



At REBOOT Recovery, we offer courses that help people heal from trauma.

REBOOT courses are rooted in faith and led by everyday people who have a passion to help those who are hurting. We partner with individuals, churches, nonprofits, government facilities and clinicians to bring our courses to communities across the nation and around the globe.



First Responder REBOOT is our 12-week, faith-based, peer-led course that helps first responders and their families heal from critical incident stress and trauma.

The practical tools and teaching found in this course are specifically designed for those within the **law enforcement, fire, EMS, emergency communications, hospital emergency and corrections communities.**

**Ready to lead a REBOOT course?
Purchase your LeaderPass and get started today!**

REBOOTRECOVERY.COM/LEAD





SAMPLE CHAPTER

WEEK 2: STOP THE BLEEDING

On the pages that follow, you'll find the complete curriculum for one of the 12 weeks of the REBOOT First Responders course, straight out of the REBOOT Leader Handbook.

In addition to the participant Field Guide pages, we've included all of the leader materials for this sample chapter as well, so you can see exactly what your leader sees as he or she facilitates a course meeting.

Check your email for the link to watch the corresponding video.

During each weekly course meeting, you begin by watching the lesson video as a group, then you (the leader) simply follow along in the Leader Handbook to facilitate a time of discussion. The curriculum guides you through the entire lesson from start to finish. Your group members follow along with the lesson in their REBOOT Field Guide workbooks. We've included these participant workbook pages in this document, as well.

This sample chapter covers how adversity and stress can be a strengthening agent rather than a path to harm. Other topics covered by the course include:

- ***Making wise choices***
- ***Finding freedom from guilt***
- ***Overcoming depression and suicide***
- ***Rebuilding self-identity***
- ***Letting go of pride***
- ***Dealing with loss and grief***
- ***Forgiving self and others***
- ***Moving forward with confidence***

SESSION 2

STOP THE BLEEDING

SUMMARY

We said last week that trauma is a wound that can heal if proper steps are taken. The operative words in that statement are “if” and “proper.” Over the years at REBOOT, we’ve studied the trauma responses of thousands of first responders and their families, and we’ve identified a set of four default responses that actually make things worse instead of better. In this session, we’ll examine these responses and learn how to avoid these unproductive responses.

SESSION 2

BRIEFING

ICEBREAKER

Invite group members to share the story behind a scar on their bodies and how they got that scar. Be prepared for some interesting stories!

REVIEW OF THE LAST SESSION

Quickly review the key lessons from the prior session including:

- ▶ There are people in this room ready to answer the call for you.
- ▶ Our Standard Operating Guidelines (SOG's) for REBOOT
- ▶ You are not broken, you are wounded. And wounds can heal if proper steps are taken.
- ▶ Also, confirm that everyone has gained access to MyREBOOT for the Midweek Checkin and has been able to complete their welcome survey.

SESSION 2

LESSON



VIDEO TEACHING *or* LIVE TEACHING



Play the Week 2 teaching video, pausing for discussion or Field Guide interactions when prompted.

Teach the lesson and guide your group's discussion directly from the lesson text starting below.

Any medic will tell you that the most critical health priorities are airway, breathing, and circulation. Without them, nothing else matters. Now, imagine stabilizing a patient with a tourniquet only to have the patient loosen it the moment you turn your back. It'd be frustrating, right? You put in the work to help, but they're undoing it as fast as you can fix it. It's not just frustrating. It's self-defeating.

What advice would you give that person?

You'd probably say, "Hey! Leave the tourniquet alone! You'll never heal if you keep bleeding!"

It seems like common sense, right? But think about it. How many times have we looked at our own trauma wounds and either ignored them or done something that made them worse? As first responders, we're trained to treat physical injuries with intentionality and precision. But when it comes to our emotional and mental wounds, do we give them the same care?

Experts often say that a key part of trauma recovery is reducing exposure to new trauma. Prevention is part of intervention. That's the phrase they use. But how do we actually do that? How can we avoid new trauma when we're constantly heading out on calls, witnessing the worst humanity has to offer?

