicates that FRs can be especially protective of their children's safety (Freise, 2020; Regher et al., 2005). This study added to the understanding of how FR couples navigated "overprotectiveness" together. For instance, FRs and their spouses wrestled with whether their parenting choices were "overprotective" or simply "smart parenting." The theme, *It definitely changes how you parent: Work stress spills over into parenting* captures such conundrums. Further, for most couples in this study, safety-related decisions were an area of agreement in their parenting relationship. They largely supported one another in the decisions made around safety concerns and avoided putting their children in

situations they perceived to be dangerous based on work-related events (i.e., not letting their children go to sleepovers).

Exposure to traumatic stress presented these couples with unique challenges. However, the lived experiences of the couples in the study also pointed towards signs of post-traumatic growth. The concept of post-traumatic growth suggests that, following traumatic events, individuals can experience an increased appreciation for their life and relationships (Tedeschi & Calhoun, 2004). A clear example of this surfaced when FRs in this study described how, directly following traumatic events (especially those involving children), they experienced a deep sense of love for their children and family; they yearned to go home and physically hold their children. Some FRs describe how, in meditating on their love for their kids following tragic events, they could experience a renewed and profound awareness of the power that they held in their role as a parent. As such, they would recommit themselves to show love and patience to their children.

### ***Transitions***

In a re-exploration of the essential themes that emerged from this study, I meditated on a third recurring thread within the lived experiences of these couples: transitions. Transitions are defined as “the process or a period of changing from one state or condition to another (Miriam-Webster, n.d.).” To further explore the visualization of dual timelines, I imagine that the convergence of the spouses and FR’s timelines were defined by moments of transition. Whether the transition be from FR to parent or spouse, or from sole parent to coparent, couples in this study described how stress manifested within moments of switching from one state of being to another. The thread of transitions cannot be disentangled from the lived time or lived physiological and emotional impact of stress on the FR couple. However, centering the concept transitions in the FR couples lived experienced provides a clear focal point for this section of the

discussion. Themes like *Parenting shiftwork: Transitioning roles*, which included the subthemes, *I have to reverse it in my brain: FR role transitioning* and *Let me download information on you: Transitioning from single parent to coparent*, revolved around the lived experience of transitions in FR couples.

Understanding the triumphs and struggles in moments of transition is essential to understanding the experiences of couples in this study. Further, it is imperative to understand that transitions were experienced as both individual- and couple-levels processes that informed their relational dynamics as couples, parents, and coparents. How the participants transitioned informed how they experienced the time that they had together. For instance, FRs described having to “reverse” their thinking and state of being out of their work mindset to be effectively present for their spouses and their children. The subtheme, *I have to reverse it in my brain: FR role transitioning*, captures the FRs’ recognition that internal processes are necessary in their transition from one state of being to another. These findings are consistent with previous research which has found that FRs might be more likely to engage in cognitive coping strategies to adjust to work-related stress (Dautovich et al., 2022). However, FRs could face challenges in the time to decompress and engage in such coping strategies as a part of the transition process. When decompression was unsuccessful, they could enter the physical space of their home with lingering stress and behaviors from their workday. I am reminded of Garmezy’s chapter on FR families, in which they mention how, when FRs do not effectively transition out of their work role, they might come home and continue to “give tickets” to their family and children (Garmezy, 2023, pg. 420). Conversely, when FRs felt that they were routinely able to compartmentalize their stress and prioritize their roles as spouses and parents, it resulted in more satisfying interactions for the entire family unit. Spouses could play a large role in assisting the

FRs in recognizing when they had not “made the switch” from FR to parent. In this way, transitioning out of the work role was critical to the FR coparenting relationship; spouses felt like they had a teammate and a supportive partner in their relationship when they felt they could trust that their partner would transition into the role of parent and coparent.

Spouses also had to engage in individual transitioning processes to reincorporate the FR into the home after shift. The spouse’s transition from sole parenting to coparent, particularly when the FR got home, could be complex. The subtheme, “*Let me download information on you*” captures how spouses wanted to incorporate their FR partner back into the parenting system when they returned home. Spouses might be eager to incorporate the FR into the parenting duties, while the FR might need time to decompress. Indeed, research on a similar population (e.g., military couples) found that, while spouses can be eager for the return of their spouse after deployment, there is a complex organization of roles and expectations that comes before successful reintegration (Paley et al., 2013). In other instances, the FR might be eager to parent when the spouse still needs time to connect with the FR about their day of parenting prior to the FR taking any parenting actions. Couples who seemed to be most content with their transitions described having a routine that included both individual and couple level processes to reincorporate the FR into home.

### **Clinical Implications & Future Research**

Results from this study provide implications for clinical interventions and preventive efforts for the FR community. First, the findings from this study support a systemic approach to treating stress and traumatic stress in FR couples and families. Participants in this study quite plainly stated that they would like to have more individual-, couple-, and family-level resources for the FRs, spouses, and the couple relationship. Further, out of the 139 interested participants

who responded to items related to resources on the interest-eligibility survey, 52.5% expressed that they would like more access to individual mental health services, 61.9% wanted more access to couples therapy, and 32.4% indicated they wanted increased access to parenting support (e.g., parenting classes or coaching). These statements and results should serve as enough of a catalyst for practitioners, departmental support systems, and preventative resources to not only incorporate but emphasize the importance of relational wellbeing in the FR community. However, these results were further supported by the finding that the couple, parenting, and coparenting domains were all impacted by stressors related to the profession. Moreover, these domains of functioning were intrinsically related. Such findings underscore the importance of considering parenting and coparenting as crucial pieces of the puzzle to understanding FR couple experiences. The wellbeing of the FR's family should be seen not as secondary to the wellbeing of the FR, but an essential component to treating stress in the FR population. As such, couple and family-level interventions (i.e., couple relationship therapy, parenting) could be paramount to creating long-lasting, positive change in FR wellbeing.

Couple and family therapists are uniquely positioned to provide such systemic intervention efforts to FR couples and families. As a practicing couple and family therapist, I have a strong foundation in family systems theory and therapy models like Bowenian family therapy (Bowen, 1993), which focus on the exploration of emotional processes and patterns within the family system, and how these processes and patterns are intergenerationally transmitted. Such training alerts me to the potential maladaptive behavioral and emotional patterns that can be interrupted through the therapeutic process. Certain experiences described in this study, like the spouses stepping in when the FR is becoming harsh, run the risk of creating longstanding disruptive patterns within the family system. This, for example, could risk the

creation of an alliance between the non-FR spouse parent and children against the FR. I have witnessed these dynamics in my own clinical practice with FR couples. Family therapists are in a unique position to utilize couple- and family-level interventions aimed towards strengthening the couple relationship and resolving issues related to parenting and coparenting.

Second, the findings of this study reinforce the prevalence of traumatic stress symptomology in FRs (Beattie et al., 2023; Bryant, 2022; Casas & Benuto, 2021; Hill, 2020). As such, it is incredibly important for professionals encountering FR and FR families to not only be trauma-informed, but knowledgeable of the specific criteria, symptoms profile, and evidence-based treatments of traumatic stress. FRs are likely to be exposed to multiple traumatic events through their work (Alexander et al., 2008; Donnelly & Bennett, 2014). Considering the high comorbidity rates between PTSD and other mental health issues (i.e., depression, substance abuse disorder, suicidality) (de León et al., 2019; Vujanovic et al., 2016), clinicians working with FRs should be prepared to complete careful, multi-component assessments to identify the presence and potential etiology of such diagnoses. Further, clinicians should be prepared to provide or refer FR clients to evidence-based interventions like Narrative Exposure Therapy (NET), that directly target symptoms of traumatic stress (Schauer, Neuner & Elbert, 2005). Future research endeavors could examine the efficacy of such targeted interventions for traumatic stress in FRs and examine whether the reduction of traumatic stress symptoms also reduce the presence of comorbid symptomology (e.g., depression, suicidality, substance abuse) in the FR population. In addition, the provision traumatic stress treatments like NET could include the FR's loved ones (e.g., spouses, family members, close friends) as a supportive network throughout the course of treatment and invite the FR's loved ones to NET sessions focused on psychoeducation around the neurobiological and relational impact of traumatic stress.

