



Helping the Helpers:

Advancing the Practice of First Responder Chaplaincy

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A circular inset image at the top of the slide shows the side of a white emergency vehicle. The word "EMERGENCY" is written in red, bold, capital letters on a white background. Below it, the number "911" is written in large, red, bold digits. The background of the slide is a solid red color.

Content & Introduction

- Who we are and what your context is
- Why we are here: why first responder chaplaincy?
- History of our program & approach
- Key features
- Learnings
- Considerations for your practice
- Wrap up/Q&A



Why first responder chaplaincy?

- **Burnout & Moral Injury**

- ~60% of EMS responders experience burnout (Kaplan, Frith & Hubble, 2024).
- Moral injury: feelings of helplessness/guilt → spiritual distress, shame, isolation (Knoblock & Owens, 2024).
- Contributes to compassion fatigue & suicide risk (Litz et al., 2024).

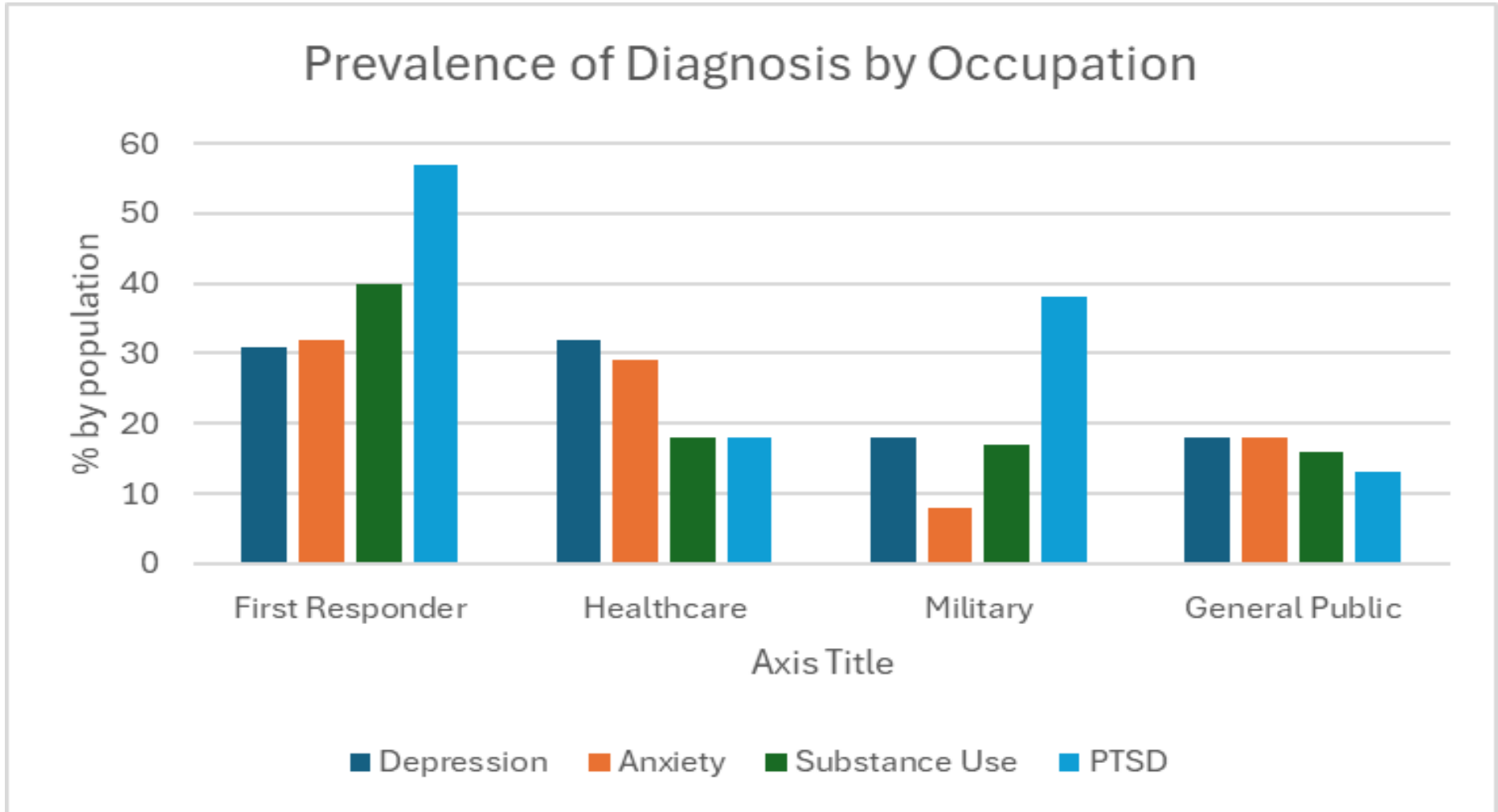
- **Workplace Violence**

- 90% report verbal abuse; 30% physical assault in 6 months (McGuire et al., 2024).
- “It’s part of the job” mindset → high turnover & staffing crisis.
- Violence increases psychological injury risk (Jones et al., 2022).