The truth is, there's rarely time to heal. Sure, we might have a quick training or debrief following an event, but we all know that if you say the right things, you can go back to work the same day. Think about the times in your career when you felt like you were finally moving on from a difficult call, only to face another one that ripped the wound wide open before it even had a chance to heal. So, beyond feeling impossible, healing often feels downright impractical.

That's because soft people don't make it in this career. If you want to live in your feelings, you better find some other way to make a living, because feelings and first responding don't mix. That's the way it seems at least. So, instead of recovering, the wound gets buried. You hide behind the belief that if you can hold on until the next promotion or retirement, then it will all be okay. Essentially, we believe that the promise of our pension or retirement income at the end of the rainbow will bring us peace.

And that works...for a while.

But hidden wounds don't stay hidden forever. What we bury eventually surfaces. Hidden wounds become visible symptoms, and when they do, they demand attention in ways we can no longer ignore. They begin to threaten the things we love most - our families, our careers, our health, and even our faith. We try hard to keep it all together, to be strong. But for some reason, things just seem to get worse.

Have any of you been there? If so, let us assure you, you aren't alone.

At REBOOT, we've worked with thousands of first responders and their families, and over time, we've seen clear patterns in how people

respond to trauma. We call it the Trauma Cycle. We've identified four default responses that often take over when we aren't deliberately choosing a better way.

Here are the four default responses of the Trauma Cycle:
First, we **deny**, then we **cry**, then we **numb**, then we **run**.

Don't believe us? Stick with us, and we'll show you how every single one of us, including you, has fallen into this pattern at some point. And while these may feel like natural steps, they're not the right ones. Instead of helping us heal, these responses often make things worse, trapping us in cycles of pain and avoidance.

But here's the good news: just because these are our default responses doesn't mean they're inevitable. You can break the cycle. By learning to recognize these knee-jerk reactions of denying, crying, numbing, and running, you can choose a better course of action. And here's the best part - we can apply better responses in the context of current and future traumas we will experience as a First Responder. So not only can we heal from past wounds, we can also increase our defense against future wounds.

But before we can learn to respond in healthier, more productive ways, we need to understand how these default responses show up in our lives, so we can recognize them, interrupt them, and choose a different path. Let's walk through them one by one.

1. First we **deny**.

In the face of trauma, denial is often our natural response. It isn't that we deny that the events happened, it's that we deny they had such a profound effect on us. As first responders, we develop a remarkable ability to shield ourselves from reality. On the scene, we're trained to shut down our emotions and block out the emotional impact happening to those around us. But when we get back to the station and someone asks how we're doing, we say, "I'm good"—even when

we're not. Then we go home and shut out the people who love us, thinking we're protecting them from the ugliness of the world we've witnessed.

Even though we're struggling inside, we put in a tremendous amount of effort to act like everything is fine, making sure everyone sees us as strong, capable, and unaffected. But always being Superman or Superwoman isn't an easy role to play in real life. In the heat of the moment, our training kicks in, and we're able to compartmentalize the experience. It's almost like the higher the stress level during the call, the more detached we become, allowing us to perform at a high level under immense pressure.

However, when the call is over and the stress starts to fade, that's when compartmentalization shifts into denial. We minimize the impact of what just happened, brushing it off as a one-time event or just another bad day at work. We convince ourselves we've faced worse, and since everyone else seems to be doing okay, we think we should be too.

After all, what are we supposed to do? We're still on the job, surrounded by our peers, including our boss, and we probably only have a few minutes before the next crisis hits. So, we become functioning deni-aholics, pushing forward without really feeling—or dealing with—any of it. Because if we deal with this one call, it means we'll have to confront all the other calls like it, and that feels completely overwhelming.

So, we stuff our feelings into an emotional trash can and promise ourselves we'll deal with them someday. But someday keeps getting pushed further and further away. Eventually, that trash can starts to overflow. The lid won't stay shut, and the mess we've been avoiding spills into other parts of our lives. Even if we're keeping things tidy at work, the overflow shows up at home in our relationships, our moods, and the way we see ourselves. The more we ignore it, the bigger the mess becomes, until it's impossible to hide.