The involvement of the family in the treatment of traumatic stress could allow for the FR individual, as well as the couple and family, to view traumatic stress symptoms as a resolvable problem, instead of perceiving the FR or the FR profession as the problem.

The findings from this study provide further support to extant literature which indicates that symptoms of stress and traumatic stress can lead to parenting difficulties (e.g., difficulty with decision-making processes, difficulty engaging in positive parenting behaviors; Banyard et al. 2003; Gerwig et al., 2010; Scaturo & Hayman, 1992; Sherman et al., 2016). These findings point to the need for both individual-level and familial-level intervention efforts that target the reduction of ineffective parenting behaviors (e.g., reactive disciplinary actions). Family-level interventions like the Parent Management Training (Oregon Model) (PMTO) (Dishion et al., 2015) have been effectively utilized with parenting populations experiencing high levels of stress and post-traumatic stress (e.g., war-affected populations, post-deployment military families; Gewirtz et al., 2018; Wieling et al., 2015). PMTO is an intervention program designed for parents that aims to increase positive parenting practices through encouragement, effective discipline, monitoring, problem solving, and positive involvement (Forgatch & Patterson, 2010). Based on the findings of this study, parenting FR couples could benefit from interventions like PMTO and future research should examine the efficacy of such parent-level interventions in FR couples experiencing heightened levels of stress and traumatic stress.

In addition to increasing the access to more targeted intervention efforts, preventative efforts for the FR population should also include the FR family system. From an ecological perspective, participants in this study described how they wished their surrounding environment (i.e., departments, communities, family members, friends) would acknowledge their challenging experiences and make more attempts to support their families. The theme and supporting

subthemes within *I had to find it myself: Gaps in resources* captured these wishes. Considering the intrinsic ties that FRs have to their surrounding communities and the greater society, an ecological perspective could be beneficial to the creation of intervention and prevention resources aimed to create longstanding change within the FR community. FR departments, in particular, have the power to play a large role in supporting FR families over time. Couples in this study noted that, when the departmental interactions were consistently positive and supportive, their family system benefited. However, when their interactions with the FR's department were not positive (e.g., the FR had negative interactions with the department's leadership over time), this could negatively influence the family's lived experiences. In essence, the role of the department cannot be understated. Garmezy (2023) provides various examples of potential departmental supports that support FR family involvement:

Department-sponsored programs foster vital connections among family members that potentiate social support, including open houses, fundraisers, recreational events, ceremonies, CPR classes, financial literacy training, spouse support groups, and relationship or parenting skills classes open to responders, recent retirees, couples, and unaccompanied spouses. (p. 429)

Results from this study emphasize the importance of the FRs' ability to transition into their parenting role, which requires a set of skills and emotional availability in contrast to those required in their workplace environment. Previous research highlights the effectiveness of FRs utilizing engaged coping skills (e.g., problem-solving, planning, social networks, religious practices; Dautovich et al., 2022) and adaptive coping skills (e.g., emotional regulation, cognitive reframing, acceptance-based strategies; Rennebohm et al., 2023) to manage their reactions to work-related stress. Departments can promote the use of such coping techniques prior to the FR

leaving the work environments in effort to both alleviate individual FR mental health symptomology and facilitate the FRs positive engagement with their spouse and family when they return home.

Findings from this study point towards key areas of concern for the parenting couples who live with the impact of work-related stress and traumatic stress. While previous research has illuminated similar concerns to those described in this study, the rich descriptions provided by the couples captured the complexity of their experiences with stress and a longing to be better understood by their surrounding support systems. The theoretical frameworks utilized in this study (i.e., ecological systems theory, CATS) provide a grounding for future research efforts that consider the multifaceted layers of work-related stress and the resulting intricate relational processes. I believe that future research with FR couples and families should shift towards examining prevention and intervention efforts. Specifically, intervention and prevention research should target strengthening areas of the environmental surroundings of the FR couple (e.g., departmental culture, community relationships) as well as aspects of individual and couple functioning that are likely to lead to healthy adaptive processes in the couple relationship, parenting, and coparenting relationship.

### **Limitations**

While the goal of hermeneutic phenomenological work is not to achieve generalizability to all first responder couples, but rather transferability to similar groups of first responder couples, it is important to note that the results of this study are limited in regards to their applicability. First, the study's sample was homogeneous in terms of sexual orientation and gender identity, which limits the transferability of the findings to sexual and gender minoritized individuals and couples. Future research should examine how work-related stressors impact couple and parenting

dynamics differently in more diverse samples of gender and sexual identity. Further, this study's transferability is largely limited to heterosexual relationships in which the male is the first responder. As such, future research should capture the experiences of couples consisting of female-identifying first responders, as first responders who are mothers likely experience nuanced impacts of work-related alongside gender role expectations. Lastly, while this study provides insight into the types of work-related stressors that first responder couples experience as the most stressful, we did not systematically examine the differences and similarities in work-related stressors and workplace cultures across first responder professions (i.e., firefighters, paramedics, law enforcement). We suggest future research examines how work-related stressors and their resulting impact on the couple and parenting might differ based on the first responder profession.

### **Conclusion**

The process of completing this project deepened my connection to the lived experiences of FR couples. When beginning this endeavor, I felt that I had a foundational understanding of how stress and traumatic stress impact the FR couple relationship. However, there were pieces of the FR couple experience that I felt were missing or underdeveloped in the extant literature. So many of the FR couples that I have encountered in my personal life, research endeavors, and clinical work over the past few years have been parents. As I aimed to learn more about the unique experiences of FR parents to support my clinical practice, I found that current empirical explorations and clinical resources for FR couples did not place an emphasis on how to navigate parenting and coparenting as a couple in the wake of work-related stress and traumatic stress. In the current study, I aimed to examine the lived experiences of the impact of work-related stress and traumatic stress on the FR couple relationship, parenting, and coparenting relationship.

Utilizing a hermeneutic phenomenological approach, I completed in-depth qualitative interviews with fifteen FR couples. My goal in completing these interviews was to approach a more nuanced understanding of how the FR couples in this study experienced the phenomenon of work-related stress and traumatic stress within their unique context. Findings suggest that FR couples experience specific aspects of the FR profession to be particularly stressful (e.g., time demands, exposure to traumatic events, departmental characteristics, sociopolitical attitudes). Further, such work-related stressors can negatively impact the FR couples' communication and connection and have significant implications for their division of parenting responsibilities, role transition processes, and coparenting communication. However, FR couples in this study also portrayed resilient coping characteristics (e.g., cherishing the time that they spend together, prioritizing family relationships over the FR profession) and emphasized their need for multilevel intervention and prevention efforts. The future of research and intervention efforts targeted towards FRs should be focused on supporting the relational and parental systems of FR couples.

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## APPENDIX A

## INTEREST-ELIGIBILITY SURVEY

Thank you for your interest in participating in this study! This project (INSERT IRB APPROVAL NUMBER) aims to explore how stress related to the first responder profession impacts couples' relationships, including parenting and coparenting. We aim to use the knowledge gained from this study to inform future interventions and resources for first responder couples and families. The following questions will be used to determine your and your partner's eligibility for participating in this study. You will be asked questions about both your and your partners' information. In answering this short survey, you provide consent to be contacted by the researcher if you are determined to be eligible to participate. Know that if you are determined to be eligible, both you and your partner will need to consent to participate.

