EQGENIX INC. · RESEARCH & PERSPECTIVE · INSTITUTIONAL WHITE PAPER 003

Trained for the Call, Unbuilt for the Career

The Field Measures What It Delivered, Not What the Responder Can Now Do

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A RAND systematic review screened 3,012 studies of first responder wellness programs and found 91 that qualified — and reported that most lacked large samples, random assignment, or any outcome beyond change in knowledge. Knowing that a responder can define resilience after a four-hour block is not evidence that the responder has any. This paper argues that published evaluations more often measure program delivery, knowledge, symptoms, or recovery than demonstrated pre-incident capacity under operational conditions; that the capacity a responder brings to the call is the least instrumented position on the timeline; and that a provider entering this field owes evidence rather than confidence. It also states the five conditions that would refute its own framework.

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The Central Proposition

> *A responder is selected for aptitude, trained for tactics, and evaluated on performance. Yet the field lacks a shared standard for determining what durable human capacity the responder brings to the call, whether that capacity changes through training, and whether it persists across a career. Programs commonly report what they delivered. Far fewer demonstrate what the responder can subsequently do.*

Executive Brief

— The evidence base beneath many agency wellness interventions is methodologically weak, and several intervention categories have received little evaluation. This is the government's own finding. A RAND systematic review conducted for the Department of Homeland Security screened 3,012 articles on first responder and law

enforcement wellness programs and found 91 that met inclusion criteria. Its central methodological finding was that most studies lacked large samples, random assignment, or outcomes beyond knowledge change.

— A familiar post-incident tool has been under scientific challenge for two decades. Psychological debriefing — the single-session intervention from which Critical Incident Stress Debriefing derives — was reviewed by Cochrane and found not to reduce psychological distress or prevent post-traumatic stress disorder, with some suggestion of increased risk. It remains present in practitioner literature and agency practice, though national utilization data are unavailable.

— California law defines and protects peer support operationally, while the research literature still lacks a prevailing scientific definition. A 2025 critical review identifies that conceptual instability as a central obstacle to evaluation.

— One of the field's most consequential outcomes remains severely undercounted. Congress mandated a national law enforcement suicide data collection in 2020; participation is voluntary, and in the year the FBI publicized the platform, seven agencies had reported.

— This paper argues that the field's published evaluation effort is concentrated on response and recovery, and that formation — the capacity a responder brings to the call — remains under-specified and inadequately measured. It proposes a standard, states what would refute it, and identifies what it cannot yet claim. It proposes a formation

standard, states what would refute it, and states plainly what it is not.

A Note on Method

This paper follows the EQGenix evidentiary standard. Every citation was verified against its primary source before publication. Limitations are disclosed inline, at the point of claim. Correlational findings are never described in causal language. The strongest available evidence against the thesis is engaged by name.

Claims are labeled by evidence class throughout: ESTABLISHED EVIDENCE for peer-reviewed, meta-analytic, or systematically reviewed findings; REPORTED DATA for institutional data collection that has not undergone peer review; REGULATORY FACT for statutes, standards, and published agency material; and EQGENIX ARGUMENT for the firm's own reasoning, which is argument rather than evidence and is labeled so the reader can discount it independently.

What This Is, and What It Will Never Claim to Be

This section is placed before the argument rather than after it, because everything that follows depends on it.

EQGENIX ARGUMENT

Formation is not treatment. It is training, delivered before exposure, to personnel who are not patients. It is the same category as defensive tactics, incident command, or driver

training — a professional competency taught in a classroom by an instructor, not a clinical service delivered to a client by a licensed provider.

Four boundaries follow, and EQGenix holds itself to all four.

— EQGenix does not provide clinical services, does not diagnose, and does not treat. Nothing in its curriculum is offered as therapy or as a substitute for it.

— No claim is made anywhere in this paper that formation training prevents post-traumatic stress disorder, reduces suicide, or produces any clinical outcome. Those claims would require evidence this paper does not have and would be false as stated.

— Where a responder needs clinical care, formation training is not the answer and the instructor's job is to say so and to know the referral path.

— The clinical literature appears in this paper as context for a measurement argument, not as a foundation for a clinical one.

The distinction matters commercially as well as ethically. An agency that buys a wellness program with implied clinical benefit has bought a liability. An agency that buys certified training has bought training. The second is what is on offer here.

I. Exposure Is Shared. Outcomes Are Not.

ESTABLISHED EVIDENCE

The occupational exposure is real and it has been measured. A systematic review and meta-regression by Berger and colleagues, published in Social Psychiatry and Psychiatric Epidemiology in 2012, pooled 28 studies covering 40 samples and 20,424 rescue workers and found a worldwide pooled current prevalence of post-traumatic stress disorder of 10 percent — substantially above general population estimates. Ambulance personnel showed higher estimated prevalence than firefighters or police officers.

> Limitation disclosed at point of claim, and it is a substantial one. This is a pooled CURRENT prevalence across heterogeneous samples, instruments, and national contexts; the authors modeled that heterogeneity rather than dismissing it. It is a 2012 synthesis and later work has revisited the estimate. Critically, current prevalence of one diagnosis at one measurement point says nothing about lifetime course. The remainder must not be read as unaffected, clinically well, or resilient: the figure does not capture prior or later onset, subthreshold symptoms, depression, anxiety, substance use, sleep disruption, moral injury, burnout, or relational damage, all of which are documented in this population. It establishes elevated occupational risk. It does not establish a rate for any specific department, and no chief should read it as a prediction about their own roster.