That's when we face the truth: **either we deal with the trauma or the trauma will deal with us.**

Take a few minutes in your groups to discuss a few questions in your 📖 Field Guides about this subject of denial:



Ask the following questions to your group members for discussion:

- What does it look like when someone is living in denial of the trauma they experienced?*
- Can you personally identify with this stage?*
- Do you know someone who has lived or is currently living in denial of their trauma experience? How did it end up impacting their life?*

2. First we deny, then we **cry**.

As our emotional trash can overflows, we're forced to confront just how much damage trauma has caused. The more damage we deal with, the more emotional we feel. And unlike other emotions, these aren't the kind you can brush off or push aside. They're raw, overwhelming, and harder to control than anything we've faced before. Despite our efforts to compartmentalize them, they keep spilling out into our lives. One moment, we are overly sensitive - having outbursts of anger, crippling anxiety, and waves of depression. Other times, we wish we could feel anything again. When we try to engage emotionally at home, but feel disconnected and emotionally detached. After shutting down our emotional responses for so many calls, we've forgotten how to turn them back on.

And so, we find ourselves stuck, trying to contain the mess from our past while desperately searching for anything to help us cope. So, we reach for reinforcements. We look for "painkillers," things that help us keep functioning without having to feel.

3. First we deny, then we cry, and next we **numb**.

Let's be honest, numbing out doesn't come easy. It takes the strong stuff to keep functioning without feeling. And make no mistake, you'll have no shortage of "go-to painkillers" within reach. Sex, prescription meds, illicit drugs, shopping, video games, alcohol, self-harm, social media...the list is endless. They might feel like lifeboats in the middle of a storm, offering quick relief, but in reality, they're heavy anchors, pulling you deeper and keeping you stuck, far from healing.

For many of us, numbing has become second nature. It's what we've always done. Our bodies are wired with God-given responses to trauma called the Fight, Flight, or Freeze response. If you experienced trauma as a child, chances are your body defaulted to freeze. You were too young to fight back, and maybe you had nowhere to run. Your mind and body weren't equipped to process what was happening, so your brain hit the numb switch as a form of self-preservation. It allowed you to disconnect from the pain, to mentally escape when you couldn't physically leave. And in that moment, it probably saved you.

But here's the hard truth:

Numbing may have kept you alive as a child - but numbing as an adult could kill you.

What once protected you is now standing in the way of your healing. Numbing out and dissociating might have helped you survive back then, but now, they're delaying your recovery and pushing you toward addiction, isolation, or worse. The more we rely on these painkillers, the more we need stronger, more frequent doses just to stay numb. But eventually, they stop working. And when they do, the pain floods back stronger, heavier, and more overwhelming than ever before.

That's when we feel like running is the only option left.

4. We **run**.

We run from one numbing agent to the next. We bury ourselves in overtime shifts, convincing ourselves we're just staying busy. We push away the people who love us and jump from one relationship to another—whatever feels right in the moment. We run from retirement into teaching or contract jobs we're not mentally prepared for, just to avoid sitting still. Some of us even run from one traumatic experience to the next, as if piling on more will somehow drown out the past.

But here's the truth: running takes a toll. It demands a tremendous amount of time, energy, and emotional bandwidth. Some of the most exhausted REBOOT participants aren't the ones carrying the heaviest traumas. They're the ones fighting the hardest to stay numb.

And tragically, for too many, the ultimate form of running becomes running from life itself. When the pain feels unmanageable, suicide starts to look like an answer.

When we run, we pour our energy into distractions instead of building a life that feels worth living. It's like sitting in a rocking chair. There's a lot of motion, but we're not going anywhere. Sure, we might feel some temporary relief, but when it wears off, we're either right back where we started or even further from where we want to be.

If we're not careful, we can spend our whole lives running. And that's no way to live.


The choice is ours: we can **deny** the trauma or **deal** with it. We can **run** from it or **stand up** to it.

Default responses are natural, but they aren't unavoidable. We can choose.

As we shared earlier, we can recognize these patterns, interrupt them, and choose a different path. A path that not only helps us heal from past trauma but also equips us to respond in healthier ways to the challenges ahead. Trauma is part of the job - but with the right tools, it doesn't have to define our lives.

Let's take a moment and look at a story of a fictitious service member and see what we can learn.