**First Responder Service**

Are you or your partner a current or former first responder (e.g., firefighter, law enforcement, paramedic, emergency medical technician)? Select all that apply.

- No, neither my partner nor I are or have been a first responder.
- I currently serve as a first responder.
- I previously served as a first responder.
- My partner currently serves as a first responder.
- My partner previously served as a first responder.

What first responder profession do you currently serve in? Check all that apply.

- Firefighter
- Law Enforcement
- Paramedic
- Emergency Medical Technician
- Other

What first responder profession does your partner currently serve in? Check all that apply.

- Firefighter
- Law Enforcement
- Paramedic
- Emergency Medical Technician
- Other

What first responder profession did you previously serve in? Check all that apply.

- Firefighter
- Law Enforcement
- Paramedic
- Emergency Medical Technician

- Other

What first responder profession did your partner previously serve in? Check all that apply.

- Firefighter
- Law Enforcement
- Paramedic
- Emergency Medical Technician
- Other

What year did you begin working as a first responder? Approximate year is fine (YYYY).

When did you stop working as a first responder? Approximate year is fine. (YYYY)

When did your partner begin working as a first responder? Approximate year is fine. (YYYY)

When did your partner stop working as a first responder? Approximate year is fine. (YYYY)

### **Relationship**

Are you in a committed relationship or marriage now?

- Yes
- No

What year did your committed relationship or marriage begin? Approximate year is fine (YYYY).

Do you and your partner live together?

- Yes
- No

### **Children**

Do you and your partner have at least one child between the ages of 4 and 13 that you share responsibilities for parenting?

- Yes
- No

How many children do you and your partner parent together? Please include the number the total number of children, including those outside the ages of 4 - 13.

What is the age/are the ages of your children? If you have multiple children, please separate their ages with a comma (e.g., 4, 10, 12). Please include the ages of all children, including those outside the ages of 4 - 13.

### **Demographics**

What is your first name?

What is your last name?

What is your date of birth (MM/DD/YYYY)?

How would you describe your gender?

- Cisgender Woman
- Cisgender Man
- Non-Binary

- Transgender Woman
- Transgender Man
- Genderqueer or Gender Expansive
- Prefer to Self-Identify

What is your partner's first name?

What is your partner's last name?

What is your partner's date of birth (MM/DD/YYYY)?

How would you describe your partner's gender?

- Cisgender Woman
- Cisgender Man
- Non-Binary
- Transgender Woman
- Transgender Man
- Genderqueer or Gender Expansive
- Prefer to Self-Identify

What state do you and your partner currently reside in?

### **Stress Survey**

The following ten questions ask you to reflect on various areas of your life that might be impacted by stress related to the first responder profession.

Please rate how strongly you agree or disagree with the following statements.

1. Overall, I feel that stress related to the first responder profession contributes a significant amount of stress to my mental health.
2. Overall, I feel that stress related to the first responder profession contributes a significant amount of stress to my partner's mental health.
3. I worry about the long-term impact of the first responder profession on my overall health.
4. I worry about the long-term impact of the first responder profession on my spouse/partner's overall health.
5. The stressful/traumatic events that my partner/I experience as a first responder impact couple and family relationships.
6. In general, stress related to the first responder profession affects my relationship with my spouse/partner (i.e., my relationship satisfaction, connection, quality time, and communication).
7. In general, stress related to the first responder profession affects my parenting (i.e., my involvement with my children, my discipline, my patience when parenting).
8. In general, stress related to the first responder profession affects my coparenting relationship with my spouse/partner (i.e., how we coordinate, discipline, and make decisions as coparents).
9. My partner and I have the resources we need to effectively cope with stressors related to the first responder profession.

10. I would like to have access to more resources (parenting, couple therapy, individual mental health, etc) to support our family with stressors related to the first responder profession.
11. If applicable, please indicate which resources you would most like to have more access to.
- Individual Therapy/Mental Health Services
  - Couples Therapy
  - Parenting Support (e.g., parenting classes and/or coaching)
  - Other (please describe)

Do you consent to having your deidentified responses to the eleven questions above reported in future research reports related to first responder couples?

- Yes, I do.
- No, I do not.

### **Technology & Contact Information**

Do you and your partner have access to a phone/tablet/laptop with audio and video technology?

- Yes
- No

Do both you and your partner provide consent for the researcher to contact you if you are determined to be eligible for participating in this study?

- Yes, I represent my partner and myself and grant the researcher permission to contact both of us.
- No, I represent my partner and myself and do not grant the researcher permission to contact both of us.

Are both you and your partner comfortable being contacted by the researcher via phone AND email from the study?

- Yes, we are.
- No, we are not.

My active email address for the researcher to contact is:

My preferred phone number for the researcher to contact is:

My partner's email address for the researcher to contact is:

My partner's preferred phone number for the researcher to contact is:

## APPENDIX B

## RECRUITMENT FLYER



## SEEKING FIRST RESPONDER COUPLES FOR RESEARCH STUDY

Participate in a 120-minute Zoom interview exploring the impact of stress related to the first responder profession on your couple relationship, parenting and co-parenting relationship.

Couples who complete an interview will receive a total of \$100  
(\$50 for each couple member).

### YOU MAY BE ELIGIBLE TO PARTICIPATE IF:

**You or your spouse/partner are a first responder professional** (i.e., law enforcement officer, firefighter, paramedic, or emergency medical technician).

You are cohabitating with your partner and **have at least one child between the ages of 4 and 13** in the home for which you share parenting responsibilities.

You and your partner are between the ages of 20 and 65, English speaking, and **consent to an audio recorded Zoom interview.**

### INTERESTED?

Use the link or QR code below to fill out the Interest and Eligibility Form & enter a drawing for a \$50 gift card!

[CLICK HERE](#)

OR

SCAN THIS QR CODE



### QUESTIONS?

Contact Avery Campbell  
Co-Primary Investigator  
averyca@uga.edu  
678-315-5216



**UNIVERSITY OF  
GEORGIA**

IRB-Approved PROJECT00007816

Primary Investigator

Elizabeth Wieling, PhD, LMFT

Department of Human Development and Family Science  
University of Georgia

## APPENDIX C

## PHONE SCREENING

## Brief Mental Health Screener for Post-Traumatic Stress and Intimate Partner Violence

Assigned ID number: \_\_\_\_\_

Current date: \_\_\_\_\_

*Hi \_\_\_\_\_. This is Avery Campbell – I am calling because I received your Interest Form for the study on first responder couples. Thanks so much for filling that out! Do you have about 5-10 minutes to talk a little more about the study and possibly do a brief phone screening?*

*So first, I just want to properly introduce myself. My name is Avery – I am a doctoral student at UGA and I am in my final year of the doctoral program. I have a master in marriage and family therapy – so I am also a practicing therapist. And I am interested in the first responder population for both personal and professional reasons – but overall, I would like to gain more knowledge from the first responder community so that we are better able to support first responder couples and families. Personally, I come from a first responder family – both my father and brother are involved in law enforcement – so it is not by coincidence that I ended up interested in first responder families. For this study, I am particularly interested in hearing about how stress and traumatic stress impact your couple relationship as well as your parenting and co-parenting. Based on what I have said, are you still interested?*

*Okay great! So I have some information here that I just want to confirm. I have that [\_\_\_\_\_] and you have [\_\_\_\_\_] who are [\_\_\_\_\_], is this correct? And your kid(s) currently live in the home with you? Okay great. And I have here that your relationship with your partner began [\_\_\_\_\_].*