EQGENIX ARGUMENT

That figure is usually deployed to argue for more clinical capacity, and more clinical capacity is genuinely needed. But it also points at something the field rarely examines: there is wide variance in outcome among people doing structurally similar work, and very little of that variance has been instrumented. This paper makes no claim about what proportion of responders are well. It claims only that outcomes differ, that the difference is not fully explained by exposure dose, and that the unexplained portion is worth measuring.

What distinguishes one twenty-five year career trajectory from another? Some of it is exposure dose. Some is support, supervision, and circumstance. Some is prior history and genetics. And some, plausibly, is capacity — built before the career, reinforced during it, or never built at all. That last term is the one nobody is measuring, and this paper takes no position on how large a share of the variance it accounts for.

II. The Interventions Are Unevaluated and the Outcome Is Uncounted

ESTABLISHED EVIDENCE

In work sponsored by the Department of Homeland Security, RAND researchers conducted a systematic review of the scientific and gray literature on wellness programs for law enforcement and first responders, covering sources from 2015 through 2023. Of 3,012 articles screened, 91 met all inclusion criteria. The most-studied categories were group prevention skills and knowledge training, psychotherapy, physical fitness, and mindfulness training. The review found some evidence that psychotherapy and mindfulness training reduce mental health symptoms, and that physical fitness programs were generally effective.

Then it stated the limitation that governs the whole field: most studies did not use rigorous methods — large samples, random assignment to treatment and control, or outcomes other than change in knowledge. For several categories, including suicide prevention training, mobile health applications, peer support, mentoring, and chaplain programs, there were relatively few

studies at all.

> Limitation disclosed at point of claim: this is a review of published literature, English-language, 2015–2023, and absence of evidence in a literature is not the same as evidence of absence in practice. Many programs are never studied because agencies lack research capacity, not because the programs fail. That is the honest reading, and it is also precisely the problem.

REPORTED DATA

The measurement vacuum extends to the outcome the field cares about most. The Law Enforcement Suicide Data Collection Act, signed in 2020, directed the FBI to establish a national collection covering current and former law enforcement officers, corrections employees, telecommunicators, prosecutors, and judges. The collection opened on 1 January 2022. Submission is voluntary. In the year the FBI publicized the platform on its Crime Data Explorer, its own account reported that seven agencies had submitted, covering nine suicides and three attempted suicides.

> Limitation disclosed at point of claim: that figure is a point-in-time count published in an FBI news item, not a final annual total, and participation has continued to develop since. It is cited here to establish the order of magnitude of voluntary participation against a national field of roughly eighteen thousand agencies, not as a definitive statistic on law enforcement suicide. The FBI itself notes that broader participation is required before a representative picture emerges.

EQGENIX ARGUMENT

Put the two findings side by side. The interventions are largely unevaluated, and the outcome they exist to affect is largely uncounted. A field in that position cannot know whether it is helping, and it cannot know which of the things it funds is

doing the work.

> *This is not a failure of care. Agencies are spending real money on programs they believe in. It is a failure of instrumentation — and it means the wellness budget is being allocated on conviction rather than evidence.*

III. Single-Session Debriefing: A Persistent Evidence Conflict

ESTABLISHED EVIDENCE

Single-session psychological debriefing is among the most familiar and persistent post-incident approaches in the fire service and in law enforcement, generally encountered as Critical Incident Stress Debriefing, in which the debriefing sits as one phase within a broader Critical Incident Stress Management model. The Cochrane review by Rose, Bisson, Churchill and Wessely examined randomized controlled trials of persons recently exposed to a traumatic event and concluded that single-session individual psychological debriefing did not reduce psychological distress and did not prevent the onset of post-traumatic stress disorder. It found no evidence that debriefing reduced general psychological morbidity, depression, or anxiety, or that it outperformed an educational intervention. It reported some suggestion of increased risk of post-traumatic stress disorder and depression. Its conclusion was that compulsory debriefing of trauma victims should cease.

> Limitation disclosed at point of claim, and this one is

> important enough that omitting it would be dishonest. The Cochrane review examined single-session individual debriefing among civilian trauma-exposed populations. It is not a direct test of the full multi-phase Critical Incident Stress Management model as practiced in a fire house or a squad room, and practitioners of that model make exactly this objection. What the review establishes is that the specific active ingredient most commonly deployed — a single structured session encouraging recollection shortly after the event — does not have the evidence base its ubiquity implies, and may carry risk. That is a narrower claim than "CISD does not work," and this paper makes the narrower claim.

EQGENIX ARGUMENT

The significance for a chief is not that a familiar tool should be discarded on the strength of one review. It is that one of the field's most familiar and persistent post-incident approaches has been under sustained scientific challenge for more than two decades, and the field has largely absorbed that challenge without visibly changing what it buys. This paper does not have national deployment or utilization data and does not assert a prevalence figure; the persistence claim rests on the intervention's continued presence in practitioner literature and agency practice, which is weaker evidence than a utilization survey would be.

That is the behavior of a system with no feedback loop. When an intervention is selected because it is familiar, delivered because it is available, and never evaluated because nobody is measuring, its persistence tells you nothing about whether it works.