Instruct group members to turn to page 18 in their  Field Guides. Ask everyone to read the story at the bottom of the diagram on their own, then fill in the boxes along the bottom half of the road to identify Officer Green's vulnerabilities and harmful decisions. Those boxes should contain examples of how trauma, followed by poor decisions, put him on a path toward destruction. Then, focus on the upper half of the diagram and have group members identify helpful choices that would put Officer Green on a path toward freedom. Instruct group members to fill in the Choices to Heal blanks with those responses.

He had a choice and so do you.

Denying, crying, numbing and running - these are the patterns we've identified after more than a decade of working with first responders. And these behaviors create a cycle we don't want to repeat. So, this leaves us with the question - what should we do instead?

Interestingly, in all of our research there is one behavioral decision that separates those who overcome trauma and those who do not. When this behavior trait is present, participants experience significant improvements in all kinds of symptoms ranging from anxiety and sleep to depression and fatigue. Furthermore, they experience strong relationships and a sense of purpose outside of their careers.

The behavioral trait is one word: Humility.

Time and time again, humility is the determining factor in their healing journey. When we talk about humility, we are talking about vulnerability - a willingness to open up and let others in.

Humility invites others to help us. Pride **pushes them away.**
Humility enables God to enter into our pain. Pride says, "**I can do it alone.**"
Humility listens to wise counsel. Pride **rejects the advice of others.**
Humility leads to healing. Pride **leads to destruction.**

Someone might say, "I have to be confident to do my job well." And that's true. But confidence and pride are not the same thing.

Pride pushes people away and hides our pain, convincing us that admitting struggle is a sign of weakness. Confidence, on the other hand, doesn't fear vulnerability. Truly confident people are secure enough to invite others into the hard places of their lives because their sense of worth isn't tied to what others think. It's grounded in who they are.

Without vulnerability, we're just spinning our wheels, pretending to be stronger and healthier than we really are. Healing is a risk/reward scenario. You have to be willing to take that risk: to open up, to share your story, and to trust others with the parts of yourself you've kept hidden. That's how trust is built, and trust is the foundation of any team that will support your healing.

It's not easy. In fact, it goes against everything your brain and training have taught you—to stay guarded, stay in control. But here's the truth: you can't skip this part. Vulnerability isn't a weakness. It's the doorway to real healing.

Think of it like this. **Vulnerability** is humility in **action.**
And it is the number one way we break the cycles of denying, crying, numbing and running.

So, as we close, let's take a chance to practice some true vulnerability together, as we bypass our default response and get honest with ourselves and others.



Instruct group members to turn to page 19 in their 📖 Field Guides. Ask everyone to take a moment and identify some “go-to” painkillers and numbing agents. They can add others that aren’t listed if they’d like. Then invite the group to share.



Also, before you wrap up, once again remind participants about the Midweek Check-In podcast in MyREBOOT as well as their weekly Homework Challenge listed in their 📖 Field Guides. Encourage group members to take time to complete both tasks prior to next week’s meeting.

*Pride **pushes**
away help on the
outside and **locks**
our pain away
on the inside.*

REBOOT TRUTH #2

OUR DEFAULT RESPONSE TO TRAUMA THE TRAUMA CYCLE

01. First, we _____.

When our world is shaken to its core, our involuntary response is to deny that the experience will have any long-term impact on our lives.

"WE FACE THIS TRUTH:

*EITHER WE _____ WITH THE
TRAUMA, OR THE TRAUMA WILL
_____ WITH US."*

02. Then, we _____.

As we start to grasp the extent of the damage caused by trauma, we experience a tidal wave of complex emotions.

03.

Next, we [REDACTED].

Numbing agents and substitutes provide a temporary feeling of healing, but lose their effectiveness over time.

NUMBING AS A CHILD MAY HAVE KEPT YOU [REDACTED]. HOWEVER, NUMBING AS AN ADULT MAY [REDACTED] YOU.

04.

And so, we _____.

We run from numbing agent to numbing agent, investing our time in distractions rather than working to build a life worth living.

THE CHOICE IS OURS: WE CAN _____ THE TRAUMA OR _____ WITH IT. WE CAN **RUN** FROM IT OR **STAND UP** TO IT.