- **Community Impact**

- Burnout → poorer patient outcomes (de Lima Garcia et al., 2019).
- Violence against officers → decreased patience, increased force (Reemst, Fischer & Weerman, 2022).
- Staffing shortages harm mental health, sleep, PTO, response times (Lexipol Survey, 2024).

Overall mental health (depression, anxiety, Substance Use, PTSD) in the healthcare setting post-covid



History

- How it got started
 - One chaplain's curiosity
- Early developments
 - Embedding chaplaincy
 - Early strategies and interventions
- Expansion
 - Hiring the next generation





Our approach

- Proactive
 - Employee facing
 - Relationship building - "*Keep Showing Up*"
 - Education
- Reactive
 - 1:1
 - Defusing/debriefing
- Advocacy and systems change
 - Research
 - Programs and collaborations



Key Features

- Ride alongs/sit alongs
- Academy
- Leadership
- Partnership
- Accessibility
- Referral
- Evaluation and improvement



Key Learnings: Starting/Continuing a Program

- Change is slow and frustrating
- Culture shift is possible
- Supportive leadership matters
- Trust is everything
- Operationalizing wellness is vital
- Research matters
- System constraints are plentiful
- Much work to be done

Considerations for your practice

- Tailor to your unique setting
 - Your specific sector of public safety
 - Your specific agency and its' culture
- Understand your goals
 - You don't have to run a wellness program, but you may identify needs
- Effectively use your 'self'
 - Use what you authentically bring to the table
- Be creative...
 - Not all ideas work; don't be afraid to branch outside your comfort zone
- ... But know your scope
 - You are a chaplain, not a therapist
- Find collaborators and support
 - Create a network both internal and external to your system
 - Setting-up a system for you as the chaplain to receive support when the work gets heavy is vital for longevity in this work





Q&A

Biggest questions?

Biggest concerns?

What do you want to learn more about?

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References

Kaplan, G. R., Frith, T., & Hubble, M. W. (2024). Quantifying the prevalence and predictors of burnout in emergency medical services personnel. *Irish Journal of Medical Science*, 193(3), 1545–1556. <https://doi.org/10.1007/s11845-023-03580-7>

Knobloch, L. K., & Owens, J. L. (2024). Moral injury among first responders: Experience, effects, and advice in their own words. *Psychological Services*, 21(3), 500–508. <https://doi.org/10.1037/ser0000838>

Litz, B. T. (2024). A functional approach to defining and repairing moral injury: Evidence, change agents, clinical strategies, and lessons learned. *Journal of Traumatic Stress*, 37(5), 775–783. <https://doi.org/10.1002/jts.23063>

McGuire, S. S., Lampman, M. A., Smith, O. A., & Clements, C. M. (2025). Impact of workplace violence against emergency medical services (EMS). *Prehospital Emergency Care*, 29(2), 129–137. <https://doi.org/10.1080/10903127.2024.2381218>

Jones, R., Jackson, D., Woods, C., & Usher, K. (2022). Complexity, safety and challenges: Emergency responders' experience of people affected by methamphetamines. *Nursing & Health Sciences*, 24(3), 535–544. <https://doi.org/10.1111/nhs.12978>

Garcia, C. de L., de Abreu, L. C., Souza Ramos, J. L., Dibai de Castro, C. F., Neves Smiderle, F. R., dos Santos, J. A., & Pinheiro Bezerra, I. M. (2019). Influence of burnout on patient safety: Systematic review and meta-analysis. *Medicina (Kaunas, Lithuania)*, 55(9), 553. <https://doi.org/10.3390/medicina55090553>

Van Reemst, L., Fischer, T., & Weerman, F. (2022). Aggression against police officers and behavior toward citizens: Reciprocal influence or common causes? *Frontiers in Psychology*, 13, 866923. <https://doi.org/10.3389/fpsyg.2022.866923>

Lexipol. (2025, April 22). Lexipol survey uncovers alarming staffing shortages and stress levels reported by first responders. Retrieved from <https://www.lexipol.com/resources/blog/lexipol-survey-uncovers-alarming-staffing-shortages-and-stress-levels-reported-by-first-responders/>