IV. Peer Support: Protected in Law, Undefined in Science

REGULATORY FACT

California has legislated in this area with unusual specificity. Assembly Bill 1116, enacted in 2019 and effective 1 January 2020, created the California Firefighter Peer Support and Crisis Referral Services Act. It authorizes state, local, and regional public fire agencies to establish peer support and crisis referral programs; defines a peer support team as members appointed by a Peer Support Labor-Management Committee who have completed a peer support training course; provides that communications made in the course of peer support services are confidential and shall not be disclosed in civil, administrative, or arbitration proceedings, subject to enumerated exceptions including where disclosure is reasonably believed necessary to prevent death, substantial bodily harm, or the commission of a crime; and extends limited liability protection to peer support team members other than for medical malpractice.

This is serious law. It reflects a legislative judgment that confidential peer support is critically needed, and it removes two of the largest practical barriers to standing a program up.

ESTABLISHED EVIDENCE

The science has not kept pace with the statute. A 2025 critical review in the International Journal of Environmental Research and Public Health by Bowers, Beidel and Steigerwald examined the peer support research base for first responders and reported that a growing interest in peer programs exists despite a restricted body of research, that the existing research carries significant conceptual and methodological shortcomings, and — at the level of construct — that there is currently no

prevailing definition of peer support. The term is applied across arrangements ranging from informal and ad hoc to highly structured. The RAND review reached a compatible conclusion from a different direction, finding relatively few studies of peer support, mentoring, and chaplain programs.

> Limitation disclosed at point of claim: a critical review is an expert synthesis, not a meta-analysis, and its conclusions reflect the authors' appraisal. Its central observation — that the field lacks a shared construct definition — is a claim about the literature that any reader can check by reading it.

EQGENIX ARGUMENT

A construct without a shared operational definition cannot be measured consistently across programs, and findings generated under incompatible definitions cannot accumulate into a reliable evidence base. An intervention that cannot be compared across sites cannot be improved across the field. Two agencies can both report that they have peer support and mean entirely different things — a trained cadre with supervision and referral protocols in one, a list of names on a bulletin board in the other. Neither shows up differently in any reporting system, and neither can demonstrate what it produced.

This is not an argument against peer support. It is an argument that peer support is currently a category label rather than a specified intervention, and that specifying it is prerequisite work the field has not done.

V. Attendance Is Not Capacity

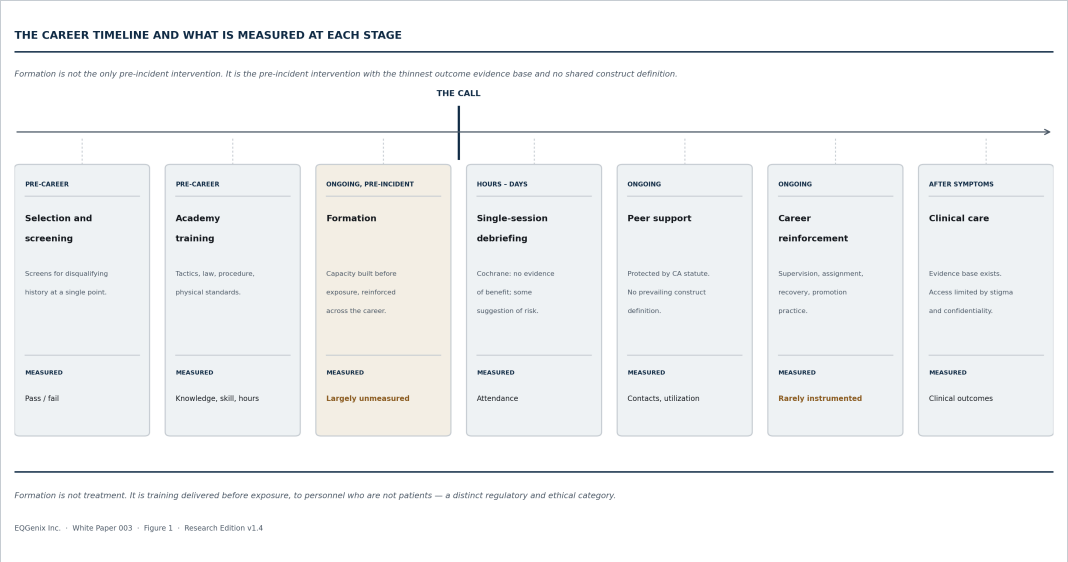

Figure 1. The career timeline and what is measured at each stage. Formation is one of several pre-incident interventions; it is distinguished by having the thinnest outcome evidence base and no shared construct definition, not by being alone on the left of the call.

EQGENIX ARGUMENT

Arrange the interventions along a timeline and the pattern is immediate. Debriefing occurs in the hours and days after the call. Peer support runs alongside and after. Clinical treatment enters once symptoms present. Each of these is a response to something that has already happened.

To the left of the call sits the capacity the responder brought with them, and it is the least studied position on the line. Selection screens for aptitude and disqualifying history. The academy trains tactics, law, and procedure. Both address adjacent capabilities — California POST basic training, for instance, includes officer wellness, leadership, de-escalation, and critical incident content. But the evidence reviewed here does not show that selection or the academy directly builds and measures the capacity to hold judgment under sustained pressure, to remain regulated while activated, to accept correction without collapse, or to sustain effort across a career

in which the reward interval is long and the exposure is cumulative.