*Perfect. Thanks so much for confirming that information for me. There are a few more questions I have to determine you are eligible. Both you and your partner will be privately asked these questions, and your responses will not be shared with one another unless YOU choose to share with your partner.*

*The next few questions to ask related to your well-being and the well-being of your relationship. I would like to ask you about stress related symptoms and about potential violence in your relationship. It is important that you are in a private space for these questions. If you are not in a private space now, I can call back at a later time. Is that okay with you? [If yes, then proceed.]*

### Post-Traumatic Stress Screener

*First, I'm going to ask you a few questions related to the level of stress you might be experiencing because of critical or traumatic events that you have experienced (work-related or otherwise). I ask these questions because it could place you at elevated risk and distress to participate in the study if you are experiencing severe stress. I will ask you about emotions, thoughts and feelings related to your life experiences. Please listen as I read each one aloud and carefully decide how much each bothered you in the past month.*

Statement	0 Never	1 Rarely	2 Sometimes	3 Often
In the past month, how often had you had strong negative feelings such as fear, horror, anger, guilt, or shame because of what happened in the past?				
In the past month, have had experiences of avoiding going to certain places, meeting certain people, or doing certain things because of what happened in the past?				
In the past month, have you experienced problems because of what happened in the past that kept you from being involved with your family or friends?				
In the past month, how much are you unable to do things that you need to do on a daily basis (e.g., cooking, bathing, working, taking care of children, going to appointments, etc.)				
In the past month, have you been unable to concentrate, remember things, or make decisions (e.g., drifting in and out of conversations, losing track of a story, forgetting what you read?)				
Total Score (0~15)				

*Moderate to high stress level (i.e., total score  $\geq 10$ ): Given your level of stress, part of my ethical commitment is that I can't move forward without potentially compromising your mental or relational health. Thank you so much you are interest in this study! I really appreciate it!*

*Low to moderate stress level (i.e., total scores 0~9): Thank you so much for your responses! I have a few more questions to ask you.*

### IPV Screener

*Now, I'm going to ask you a few questions related to the intimate partner violence that you might be experiencing with your current partner. I ask these questions because it could place you at elevated risk and distress to participate in the study if you are experiencing these stressors.*

*Please listen as I read each one aloud and carefully decide how much each bothered you in the last 12 months.*

Statement	1 never	2 rarely	3 sometimes	4 fairly often	5 frequently
Has your partner ever physically hurt you in the past 12 months?					
Has your partner ever insulted you in the past 12 months?					
Has your partner ever threatened to harm you in the past 12 months?					
Has your partner ever screamed or cursed at you in the past 12 months?					
Total Score (5~20)					

Score of greater than 10 is considered a positive screen.

*Thank you so much for taking the time to answer these questions. I will email both you and your partner soon to inform you of whether you are eligible to participate in the study and give you directions for next steps and setting up the interview. Please remember that your answers are confidential, and I will not share your responses with your partner. Only you can share if you choose.*

## APPENDIX D

## MENTAL HEALTH REFERRALS &amp; RESOURCES

## MENTAL HEALTH REFERRALS AND RESOURCES

### UNITED STATES NATIONAL SUICIDE AND CRISIS HOTLINES

1. National Hope Line Network - 1- 800- Suicide
2. National Suicide Prevention Lifeline – 1-800-273-Talk
3. Crisis Link - (703) 527-4077
4. Crisis Link Text Line - Text "CONNECT" to 855-11 and a PRS  
Crisis Link volunteer will respond within minutes

### FIRST RESPONDER HOTLINES

1. Copline – 1 (800) 267-5463
2. Safe Call Now – (206) 459-3020
3. Cop 2 Cop – 1 (866) 267-2267
4. Veterans Crisis Line – 1 (800) 273-8255
5. Fire/EMS Helpline - 1 (888) 731-3473

### POST-TRAUMATIC STRESS RESOURCES

1. <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd>
2. <http://www.ptsdalliance.org/>
3. <https://www.ptsd.va.gov/>

## APPENDIX E

## INFORMED CONSENT

**Title of Research Study:** Exploring the Impact of Work-Related Stress on Couple Relationships and Parenting in First Responder Couples

**Investigator Team**

Avery Campbell, Ph.D. Candidate (Co-PI)  
*Human Development and Family Science*  
*University of Georgia*  
Dr. Elizabeth Wieling (PI)  
*Human Development and Family Science*  
*University of Georgia*

**Contact Information:** For questions about research appointments, the research study, research results, or other concerns, please contact:

Avery Campbell  
Phone Number: (678) 315-5216  
Email address: [averyca@uga.edu](mailto:averyca@uga.edu)

**Supported By:** This research is supported by “The Price-Coker Excellence in Research Award.”

**Financial Interest Disclosure:** None

***What is the purpose of this study?***

The current project aims to understand how stress related to the first responder profession impacts couple relationships. More specifically, this project aims to understand the impact of stress on first responder couples’ parenting and coparenting relationship in order to inform prevention and intervention efforts that target this population’s unique needs and strengths. A phenomenological approach will be employed to explore the following research question: How do first responder couples experience the impact of work-related stress and traumatic stress on their couple relationship, parenting, and coparenting relationship?

***Why am I being invited to take part in this research study?***

You are being invited to be in this research study because (a) you are currently in a relationship in which one of you is a first responder professional; (b) you and your current partner are in a committed relationship; (c) you and your partner are co-parents to a child between the ages of 4 and 13.

***What happens if I say “Yes,” but I change my mind later?***

Participation is voluntary. You can refuse to take part, or you can agree to take part and later change your mind, or stop at any time, even after providing consent. No one will be upset by your decision. If you decide to leave the research study, contact the investigator Avery Campbell, so that the investigator can remove you from the study and make sure that you no longer receive communications about the study.

Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefit to which you are entitled. This means that your choice not to be in this study will not negatively affect your right to participate in other studies. The data you had provided up to the point of withdrawal will be used, but no other data will be requested. You will be asked to let us know your reason for withdrawing.

Your decision to participate or not will not affect your current or future relations with the University of Georgia or the research team. You can ask questions at any point during this process.

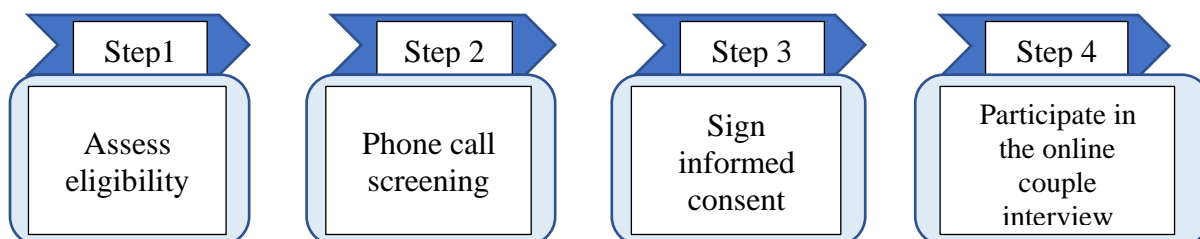
***What is the procedure for participating in this study?***

Step 1: Assess eligibility for the study. If you are interested in participating in this study, you will be asked to complete a 5-minute online survey to assess your eligibility and provide consent for the researcher to contact you via phone and email.

Step 2: Phone call screening. If you are eligible for this study after the initial survey, you will be contacted by the investigator, Avery Campbell, via a consented email address to schedule a brief phone call. The phone call aims to screen whether you are currently experiencing intimate partner violence (IPV), or mental /functional impairment related to traumatic experiences or the witnessing of traumatic events. This process involves briefly talking to you and your partner individually over the phone.