CHOICES TO HEAL

After reading the story below and filling in the blanks that lead towards death, brainstorm alternative choices that Officer Green could have made and write them in the boxes that lead towards freedom.



OFFICER GREEN'S STORY

Officer Green has faced significant challenges during his 20 year law enforcement career. Now retired, he can still vividly remember the sights and sounds of an event years ago as he had to helplessly watch a child die. Numerous other incidents he experienced added up like little nicks to the soul. Struggling to deal with it all, he withdraws from social situations and turns to drinking to try to forget. Soon, he can only sleep at night after he has drunk heavily.

When alcohol stops working, he turns to online pornography. Desiring to feel anything other than pain, he has an affair that ruins any hope he has of staying married to his wife of eight years. After the divorce, he finds himself in a very dark place in his life and believes suicide may be his only way out.

What decisions did Officer Green make that made things worse?
Write them in the pages that lead towards death. Then proceed to the top of the pages and add "choices to heal."

Humility vs Pride

Humility...

Pride...

invites others to help us

**welcomes God
into our pain**

listens to wise counsel

leads to healing

VULNERABILITY IS _____ IN _____.

MY PAINKILLER BEHAVIORS

Take a moment and think of the ways that you have tried to numb the pain. What have been some of your “go-to painkiller” behaviors?

The **MIDWEEK CHECK-IN**

Many of us struggle to admit when we need help, often mistaking our resistance for pride when, in reality, it's a deep desire for control. The illusion of control fallacy leads us to believe we have more influence over outcomes than we actually do, creating frustration, anger, and ultimately exhaustion. First responders, in particular, often fall into this trap—believing they can prevent all tragedies or control every situation, despite overwhelming evidence to the contrary. True healing begins when we let go of this false sense of control, admit our need for help, and shift our focus from managing circumstances to managing our responses. Surrendering control isn't weakness—it's the first step toward real freedom.

How have you tried to control people and circumstances in your life?

Do you find it hard to ask for help? Why?

HOMEWORK FOR SESSION 2

This week, we talked about the four “default” stages of trauma response, which included denying, crying, numbing and running. In your own words, how would you describe your current response to the trauma you’ve experienced?

Start with, “Right now, I feel like I am...” and write down whatever comes to mind. This isn’t meant to make you feel bad about your progress. But it will give you some insight into where you are in the process.

Take 10 minutes and reflect on these thoughts. Write your answers in the space provided below.



COURSE OBJECTIVES

- ✓ To teach course participants how stress and trauma can cause "soul wounds," which can lead to Post-traumatic Stress and Post-traumatic Stress Disorder in themselves and in their families.
- ✓ To help participants experience the strength and optimism generated by an inclusive, cohesive group of supportive others with whom they can feel heard and understood.
- ✓ To provide a non-judgmental environment where participants can process and share their traumatic experiences with others who have had similar experiences.
- ✓ To provide a safe, confidential environment where participants can share experiences and observations without fear of repercussions from their military commanders (if still active), current employers, or other service members.
- ✓ To teach participants to engage in a balanced, three-dimensional approach to trauma involving physical, psychological, and spiritual components.
- ✓ To help participants recognize the counter-productive nature of most of their typical methods of coping with stress and trauma.
- ✓ To give participants practical steps to follow when dealing with particularly debilitating aspects of stress and trauma such as anger, loss, grief, false guilt, bitterness due to unforgiveness (of self and others), depression, and suicidal ideation.
- ✓ To involve the spouses of service members and veteran participants in the whole REBOOT experience so that they can better understand their warriors, be more supportive, and care for their own secondary trauma issues.
- ✓ To help participants re-frame adversity in their lives, seeing it as a potential agent of strengthening, growth, and resiliency instead of harm and distress.
- ✓ To help participants view God as a responsive, engaged, compassionate, healer and source of power, inspiration, and resiliency, and to approach Him as such.
- ✓ To give participants the vision that, as they gain strength, stability and healing, they are equipped to help others who are struggling with trauma.

FIRST RESPONDER REBOOT CURRICULUM OUTLINE

WEEK 1 ANSWERING THE CALL

An introduction to what First Responder REBOOT is all about and the guidelines we will follow. Explores the six ways trauma exposure as first responders can impact our lives.