What the field does measure, when it measures at all, are conditions and inputs: program attendance, hours delivered, satisfaction, and change in knowledge. The RAND finding names this directly — outcomes other than knowledge change were largely absent. Knowing that a responder can define resilience after a four-hour block is not evidence that the responder has any.

> *The wellness field measures what it delivered. It does not measure what the responder can now do that they could not do before. Only the second one is capacity.*

This is the same structural error identified in EQGenix White Paper 002 in the context of corporate human capital disclosure, arriving here in a different sector. Inputs are easy to count and organizationally safe to report. Capacity is hard to instrument and uncomfortable to look at. Fields default to the former and then wonder why the aggregate outcome does not move.

VI. Build Before the Call. Support After It.

EQGENIX ARGUMENT

The proposition is narrow and should be read as narrow. Capacity to carry this work is buildable, is depreciable, and can be specified precisely enough to be taught and observed. Building it before exposure, and reinforcing it across a career, is

a different intervention category from responding after an incident — and it is the category the field has left largely empty.

Formation in this sense has four properties that distinguish it from what currently occupies the wellness budget.

— It is pre-incident and continuous rather than event-triggered. It does not wait for a call to justify itself.

— It is training rather than treatment. The delivery unit is a certified instructor and a classroom, not a clinician and a client, which places it inside the professional development structure agencies already run and fund.

— It targets capacities rather than symptoms. The outcome of interest is what a responder can do, not what they no longer report feeling.

— It belongs to the responder. Capacity developed through formation is intended to remain with them beyond the training environment and to become usable across duty and household contexts. Whether it transfers and whether it persists are empirical questions, tested under the protocol in Section XIV and unanswered at present. The agency rents the benefit; it does not own the asset.

The construct spine is the Emotional Portfolio™, the same five capacities EQGenix applies across every sector: Cognitive Sovereignty™, Emotional Regulation™, Resilience Architecture™, Relational Intelligence™, and Effort Tolerance™. The commitment to a single spine across sectors is deliberate and is itself a testable claim — addressed in Section IX.

Sovereign Shield™ is the law enforcement implementation of that standard, certified by the California Commission on Peace Officer Standards and Training. Sovereign Station™ is the fire service implementation. Both are training programs. Neither is a clinical service.

VII. Construct Lineage and Differentiation

A reader who accepts that the pre-incident position is under-instrumented will immediately ask why these five capacities and not established constructs that already have instruments and evidence. That question deserves an answer rather than a brand assertion, and the honest answer includes conceding overlap.

ESTABLISHED EVIDENCE

Five adjacent construct families are relevant. Psychological hardiness, introduced by Kobasa in 1979 as commitment, control, and challenge, was developed precisely to explain why some people under high stress do not fall ill. Psychological flexibility, synthesized by Kashdan and Rottenberg in 2010, describes the ability to recognize situational demands, shift repertoires when a strategy is not serving, and persist in valued action. Psychological capital — hope, efficacy, resilience, optimism — has meta-analytic support across 51 samples and 12,567 employees. Grit, defined by Duckworth and colleagues in 2007 as perseverance and passion for long-term goals, showed incremental predictive validity over IQ and conscientiousness while correlating highly with conscientiousness. Emotional intelligence carries its own meta-analytic base and its own

contested construct validity.

EQGENIX ARGUMENT

The lineage below states, for each capacity, the nearest established relatives, the proposed distinction, and — the part that matters — what result would show the EQGenix construct is redundant.

Cognitive Sovereignty™. Nearest relatives: psychological flexibility, need for cognition, epistemic vigilance, metacognition. Proposed distinction: the object is the provenance of a judgment — whether the responder can separate a conclusion they reasoned to from one absorbed from the shift, the training, or the tool. Redundancy test: if it loads on a general reasoning or openness factor and adds no variance over psychological flexibility in predicting decision quality under pressure, it is redundant.

Emotional Regulation™. Nearest relatives: emotion regulation in the Gross tradition, distress tolerance, ability-based EI. Proposed distinction: the unit of interest is the observable interval between activation and considered response under duty conditions, not self-reported regulatory strategy. Redundancy test: if a behaviorally anchored measure of that interval correlates with ability-EI regulation branch scores at a level that leaves no unique variance against duty outcomes, it is redundant.

Resilience Architecture™. Nearest relatives: hardiness, PsyCap resilience, post-traumatic growth. This is the site of the heaviest overlap and the paper concedes it. Proposed distinction: the criterion is whether identity reorganizes around

an adverse event, not whether distress resolves. Redundancy test: if it does not separate from hardiness in factor analysis, the pillar should be renamed or absorbed rather than defended.

Relational Intelligence™. Nearest relatives: ability EI, social competence, attachment security, repair in the Gottman tradition. Proposed distinction: initiation of repair as the measured behavior, in rank-structured and household settings simultaneously. Redundancy test: if it collapses into the social-effectiveness dimension of personality — the reduction the 2015 mixed-EI meta-analysis found for commercial EI instruments — it has no independent claim.

Effort Tolerance™. Nearest relatives: grit, conscientiousness, delay of gratification, self-control. Proposed distinction: tolerance for a long feedback interval specifically, rather than trait persistence. Redundancy test: grit already correlates highly with conscientiousness, and the 2007 work reported roughly four percent of variance in success outcomes; if Effort Tolerance™ does not separate from grit or add over conscientiousness, it is a rebrand.