Step 3: Read and sign informed consent. If you and your partner both qualify for the study after the screening phone calls, the investigator, Avery Campbell, will send each of you a HIPAA electronic informed consent via the consented email address. Please read it carefully and ask any questions regarding the informed consent by contacting Avery Campbell. If you agree to participate, you are required to e-signed the informed consent. Please note that this study requires that you and your partner individually e-sign an informed consent in order to avoid coercive participation.

Step 4: Participate in the online couple interview. After the investigator obtains your and your partner’s e-signed informed consent, the investigator will email or call you to schedule the online interview. At this point, the investigator will share an interview protocol which will include instructions regarding what to prepare for the online couple interview.

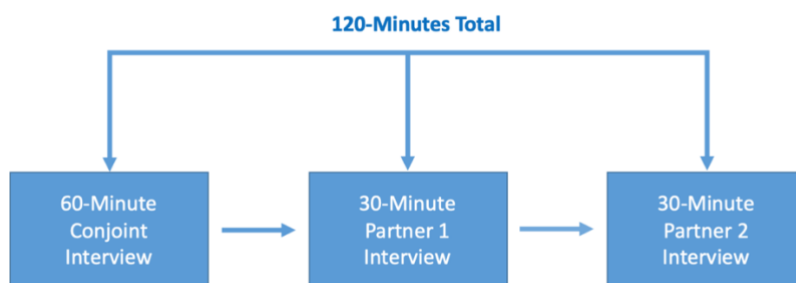


***What do I need to know about the interview?***

The interview will consist of both an approximately 60-minute couple interview (with you and your partner together) and separate, 30-minute individual interviews. This means that you will be interviewed with you partner as well as separately from your partner. The figure below depicts the full interview process.

The reason to conduct both couple and individual interviews is to yield a more holistic account of your lived experiences surrounding the impact of work-related stress on your couple, parenting, and coparenting relationship.

The total length of the interview (both couple and individual) will be approximately 120 minutes. Interviews will be conducted via a password-protected Zoom, and will be HIPAA compliant through the University of Georgia. If your e-consent is given, both interviews will be audio recorded. The researcher, Avery Campbell, will conduct the interview.



***Will being in this study help me in any way?***

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include helping you recognize the joint efforts made to overcome hardships that may strengthen your relationship. The acknowledgment of conjoint efforts and mutual appreciation may continue after the study is over. This study may benefit others because it may help us understanding first responder couple strengths, stresses, and coping in order to inform unique prevention and intervention programs.

***What about confidentiality?***

The interviews will be conducted via a password-protected Zoom; as such, confidentiality cannot be guaranteed. We ask participants to engage in these activities in a secure, isolated location. Audio recordings will be digitally stored in a secured location that is HIPAA compliant, will only be accessible to the research team, and will not be shared outside of the team. No names or other identifiers will be connected to you or your partner --- only participant IDs. These documents will be erased within two years of the end of the study in 2025.

All data collected from you will de-identified. That means each couple will be assigned a unique ID that will be used throughout the study. Once data collection is complete, we will dispose of any materials that link your identifying information to their unique ID. The audio interviews will be transcribed via software. When sharing or publishing results, your information may be

presented through anonymous quotations with an ID number or a fake name, or through group themes.

Efforts will be made to limit the use and disclosure of your personal information, including contact information, to people who need to review this information. However, we cannot promise complete confidentiality. Organizations that may inspect and copy your information include the Institutional Review Board (IRB), the committee that provides ethical and regulatory oversight of research, and other representatives of this institution, including those responsible for monitoring or ensuring compliance.

***What is a mandated report?***

The information you provide will be held in the strictest confidence legally possible unless otherwise required by applicable law. As mandated reporters, there are some situations in which we, as a research staff, would be legally obligated to take action to protect someone from harm, even if we must reveal some information about you without your consent. Specifically, if we have reason to believe that you are at risk for doing serious harm to yourself (e. g., suicide) or others (e.g., homicide), then we may be required to take protective action. Additionally, if we have reasonable cause to believe that a child under the age of eighteen, an elder adult, or a disabled adult has been physically or sexually abused, neglected, exploited, or endangered, we must make a report to the appropriate agencies or entities as required by law and UGA policy.

***What are the risks of being in this study?***

Privacy and confidentiality risks: There is some risk of a data breach involving the information we have about you. We comply with the University's security standards to secure your information and minimize risks, but there is always a possibility of a data breach.

This study also includes minimal psychological and emotional risks as you may experience discomfort when you or your partner describe your experiences. If these emotions persist, we encourage you to reach out to your mental health providers, or you may call the free Mental Health American hotline at 1-800-273-TALK or Psychology Today (<https://www.psychologytoday.com/us>). The interviewer, Avery Campbell, is a doctoral candidate in Marriage and Family Therapy at the University of Georgia.

***Will it cost me anything to participate in this research study?***

There will be no cost to you for any of the study activities or procedures.

***What will I receive for my participation?***

As a couple, you will receive a total of \$100 for your household following the completion of the interview (i.e., each partner will receive \$50). The \$100 will be disseminated after the completion of the interview.

Payment for participating in this study will be made using ClinCard, a pre-paid Mastercard that works like a debit card. We will email you the card. You will each be given one card for your participation. You will also get information about how to use this card and whom to call if you have any questions. Money will be added to your card based on the study's payment schedule. This card is administered by an outside company called Greenphire. Greenphire will be given your name, address, and date of birth. They will use this information only as part of the payment

system, and it will not be given or sold to any other company. Greenphire will not receive any information about your health status or the study in which you are participating. If your card is lost or stolen, please call the study coordinator for a free replacement card. If you request a replacement card from Greenphire directly, you may be charged a fee.

***Can I be removed from the research?***

The person in charge of the research study can remove you from the research study without your approval. A possible reason for removal includes not adhering to study protocols.

***What will be done with my data when this study is over?***

We will use and may share data for future research. They may be shared with researchers/institutions outside the University of Georgia. We will not ask for your consent before using or sharing them. We will remove identifiers from your data, which means that nobody who works with the data for future research will know who you are. Therefore, you will not receive any results or financial benefit from future research done on your data.

***Whom do I contact if I have questions, concerns, or feedback about my experience?***

Please feel free to ask questions about this research at any time. You can contact the investigator, Avery Campbell, through email: [averyca@uga.edu](mailto:averyca@uga.edu) or by phone number: (678) 315-5216. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at [IRB@uga.edu](mailto:IRB@uga.edu). Given the following two elements are important in participating in the current study, please provide your consent to them by placing your initials (e.g., AC) next to each element.

Yes,  
I agree

No,  
I disagree

The interviewer will  audio record interviews to aid with data analysis. These recordings will only be accessible to Avery Campbell and her advisor Dr. Elizabeth Wieling; and will not be shared with others.

\_\_\_\_\_

The study team may use quotes from me in research presentations and publications. The study team will use a de-identified ID number or a fake name in those presentations and publications.

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Date

## APPENDIX F

## COUPLE INTERVIEW PREPARATION

## Couple Interview Preparation

Here are a few things to ensure that you and your partner have the best interview experience possible. Feel free to reach out to Avery with any questions prior to the interview.



Prior to the interview, both you and your partner must have reviewed and e-signed an informed consent for research document. The interviewer, Avery, will briefly review the informed consent with you at the beginning of the interview and answer any lingering questions you have.



Make sure you are able to log in to Zoom and that your audio and camera functions are working.



Identify a private space in your home to complete the interview. This is important so that you are able to share your experience most comfortably. Be sure that you are in a space that is out of sight and earshot of others in your home. Remember that both you and your partner will be interviewed individually (privately) for 30 minutes after the 60 minute couple interview.



