



## First-hand experience of the British Columbia Residential Resiliency Program

ESF program facilitator and clinical counsellor Dr Shannon Hood recently arrived back from a trip to Vancouver, Canada, in which he sought to better understand the British Columbia Residential Resiliency Program ahead of ESF's Residential Wellbeing Program Pilot scheduled to begin in April 2024.

[ESF's Residential Wellbeing Program](#) has been informed by the [British Columbia Firefighter Resiliency Program \(BCFRRP\)](#) which was developed in response to a spate of suicides across the service.

ESF's Pilot will involve six groups of ten people in residence for four days on the Mornington Peninsula to work with mental health counsellors familiar with the emergency services environment. The six ESF led pilot programs will take place between April and October 2024. ESF will be working with its [member agencies](#) in the coming weeks to start to recruit pilot participants. This will not be a matter of being tapped on the shoulder to attend. It is a unique and life changing opportunity where participants must self-nominate and will need to be assessed as sub-clinical or in the orange zone on the mental health continuum to be suited to the program.

The BCFRRP is a program built from an evidence-based model that was developed over 15 years for military veterans. It is delivered as a partnership between the University of British Columbia's Men's initiative and the BC Professional Firefighters' Association. It is now also delivered to police and paramedics in Canada. Evidence of success comes from data

collection and testimonials, and this is being comprehensively expanded with assistance from a Movember Grant.

Shannon's experience, thoughts and feelings about the benefit of the program he experienced in Canada, and the impact it will have for Victorian emergency service people is evident:



*"In the last week of October, I went on an amazing 4-day journey with two extraordinary clinicians and eight courageous members of the British Columbia Police Force. Together we participated in a residential wellbeing program designed specifically for first responders.*

*"On the first day, the participants were welcomed by a fellow officer who was an alumnus of the program. Just like in operational settings, these strangers quickly became a highly productive trust-based group.*

*"On the first day, the clinicians did an artful job of establishing extraordinary psychological safety whilst presenting helpful models to explain the theory behind the coming days and introduce some of the core concepts. This education process was a highly interactive PowerPoint free zone!*

*"On days 2 and 3 was when the magic happened. Having set the scene, by explaining the process, and creating the guardrails for everyone's safety, the group went to work and the facilitators took a back seat. Each participant was given the opportunity to tell two stories (one on each day). Many shared powerful stories they had never told before, and many shared stories they had shared in part with mental health professionals, but felt able to say more, go deeper, and express feelings more fully amongst a group of their peers. After all, how can any mental health practitioner (or member of another first response agency) understand what it is like to do a traffic stop, fire a service firearm, respond to an armed robbery, or process the images that go with being part of the Internet Child Exploitation team? For the first time the stories were told in their fullness, their rawness – not because anyone insisted, but simply because there was a safe group who might really understand.*

*"Now we all know that first responders love to tell war stories when they get together, but this was different. These were stories of vulnerability and loss and tragedy. Often, they were*

*individual balls on the mental billiard table of accumulated, unprocessed traumatic events. They were tough stories to tell and hard stories to listen to – but listen they did. With the training of the first day, the group listened without judgement, without cheerleading, without seeking to solve or fix, and without jumping in with their own story. The group responded with affirmation and understanding and empathy. Now, many of the story tellers had received affirmation and understanding and empathy from professional counsellors, but that was no match to receiving these things from their peers.*

*"And as each person responded to every other person's story it became clear that whilst every story was different, there were elements in every story that connected with everyone else. Each participant was able to see a bit of their own story in the story of their peer, and so indirectly their experiences were also normalised, validated, and affirmed. And of course, every time each member responded to another person's story, they were refining their own skills in active listening and empathetic responding. If you do the math, you'll realise that every person practiced an empathetic response 14 times over two days and got to hear 140 high quality empathetic responses to 16 powerful stories. This was experiential learning at its finest.*

*"If I were to distil down the secret sauce it might be this: typically first responders hesitate to tell their stories to professional listeners in part because they don't think the listener will truly understand. Yet paradoxically those who are actually able to understand the story are usually pretty rubbish at truly listening and responding in helpful ways. This residential program overcomes that paradox by equipping the peer listeners and providing a safe place for storytelling.*

*"Day 4 transitions the individuals back into the real world. The participants spend time in pairs - demonstrating that meaningful storytelling and effective listening do not need professionals present to be effective. And so, with their own lives a little more whole they return to their families and their workplaces more resilient, and able to better support others by drawing out meaningful stories, listening effectively, and responding in ways that affirm, encourage, normalise, and validate. It's not rocket science, but it is extraordinarily effective and was perhaps one of the most profound experiences of my 20+ years working in mental health with emergency services. I am looking forward to being able to journey with our own emergency service workers as we bring the program to life in 2024."*

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## **Footnote**

It is general practice to minimise exposure to stories that could be triggering. The model of sharing stories in this group program is very carefully managed. Here's what Dr Duncan

Shields says about that:

*"I would say minimise exposure to uncontrolled, unmanaged storytelling that is told without emotional or physiological regulation. The instruction to participants in writing their story is that they are to write the situation details "from 10,000 feet", meaning minimal detail, while going into much more detail about the impact of those events on them. The focus is on the legacy, not the trauma story itself.*

*"This program is an opportunity to tell the story in a controlled atmosphere under close supervision of two clinicians who are attending both to the person telling the story and the members listening. It's often the first time participants have been able to tell their story with the impact that it had on them to a small group of trusted peers who know where they've been. Part of what we want to be able to give them is the tools and capacity to support each other in those heavy stories that they will continue to be exposed to. It is undoubtedly heavy work, but it's life changing, and we take it slow."*

## Upcoming Webinar

Shannon will be hosting a webinar to explain accumulated trauma on 24 November, 11am-12pm. It will cover the following topics:

- Is it a traumatic event or a potentially traumatic?
- Why are some of us more affected by potentially traumatic events than others?
- The neuroscience of accumulated trauma explained in plain English

[Let us know here if you would like an invitation to attend by clicking here.](#)