> Disclosure at point of claim: every distinction above is a proposal, not a finding. No discriminant-validity study has been run for any of the five. The redundancy tests are stated so that a researcher can run them against EQGenix rather than for it.

VIII. Observable Indicators in Duty Context

EQGenix publishes behavioral indicators and retains scoring models and item banks as proprietary. The indicators below are stated in duty terms so that a supervisor can test the construct against people they actually work with before deciding whether

it is real.

Cognitive Sovereignty™. The responder can state a decision and the reasoning behind it as two separate things, can articulate the strongest argument against their own read of a scene, and can distinguish a conclusion they reached from one they inherited from the shift, the union hall, or the feed.

Emotional Regulation™. The interval between activation and considered response is observable and does not collapse to zero under load. The responder can be interrupted mid-confrontation and resume without escalation. Physiological arousal and behavioral output are visibly decoupled — which is the operational definition of command presence.

Resilience Architecture™. After a bad call, a complaint, or a failed decision, the responder's account of who they are does not reorganize around the event. Recovery interval shortens across repeated exposures rather than lengthening. Adversity produces revised tactics rather than a revised identity.

Relational Intelligence™. The responder initiates repair with a partner, a supervisor, or a spouse without requiring the other party to move first; holds a working relationship through disagreement without either capitulating or severing; and distinguishes being disliked from being wrong.

Effort Tolerance™. The responder sustains effort across a stretch in which no feedback, recognition, or resolution arrives — the ordinary condition of the work — and can distinguish a strategy that is failing from one that is merely slow.

> Limitation disclosed at point of claim: these are face-valid behavioral descriptions, not validated scale items. They are

> published to make the construct legible and testable in ordinary supervisory observation. They have not been subjected to factor analysis, and no claim of psychometric validity attaches to them in this form. They are not fitness-for-duty criteria and must not be used as such — see Section XI.

Which source may be used for what

EQGENIX ARGUMENT

Attractive behavioral language gets operationalized. In a rank structure it gets operationalized punitively unless the permitted use of each measurement source is fixed in advance. The following bindings are part of the standard, not commentary on it.

— Participant self-report — developmental reflection only. Never scored, never reported, never compared between individuals.

— Scenario-based demonstration — training evaluation. May determine course completion. May not inform any personnel decision.

— Peer observation — formative feedback only, with explicit safeguards and no retention beyond the exchange.

— Supervisor rating — research use only, under strict separation from the personnel file, with the rater informed that the rating cannot be used evaluatively.

— Administrative outcomes — aggregate prospective research only, at or above the minimum cell size, never linked to a named individual in any agency-facing output.

IX. What Would Have to Be True

EQGENIX ARGUMENT

This paper criticizes a field for deploying interventions it has not evaluated. That criticism obligates EQGenix to state what would refute its own standard. Five conditions apply, and none is discharged as of this writing.

Structural validity. Factor analysis on adequately powered responder samples must recover five distinguishable factors. If the pillars collapse into two or three, or load onto a single general factor, the architecture is wrong and should be revised or retired rather than defended.

Discriminant validity. The Emotional Portfolio™ must demonstrate that it measures something not already captured by general mental ability, the Five Factor Model, psychological capital, and ability-based emotional intelligence. If it proves reducible to that battery, it has no independent claim to exist, whatever its instructional value.

Predictive validity. Scores must predict outcomes agencies already track — retention, use-of-force complaints, escalation frequency, sick-leave patterns, early separation — beyond what existing instruments predict, in prospective designs rather than concurrent ones.

Sensitivity to intervention. Formation must move the score, and the movement must persist beyond the training window. If capacity is fixed, the entire premise collapses whatever the curriculum's descriptive merit.

Measurement invariance. The claim that one construct spine

reads across law enforcement, fire, veterans, youth, and households is a cross-population claim, and cross-population claims require configural, metric, and scalar invariance testing. Without it, a difference between a police cohort and a fire cohort may reflect different interpretations of an item rather than different levels of capacity.

> Disclosure at point of claim: a further design risk is unaddressed. If capacity is captured by self-report in a single administration, observed relationships may be inflated by shared method rather than shared substance. Supervisor-rated and behaviorally anchored measures are required, and in a rank structure those carry their own hazards — a supervisor rating a subordinate's emotional regulation is an evaluation, with everything that implies. Solving this is not optional and has not been solved.

Stating that none of the five is discharged is not a weakness of this paper. It is the difference between this paper and the marketing literature it is arguing against.

X. The Strongest Counterarguments

Four objections are stronger than the rest. Each is stated as its best advocate would state it. Where an objection lands, that is conceded.

One: this is the same thing the field already sells, with better branding

The objection: resilience training for first responders already exists in volume. EQGenix is entering a crowded market with a proprietary vocabulary and calling novelty on a repackaging.

Partly correct, and the RAND review confirms that group

prevention skills and knowledge training is among the most-studied categories. That establishes an active research category; it does not establish national deployment prevalence, which the reviewed evidence does not supply. Two distinctions are offered. First, the outcome layer: existing programs overwhelmingly report attendance and knowledge change, and this framework is built to be refuted on behavioral and organizational outcomes instead. Second, the timing and durability layer: the framework asks whether demonstrated capacity persists beyond the training environment and across repeated exposure. Whether that produces a meaningful distinction remains untested. Whether those distinctions produce measurably different results is exactly what Section IX puts on trial.