120 minutes is a substantial period of time. Make sure you come to the interview with water, snacks, and your most comfortable clothes!

## APPENDIX G

## INTERVIEW GUIDE

**Interview Part 1: 60-Minute Conjoint Interview**

Introduction: *I am primarily interested in exploring how you experience the impact of stress related to the first responder profession on your couple relationship. I am also interested in how you perceive these stressors to impact your parenting (or how you parent), and your coparenting relationship (how you parent with your partner). I know these experiences may overlap with each other, but for the sake of clarity and developing an in-depth understanding of your experiences, I will ask about each of these areas separately.*

*Let's start with your couple relationship (i.e., how you connect and function as romantic partners).*

1. To start, please tell me a bit about how you see/experience your couple relationship in general.
2. Now, I would like to hear about how each of you experience the impact of work-related stressors on your couple relationship. Specifically, let's start by describing some of the types of work-related stressors that you believe impact your couple relationship.

## Probes

- A few examples of work-related stressors might be risks, safety, hours on the job, finances, etc. I am interested the work-related stressors that are specific to you as a couple.
  - What is an example of how you see one of the stressors you identified impacting your couple relationship?
3. In addition to what you have shared, how do stressors related the FR profession impact your couple relationship in these areas? Note: Discuss one at a time. If couple has already elaborated one of these areas, don't repeat. Simply ask if they want to add anything else.

## Probes

- Communication (thoughts/feeling shared) around couple relationship
- Quality time (impact how you spend time together)
- Conflict (what/how work-related stress contributes to conflict)
- Role Relationship (your decision making or responsibilities)

*Next, I would like to hear how you experience the impact of work-related stress on your parenting (i.e., how you interact with your child).*

4. To start, I would like to hear each of you describe your role and involvement with your child(ren). How would you describe your role and involvement with your child(ren)?

Probes

- How would you each describe your partner's/spouse's role and involvement with your child(ren)?
- 5. How about the impact of stress related to the FR profession on your parenting behaviors?

Probes

- How would you describe how you discipline your child(ren)?
- How would you describe how your partner disciplines your child(ren)?
- Do you believe that you have the skills/resources to effectively parent your children? Are there additional supports that you believe would be helpful? If yes, What types of support (family, therapists, neighborhood, etc.)

*Now that I have an idea of the types of stressors that impact your couple relationship and your parenting, I would like to ask about your coparenting relationship – in other words, how you navigate the shared responsibilities of raising your child(ren).*

6. In what ways do you believe that stressors related to the FR profession [reflect back the stressors couple has named] impacts your coparenting relationship (i.e., how you navigate parenting responsibilities together)?

Probes

- Here are examples of a few areas of your coparenting relationship that might be impacted by stress related to the FR profession. Could you please reflect and share a bit how you see each area affected. Note: Discuss one at a time. If couple has already elaborated one of these areas, don't repeat. Simply ask if they want to add anything else.
  - Communication (thoughts/feeling shared) around negotiating parenting responsibilities, values, discipline styles and practices, etc.
  - Conflict (contributes to conflict) around parenting responsibilities, disciplinary styles, etc.
  - Role Relationship (decision making or responsibilities) or the roles that you each have in your parenting relationship

*Now that we have talked about your couple relationship, parenting, and parenting relationship, I would like to hear how you see each of these areas being related.*

7. How are each of these areas – couple relationship, parenting, and parenting relationship, related to each other?

8. Are there additional areas of your lives that we haven't talked about (e.g., organizational structures, social structures, cultural values and practices) or factors that you feel we haven't talked about that play a role in your experience?
9. Finally, now that we have talked about how work-related stress impacts you, I would like to hear about how you cope with the impact of stress as a couple. How do you cope with the impact of stress related to the FR profession as a couple?

#### Probes

- What helps you cope? What gets in the way?
- Are there resources you wish you could have to further support your couple relationship? If yes, what would that be?

*Conclusion: Thank you! This concludes the joint part of the interview. Now, I will meet with each of you separately. Now, I would like to speak with each of you individually for about 30 minutes to gain a better understanding of how each of you experience the impact of stress related to the FR profession as an individual. We will talk about the same areas that we have talked about as a couple: your couple relationship, parenting, and coparenting relationship. Please remember that you are free to discuss what we talk about together after the interview, but I will not share what you tell me with your partner. I ask that the partner who is not doing the individual interview leave the room in order to ensure privacy for the interviewing partner. You can decide who goes first and last or, if you prefer, I can decide who goes first.*

### Interview Part 2: 30-Minute Individual Interviews

*Introduction: Thank you for taking the time to speak with me individually. As I stated before, this is a time to share more about how you experience the impact of stress related to the FR profession as an individual. Further, it is a time for you to expand on your own experience of stress in your couple relationship, in your parenting, and in your coparenting relationship. Please remember that you are free to discuss what we talk about together after the interview, but I will not share what you tell me with your partner.*

*To start, I would like to hear how you experience stress related to the first responder profession on your individual wellbeing. [Note: Reflect back the stressors the individual has named].*

1. How have you experienced the impact of stress related to the FR profession on your personal wellbeing?

*Now, I would like to hear more about how you experience stress related to the first responder profession in your couple relationship. [Note: Reflect back on earlier response.]*

2. How have you experienced the impact of stress related to the FR profession on your couple relationship?

*Next, I would like to hear how you experience the impact of work-related stress on your parenting.*

3. How would you describe your role and involvement with your child(ren)?

Probes

- *How would you each describe your partner's or spouse's role and involvement with your child(ren)?*

4. How about the impact of stress related to the FR profession on your parenting practices?

Probes

- *How would you describe how you discipline your child(ren)?*
- *And how would you describe how your partner disciplines your child(ren)?*

*Finally, I would like to hear more about how have you experienced the impact of stress related to the FR profession on your coparenting relationship.*

5. What is it like to parent with your spouse?

6. Is there anything else that you want me to know about you and the experiences you've had as a parent in relation to the FR profession?

Conclusion: *THANK YOU! I appreciate your willingness to share your experience with me. As for next steps, you can expect to receive the e-gift card from me via email. Additionally, I will reach out to each of you separately with a summary of your interview to be sure that I am understanding your experience. Finally, I would be happy to share any published work that results from this study if you would like to have it.*

## APPENDIX H

## WHOLISTIC APPROACH TO THEMATIC ANALYSIS EXAMPLE

*A: So with me, if I feel like I am losing command of them, typically my posture changes, I become aggressive. I'll tense up, my shoulders will flare, my eyes will kind of change. My tone will drop to more guttural kind of sound. And unfortunately, if I feel like I'm losing the room with my children, some of that kind of intrinsically comes out.*

*B: He responds because he's worried about her getting hurt.*

This couple consisted of two paramedics, but the husband worked full-time as a paramedic while his wife worked part-time. I chose this quote to represent the couple because this section of the interview was very powerful. They gave very rich descriptions of what it felt like to “bring the job home,” and this quote captures how they described how acting as a first responder at home could feel like a reflex. B was able to identify that he became most aggressive with his disciplinary style when he was most fearful of their safety or when a traumatic memory was triggered (i.e., memory of kid drowning in a pool). He simultaneously wanted his kids to understand what sees at work to make him react the way he does and wanted to protect his kids from what he sees in his profession. A was able to help identify that his harsher reactions (and her harsher reactions) to their children come from a place of fear.