WEEK 2 STOP THE BLEEDING

We'll examine a set of default responses to trauma exposure that actually make things worse and learn how to avoid these unproductive responses.

WEEK 3 A WOUNDED SOUL

Introducing the concept of "soul wounds," showing the connection that exists between our damaged spiritual "roots" (due to trauma, poor choices, loss, guilt, etc.) and toxic "fruit" in our lives (anxiety, anger, hypervigilance, etc.).

WEEK 4 ALLIES & ENEMIES

Who is our enemy? What do they want, and why are they attacking us? Even more importantly, who are our allies that are willing to fight alongside us? In this session, we'll answer these questions..

WEEK 5 MOUNTAINS & VALLEYS

As First Responders, we are conditioned to suppress emotion—except for anger, which often becomes our default response. Over time, this leads to either emotional outbursts or complete numbness. Healing begins when we stop ignoring or avoiding our emotions and start managing them in a healthy way.

WEEK 6 BETRAYAL & ABUSE

Every relationship presents the possibility of betrayal. During our time together, we're going to focus on three sources of betrayal, including betrayal from parents, partners, and institutions.

WEEK 7 LOSS

First responders suffer loss in a variety of ways – so we will look at the important role that grieving plays as well as productive ways to mourn the loss of friends, dreams, capabilities and even careers.

WEEK 8 GUILT, SHAME & REGRET

In this session we will learn the role of guilt, shame, and regret and that they are inevitable after experiencing trauma. They will either help us move forward or keep us trapped in the past.

WEEK 9 FORGIVENESS

Harboring unforgiveness of ourselves or of those who have hurt us can lead to bitterness and unhealed soul wounds, hurting ourselves the most. What forgiveness is and is not. Includes an opportunity to participate in an exercise that will demonstrate forgivingness in action.

WEEK 10 RESTORING MY IDENTITY

Traumatic events tend to shake our self-identity to the core, often leaving a negative self-image. But we can rebuild a positive self image based on the truths from Scripture, rather than listening to the negative influences around us.

WEEK 11 MY LIFE, HIS STORY

Each participant spends the week prior to this class preparing a personal narrative of "their story," describing some of the key stresses or traumas they have experienced in their lives; members have an opportunity to share their stories with the group.

WEEK 12 WHAT COMES NEXT

During this session we will provide three options to you as you consider what comes next. You can choose to Heal, Grow or Lead.

The REBOOT LeaderPass

One annual investment. **Lifelong impact.**

Getting started as a REBOOT leader is now easier than ever. Simply purchase your REBOOT LeaderPass for \$299/yr and select any of our three courses you'd like to lead . . .



- **Trauma REBOOT**
- **Military REBOOT**
- **First Responders REBOOT**

\$299/yr

▶ **Participant Materials**

\$25 each • Includes:

- REBOOT Field Guide workbook
- MyREBOOT FreePass w/mobile app
- Access to additional helpful content in MyREBOOT library

Bulk pricing for participant materials is available:

- \$25 per Field Guide
- \$22 per Field Guide for a bundle of 10 guides
- \$20 per Field Guide for a bundle of 20 guides or more

- ▶ **With your LeaderPass, you can add as many additional leaders as you'd like. They will simply purchase their leader materials.**

WHAT'S INCLUDED

▶ **Complete Curriculum**

- Our complete 12-week course curriculums for all three programs include teaching videos, printed lessons, and step-by-step instructions to guide you from start to finish.

▶ **Leader Tools**

- REBOOT Leader Handbook with all teaching material for the 12-week courses
- REBOOT Leadership Academy Manual and Training Videos to prepare your leadership team prior to the start of your course
- Complete access to MyREBOOT online aftercare library and mobile app

▶ **Outreach Materials**

- Customizable print-at-home flyers
- Social media graphics
- Promotional videos and PowerPoints

▶ **Dedicated Support**

- Our REBOOT HQ team is always on hand to assist with any questions or concerns along the way. You can even schedule a private coaching session with our team.
- *The LeaderPass is an annual subscription which will auto-renew in 12 months. After purchase, you'll create an account to manage your subscription.*

Ready to Get Started?

Visit **REBOOTRECOVERY.COM/LEAD**