Two: the evidence gap cuts against you, not for you

The objection, and it is the sharpest one available: this paper spends four sections establishing that first responder wellness interventions lack rigorous evidence, then proposes another intervention with no rigorous evidence. The absence of evidence for debriefing is not evidence for formation.

This lands, and it is conceded without qualification. Nothing in the RAND finding supports EQGenix. The correct reading is that formation is a hypothesis about an under-instrumented position on the timeline, not a validated alternative to anything. What this paper claims is that the position is under-instrumented and worth instrumenting. Any agency told otherwise is being sold something.

Three: capacity is selected, not built

The objection: departments already select for this. Background investigation, psychological screening, and the academy filter for exactly the stability being described. What survives twenty-five years is selection effect, not formation.

Selection plainly accounts for some of the variance and no serious framework should claim otherwise. Two responses. Selection screens for the absence of disqualifying pathology at a single point in time; it does not establish the presence of capacity, and it says nothing about depreciation across a career. And if capacity were purely selected, training investment across the entire profession would be irrational, which no chief believes about tactics. The claim that tactical skill is trainable and interior capacity is fixed is an assumption the field has never tested. Section IX is where it gets tested.

Four: this will be used against officers

The objection: any instrument that scores a responder's interior life will eventually reach a promotion board, an internal affairs file, or a civil deposition, whatever the vendor promises. Given the confidentiality architecture the legislature built for peer support, introducing a scored instrument is a step backward.

This is the most serious objection in the paper, and the answer is not a reassurance. It is a constraint, published in Section XI so that it can be enforced against EQGenix and against any agency licensing its instruments. A framework whose central claim is that capacity belongs to the responder cannot be operationalized in a way that hands it to the department.

XI. Governance and Confidentiality Boundaries

EQGENIX ARGUMENT

— Individual results belong to the responder. They are returned to the responder first, and they are theirs.

— No agency receives an individual capacity profile. This prohibition is standing and non-waivable, and consent is not treated as sufficient: inside a rank structure consent is rarely free, and refusal itself becomes information. Agency-facing reporting is aggregate only, subject to minimum cell size and suppression. A responder may share their own results with anyone they choose; EQGenix will not transmit them.

— Results may not be used in fitness-for-duty determination, hiring, promotion, assignment, discipline, termination, or any personnel action. These are developmental instruments. Using a developmental instrument as a selection or evaluation instrument is a misuse regardless of how the output is labeled.

— Agency-level reporting is aggregate only, subject to a minimum cell size, so that a group figure cannot be reverse-engineered into an individual one. In a twelve-person shift this constraint binds hard, and it binds anyway.

— Instruments undergo bias and adverse-impact testing before any deployment in which results inform organizational decisions, and those results are disclosed to the agency.

— Developmental assessment is kept operationally separate from any wellness surveillance function. Where the same

data could serve both, it serves neither.

— Data retention and deletion rules are stated in advance and in writing, and a responder may require deletion of their own identifiable records, subject only to retention obligations disclosed before consent, including any applicable legal hold or research-integrity requirement.

— Nothing in a formation course is offered as, or substituted for, confidential peer support or clinical care. Where those are indicated, the instructor's obligation is to say so and to know the referral path.

These commitments cost money. They rule out the agency dashboard that would make the product easier to sell, and they will make some procurement conversations shorter. That is the correct trade. The confidentiality architecture the California Legislature built for peer support exists because responders will not use a service they do not trust, and a scored instrument that erodes that trust would do more damage than the training could repair.

XII. Epistemic Firewall

EQGenix is a Christ-centered firm and does not disguise it. The firm's governing canon holds Scripture as its source of authority and treats empirical science as a corroborating witness rather than a competing one. That is a worldview commitment, it is declared rather than embedded, and it is not offered as evidence.

The separation is operational and strict. Nothing in Sections I

through XI depends on the reader sharing that commitment. Every empirical claim is cited to a source that a secular reviewer, a POST evaluator, or a federal grant panel can independently verify and reject. Curriculum delivered to a public agency under certification contains no religious content, and no participant is asked about belief.

Where the worldview operates is in the selection of what is worth measuring — the judgment that a responder's capacity to remain present, regulated, and in covenant with the people who depend on them is a more consequential subject than their throughput. That is a value commitment, not an empirical finding, and it is labeled as one.

XIII. What This Paper Does Not Claim

— It does not claim that formation training prevents post-traumatic stress disorder, reduces suicide, or produces any clinical outcome.

— It does not claim that Critical Incident Stress Management as a whole is ineffective. The Cochrane finding concerns single-session psychological debriefing, and the narrower claim is the one made here.

— It does not claim that peer support does not work. It claims the construct lacks a prevailing definition and therefore cannot yet be evaluated.

— It does not claim any causal relationship between capacity and any operational or health outcome. Every relationship cited here is associational.

— It does not claim the Emotional Portfolio™ has established structural, discriminant, or predictive validity, or measurement invariance across any population. None has been tested.

— It does not claim that POST certification constitutes evidence of effectiveness. Certification establishes that a course meets regulatory standards for instruction. It is not an outcome finding and should never be represented as one.

That last item is worth stating twice, because it is the claim a vendor in this space is most tempted to make.