## APPENDIX I

## SELECTIVE APPROACH TO THEMATIC ANALYSIS EXAMPLE

*Our training tells us to prepare for the worst case scenarios. Every time I see something we start with the worst and hope for the best. When you spend enough time at work, that's what you see everywhere. And [daughter] doesn't think that way, our eldest 13-year-old, and she shouldn't as a 13-year-old. But at the same time, most accidents I've seen come from people who didn't expect it to happen or weren't prepared for something to happen. I guess it's just what I bring home the most, I would say. And unfortunately, when something happens on the job... my [work] partner and I are able to speak a certain way, particularly myself. I use profanity a good bit on the truck, especially if the patient's unconscious or dead, or whatever just to communicate with my partner. And my partner's [an adult] woman, so she knows that I'm not being aggressive towards her or anything. Unfortunately, it has slipped out with our 13-year-old. And it's not something I'm particularly proud of, but it's almost like a....what is the word I'm looking for? I mean, it is just a reaction, like a reflex.*

## Selected Phrases

Selected Phrase	Interpretation	Potential Code(s)
<i>Our training tells us to prepare for the worst-case scenarios. Every time I see something, we start with the worst and hope for the best. When you spend enough time at work, that's what you see everywhere.</i>	It's difficult to reverse the thinking that every scenario could be the worst-case scenario when you come home and parent. Shows hypervigilance.	What I See At Work Influences How I Parent Concern For Safety
<i>But at the same time, most accidents I've seen come from people who didn't expect it to happen or weren't prepared for something to happen. I guess it's just what I bring home the most, I would say.</i>	Shows that while they can logically know that every scenario isn't the worst case scenario, most of the events that they witness happen when people don't expect them to happen. This justifies being hypervigilant.	What I See At Work Influences How I Parent Concern For Safety
<i>And my partner's [an adult] woman, so she knows that I'm not being aggressive towards her or anything. Unfortunately, it has slipped out with our 13-year-old. And it's not something I'm particularly proud of, but it's almost like a....What is the word I'm looking for? I mean, it is just a reaction, like a reflex.</i>	Behaving like a first responder can become something that is instantaneous. It's like a part of yourself that you can't immediately turn off when you get home.	FR Parent Reacting Harshly

## APPENDIX J

## LINE-BY-LINE APPROACH TO THEMATIC ANALYSIS EXAMPLE

The following table provides an example of how I utilized line-by-line coding in prevalent portions of the transcript.

ID	Sentence/Sentence Cluster	What does this reveal about the experience?	Initial Code(s)
<b>B</b>	Let's see. Like I said, we're quicker to respond with anger. Unfortunately, just because we're short-fused about a lot of things.	Shows that first responders have to respond quickly and harshly on the job in order for people to listen.	FR Parent Reacting Harshly
<b>A</b>	I wouldn't use the word anger. That's more fear. And it comes across as anger.	In this couple, both are first responders. This sentence shows how they help each other reframe that what comes across as anger to others is experienced internally as fear that their children could get hurt.	FR Parent Reacting Harshly
<b>A</b>	Yeah. I'm quick to respond, and it usually comes out as me being angry. I just... I've seen what happens, and I guess it kind of makes me a little more anxious about things.	Shows a connection between the strong/harsh reactions at home to witnessing events, potentially traumatic events, on the job.	FR Parent Reacting Harshly
<b>B</b>	[Daughter] had tripped her fell, or she put something in her mouth. He responds because he's worried about her getting hurt... the youngest one, and you know, a 13-year-old can't process, you know, like, why are you getting so upset about this?	Shows how while the spouse might understand the first responder's harsh reaction, the children are not able to understand why their parent is reacting so harshly.	FR Parent Reacting Harshly
<b>B</b>	But... unfortunately he's run lot worse calls than I have, especially with kids, and I know about him, and I know how heartbreaking it was for him.	Shows how there is a connection between the amount of work-related traumatic events that the first responder has witnessed involving children, and the harsh reactions they might have in moments where the children's safety could be in jeopardy.	What I See At Work Influences How I Parent
<b>B</b>	And we don't ever want anything bad to happen to our children. No parent does but I guess we're very fearful of that happening in our own home.	Shows that all parents experience a concern for safety for their children, but first responders and first responder couples might have an exacerbated concern based on what they witness on the job.	Concern for Safety

## APPENDIX K

### MEMBER CHECK EXAMPLE

*Thank you once again for sharing your experience with me. This brief survey serves as a member check, a technique used to validate the interpretation of research results by seeking feedback from participants about the resonance and accuracy of their experiences.*

*The purpose of member checks is not to provide a comprehensive summary of the entire experience you shared, instead, to offer a few key insights from your couple interview. Below, I have summarized some essential information gleaned from the experiences you shared within each category that we discussed: your couple relationship, parenting, and coparenting relationship. After reviewing the following, I would appreciate your responses to the questions at the bottom of this page.*

#### **Couple Relationship**

One work-related stressor that has impacted this couple and family is the first responder's schedule, which requires B to be out of the house for days at a time. For A, it is difficult to experience the disconnect and little to no communication from B while he is gone.

On the other hand, the couple can shift their perspective towards the positive ways that separation influences their relationship. The distance enables them to be very intentional about what and how they communicate with each other when B is at work. For example, if either of them is upset about something, the distance allows them time to process and emotionally regulate before they have a conversation. Also, they can miss each other, which helps them to cherish the time they have together as a couple and family when B is home.

#### **Parenting**

For B, it can be stressful to transition back and forth between work life and home life. It's like switching between roles or identities. At times, it has been difficult to shed the directive nature of thinking and behaving from the job before he begins parenting at home. Individually, it has taken self-awareness and intention for B to transition from being a first responder to being a husband and a father.

Additionally, it has taken time for A to find the best ways to transition from "single parenting" while B is at work, to parenting as a team when he is home. It is important to note that the resulting stress of B's schedule was much greater when A was also working a full-time job. During this time, A felt the weight of parenting duties was overwhelming and often she felt depleted at the end of the day.

## **Coparenting Relationship**

As a couple, A and B have found ways to facilitate B's transition from work to home. For example, at times, A has had to remind B to take some time to decompress after he gets home from a shift. Also, A keeps track of when B is going to be getting home and tries to create an environment at home that will help B decompress. In addition to allowing B time to decompress when he gets home, the couple has also learned the importance of connecting as a parenting team before B begins parenting. In the past, not doing this was likely to lead to frustration and possible arguments. Now, when B gets home, A updates B on any parenting decisions or disciplinary actions that she made while he was gone. This process helps prevent B from making parenting decisions that counteract the decisions that A made while he was gone and/or prevents B from making parenting decisions that inadvertently "punish" A (e.g., B taking away screen time when A needs time to decompress or cook dinner).

*Please choose the response that most accurately reflects how you feel about this interpretation:*

- I feel like this summary accurately captures our couple experience.
- I feel like this summary somewhat captures our couple experience.
- I do not feel like this summary captures our couple experience.

Would you like to ADD/CORRECT any portion of the summaries provided above? If yes, you may write down your notes OR I would be happy to follow up with a brief phone call to hear your feedback.