XIV. What the Founding Cohort Will Produce

A paper that names five falsification conditions owes an operational protocol rather than a list of aspirations. The parameters below are stated so that a reviewer, a partner institution, or an ethics board can hold the design to them.

EQGENIX ARGUMENT

Independence. Analysis of outcome data is not conducted by the parties who developed or deliver the curriculum. An external academic or research partner serves as data custodian and analyst. This is stated first because it is the single largest credibility variable in the whole design, and because a developer analyzing their own program is the exact failure mode the RAND review documents across this field.

Ethics review. The protocol is submitted for institutional review board or equivalent independent ethics review before the first administration. Participation in research is separately

consented from participation in training, is revocable, and does not affect course completion or certification.

Pre-registration. The hypotheses, primary and secondary outcomes, and analysis plan are filed in a public registry before the first administration, so the hypotheses cannot move after the data arrives. The registration is cited in any subsequent publication.

Design and comparison. A single-arm pre-post design cannot separate training effect from time, expectancy, or regression to the mean, and this should be said plainly rather than obscured. The founding cohorts are small — the founding fire agency has eleven sworn personnel — so the first stage is explicitly a feasibility and instrument-development study, not an effectiveness trial. A stepped-wedge or waitlist comparison is required before any effectiveness claim, and is planned for the second wave once multiple agencies are enrolled.

Outcomes. Primary outcomes for the founding cohort are feasibility and measurement outcomes, not effectiveness: recruitment and completion, attrition and its reasons, assessment burden, acceptability, missingness, floor and ceiling effects, item completion, response distribution, comprehension, preliminary floor and ceiling behaviour, and test-retest feasibility — with any reliability estimate calculated descriptively and never interpreted psychometrically from eleven participants — felt coercion and confidentiality concerns, and the feasibility of six- and twelve-month follow-up. Change in the five capacity scores from entry to exit is explicitly exploratory until reliability, measurement error, and construct validity are established. With eleven sworn personnel

in the founding fire agency, no effectiveness inference is available and none will be reported. No powered effectiveness test is proposed for the founding cohort; minimum detectable effect and power assumptions are fixed before the first comparative wave rather than retrofitted to it. Secondary: durability at six and twelve months; and, in later waves under a data agreement, agency-held indicators including retention, early separation, sick-leave patterns, complaint frequency, and escalation events. Knowledge-check performance is a process measure, not an outcome, and is reported as such.

Sample, attrition, and missing data. Target enrollment, minimum detectable effect, and power assumptions are fixed in the pre-registration rather than after the fact. Attrition is reported in full with reasons where known. Missing data is handled by a method specified in advance, and complete-case analysis alone is not accepted.

Clustering. Responders are nested within shifts, stations, and agencies. Analyses account for that clustering rather than treating participants as independent observations, and single-agency results are not generalized.

Conflict of interest. EQGenix has a direct commercial interest in the result. That interest is disclosed in every publication, in the registry entry, and to every participating agency, alongside the independence arrangement described above.

Publication. Null and disconfirming results are published on the same footing as supportive ones, in the same venue, on the same timeline. No stage is described as complete in EQGenix materials before it is complete in fact.

> *The field does not need another program that believes in itself. It needs one willing to be measured by someone other than its author.*

XV. What a Chief Can Do Tomorrow Without Buying Anything

A chief, a training coordinator, or a city attorney reading this paper should be able to act on it without adopting anything from EQGenix. The following applies regardless of vendor.

— Do not replace clinical care or peer support with formation training. It is an addition to the timeline, not a substitution on it.

— Audit what you already run. For each wellness program in the budget, ask what construct it claims to change, how that construct is defined, and what outcome other than attendance or knowledge is recorded. Programs that cannot answer are not necessarily bad; they are unmeasured, and you should know which is which.

— Require published confidentiality rules before any assessment enters your agency, and read them against the protections your peer support program already operates under.

— Treat any founding cohort — including this one — as research-informed training, not validated prevention, and say so to your personnel in those words.

— Require pre-registration and independent evaluation as a

condition of participation. A vendor unwilling to be evaluated by someone other than themselves has told you something.

— Never permit a developmental score to enter a personnel decision, and put that in the contract rather than the brochure.

References

Berger, W., Coutinho, E. S. F., Figueira, I., Marques-Portella, C., Luz, M. P., Neylan, T. C., Marmar, C. R., & Mendlowicz, M. V. (2012). Rescuers at risk: A systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers. Social Psychiatry and Psychiatric Epidemiology, 47(6), 1001–1011. https://doi.org/10.1007/s00127-011-0408-2

Bowers, C., Beidel, D. C., & Steigerwald, V. L. (2025). Peer support programs for first responders: A critical review and research roadmap. International Journal of Environmental Research and Public Health, 22(10), 1532. https://doi.org/10.3390/ijerph22101532

California Firefighter Peer Support and Crisis Referral Services Act, Assembly Bill 1116 (Grayson), Stats. 2019, Ch. 388; Gov. Code § 8669.05 et seq., effective 1 January 2020. leginfo.legislature.ca.gov — AB 1116 text

Federal Bureau of Investigation. Law Enforcement Suicide Data Collection (LESDC), established under the Law Enforcement Suicide Data Collection Act, 34 U.S.C. § 50701; collection opened 1 January 2022. fbi.gov — Law Enforcement Suicide Data Collection