## APPENDIX L

## REFLEXIVE MEMO EXAMPLE

I am wrestling with the experience of first responders who respond to their children with anger. The process of wrestling with this has been healing in some ways, as I try to step out of my role as a FR's daughter into a role of trying to understand the FR's emotional world. It seems that the FR's harsh reactions to their children can be for various reasons, but all stem from the first responder's emotional availability to draw upon in any given parenting moment. One reason might be that they are concerned for the child's safety. They might react because they see their child doing something that they have either seen happen to children before or that they can easily see happening based on their memories. Their harsh reaction comes from a place of fear and their yelling is instinctual. They can also react harshly when feel like they have lost control of the room and have maybe even lost the *respect* of the room. They are taught to take control of chaotic situations and to take control and ultimately keep others safe, they need others to respect them. And they need others to respect them quickly. Maybe their demand for respect can be mistaken as a personality characteristic as opposed to a learned behavior from the job? First responders also note how they are aware that their reactions are, at times, disproportionate to the severity of the situation. They also note that they realize, after the harsh moment, their children are not aware of the FR's inner worlds. The FR can later realize that their children do not understand why Dad is yelling at them. What does this mean for the repair attempts with children? FRs also describe a lack of time to process or transition from a stressful work related event to home life. This might be connected to compartmentalization. If the first responder is really trying hard to not feel stress or think about work, or maybe they aren't able to take their stress out on people that they work with, they bring that stress home. They might come into the house like a hurricane of stress and emotions. When the FR describes trying to "hold it in" and compartmentalize, there can be eruption of emotion. And unfortunately, this is usually placed on the people closest to them – the wife and family. The same people you want to protect are the ones he ends up losing his temper with. Also important to consider is that they might react harshly because they are tired. Importantly, the FR might be experiencing all these reasons at once, but it can be hard for them to identify.

## APPENDIX M

## LIST OF THEMES &amp; SUBTHEMES

- 1) The toughest things to deal with: Experiences of work-related stressors
  - a. Time is everything: FR family schedules
    - i. Overtime
    - ii. Lack of Sleep
  - b. What I see at work: Exposure to distressful events
  - c. Just like high school: Workplace culture I've definitely lost friends: Law enforcement families
- 2) Time spent apart: Lack of time as a couple
  - a. Communication can be difficult: Time and couple communication
  - b. We've become more distant: Couple disconnection
  - c. Making the most of our time: Couple and family coping.
- 3) She experiences it with me: Sharing the emotional stress
- 4) It definitely changes how you parent: Work stress spills over into parenting
  - a. I protect them even more: Work experiences shape safety-focused parenting practices
    - i. Intense appreciation for children
  - b. I'm still in that work mindset: Parenting reactions
  - c. A soft place to land: FR spouses
    - i. Coparenting conflict when spouse intervenes
- 5) Not "normal" parenting: The profession divides parenting responsibilities
  - a. There's things I can't be a part of: Limits to FRs parenting responsibilities
  - b. He's here but he's not here: Navigating the first responder's emotional availability
  - c. I have to be on all the time: The spouse's parenting role
    - i. Independence
    - ii. Trust your spouse
- 6) Parenting shiftwork: Transitioning roles
  - a. I have to reverse it in my brain: FR role transitioning
    - i. Compartmentalization & prioritization
  - b. Let me download information on you: Transitioning from single parent to coparent
  - c. You're not at work anymore: Helping the first responder make the switch.
- 7) I had to find it myself: Gaps in resources
  - a. The family gets dragged along: Lack of support for spouses and families
    - i. We need more support

- b. You have to deal with this yourself: More mental health support for first responders
- c. Department matters

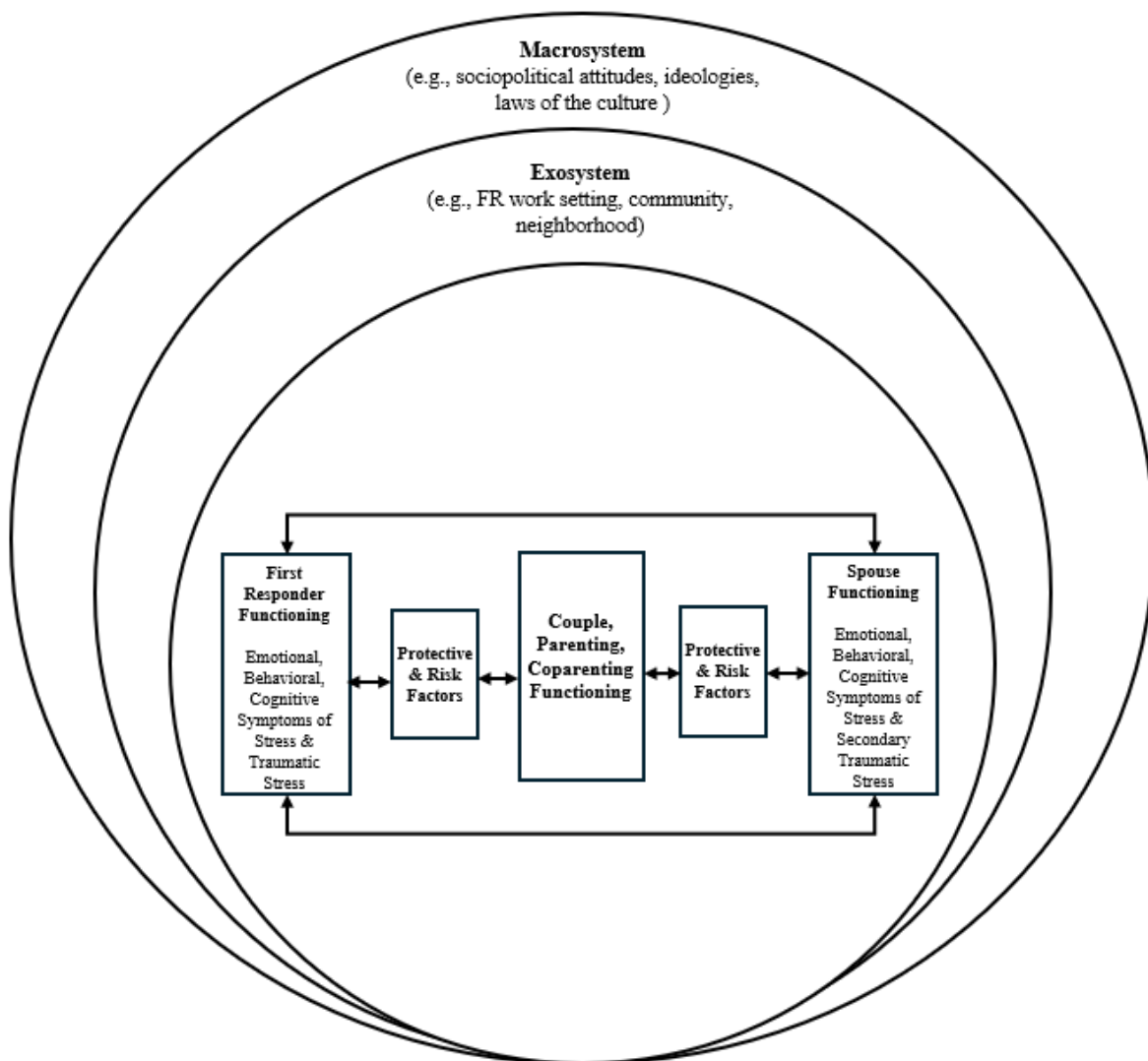
**Table 1.***Couple Demographics*

Couple ID	FR Profession	Years in Profession	Length of Relationship (Years)	Number of Children
1	LE	6	17	2
2*	PM	9, 8	8	3
3	LE	18	21	5
4	LE	3	11	2
5	LE	22	24	3
6	LE	8	14	2
7	LE	17	17	2
8	FF/PM	8	9	1
9	FF/EMT	8	13	2
10	PM	16	14	3
11	FF/EMT	15	9	3
12	FF	18	6	2
13	FF/EMT	7	20	2
14	LE	10	14	3
15	FF/PM	7	15	3
<i>M</i>	--	11.25	14.13	2.53
<i>SD</i>	--	5.52	5.10	0.92

Note. LE = Law Enforcement; PM = Paramedic; FF = Firefighter; EMT = Emergency Medical Technician. \* Indicates dual paramedic couple.

**Figure 1**

*An Ecological Framing of the CATS Model*



**Figure 2**

*Time, Trauma, and Transitions in FR Couples*