Federal Bureau of Investigation. (2024, November). Online platform provides current data on law enforcement suicides. FBI News. fbi.gov — news story on LESDC participation

Labriola, M. M., Portnoy Donaghy, J., Keyes, T., & Kang, S. J. First responder and law enforcement mental health and wellness research development. Santa Monica, CA: RAND Corporation (RR-A2268-1), prepared for the U.S. Department of Homeland Security. https://www.rand.org/pubs/research_reports/RRA2268-1.html

Rose, S. C., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). Cochrane Database of Systematic Reviews, Issue 2, Art. No. CD000560. https://doi.org/10.1002/14651858.CD000560

Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). Grit: Perseverance and passion for long-term goals. Journal of Personality and Social Psychology, 92(6), 1087–1101. https://doi.org/10.1037/0022-3514.92.6.1087

Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. Clinical Psychology Review, 30(7), 865–878. https://doi.org/10.1016/j.cpr.2010.03.001

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. Journal of Personality and Social Psychology, 37(1), 1–11. https://doi.org/10.1037/0022-3514.37.1.1

Avey, J. B., Reichard, R. J., Luthans, F., & Mhatre, K. H. (2011). Meta-analysis of the impact of positive psychological capital on employee attitudes, behaviors, and performance. Human Resource Development Quarterly, 22(2), 127–152. https://doi.org/10.1002/hrdq.20070

Joseph, D. L., Jin, J., Newman, D. A., & O'Boyle, E. H. (2015). Why does self-reported emotional intelligence predict job performance? A meta-analytic investigation of mixed EI. Journal of Applied Psychology, 100(2), 298–342. https://doi.org/10.1037/a0037681

EQGenix Inc. (2026). Emotional wealth as universal currency: A framework for human capital valuation. Institutional White Paper 002, Research Edition v1.2.

EQGenix Inc. (2026). The Cognitive Sovereignty Project: Why independent thought is the last competitive advantage. Institutional White Paper 001, Research Edition v3.0.

Revision History

v1.0 (August 2026) — Initial Research Edition. v1.1 — Substantive revision: evaluation-effort and deployment-prevalence claims narrowed; the 10 percent PTSD inference corrected; construct lineage with redundancy tests added; permitted-use bindings added per measurement source; an operational research protocol replacing the roadmap; the founding cohort reclassified as feasibility and instrument development; a vendor-neutral agency action section added. v1.2 — Positional revision; a Section I heading reviving the "nine in ten" framing was caught before publication, and a stale contents entry corrected. v1.3 — Eight corrections, five of them defects introduced by the positional pass: the promised transfer and career persistence of formation capacity reduced to intentions with empirical questions attached; the timeline-distribution claim on the cover replaced with a measurement-layer statement; the academy claim bounded against California POST content; debriefing prevalence and the peer-support statutory claim corrected; founding-cohort primary outcomes moved to feasibility; the individual-profile consent provision replaced with a standing non-

waivable prohibition. v1.4 (this edition) — Eleven further corrections. The Central Proposition still carried the "almost all of the field’s published evaluation effort sits to the right of the incident" formulation that v1.3 had removed from the cover, and is rewritten around the paper’s actual thesis: that the field lacks a shared standard for determining what capacity a responder brings, whether it changes, and whether it persists. The claim that agency interventions are largely unevaluated is bounded to the methodological weakness of the evidence base and to categories that have received little evaluation, since RAND reviewed a literature rather than inventorying agency practice. The assertion that suicide is the outcome the field cares about most is replaced with one of its most consequential outcomes. The claim that an undefined construct cannot be measured is corrected: local programs can measure under local definitions, and the real problem is that findings under incompatible definitions cannot accumulate. An inference from study frequency to national deployment prevalence is removed. An orphaned liability-side claim imported from White Paper 002, which this paper neither defines nor tests, is replaced with the timing and durability distinction the framework actually proposes. Small-sample psychometrics are corrected: internal consistency will not be interpreted from eleven participants, and power assumptions are fixed before the first comparative wave rather than retrofitted. Deletion rights are qualified for retention obligations disclosed before consent. Two executive-brief sentences are repaired for grammar and scope.

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leginfo.legislature.ca.gov — AB 1116 text

04 Federal Bureau of Investigation. Law Enforcement Suicide Data Collection (LESDC), established under the Law Enforcement Suicide Data Collection Act, 34 U.S.C. § 50701; collection opened 1 January 2022

fbi.gov — Law Enforcement Suicide Data Collection

05 Federal Bureau of Investigation

fbi.gov — news story on LESDC participation

06 Labriola, M. M., Portnoy Donaghy, J., Keyes, T., & Kang, S. J. First responder and law enforcement mental health and wellness research development. Santa Monica, CA: RAND Corporation (RR-A2268-1), prepared for the U.S. Department of Homeland Security

https://www.rand.org/pubs/research_reports/RRA2268-1.html

07 Rose, S. C., Bisson, J., Churchill, R., & Wessely, S

https://doi.org/10.1002/14651858.CD000560

08 Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R
https://doi.org/10.1037/0022-3514.92.6.1087

09 Kashdan, T. B., & Rottenberg, J
https://doi.org/10.1016/j.cpr.2010.03.001

10 Kobasa, S. C
https://doi.org/10.1037/0022-3514.37.1.1

11 Avey, J. B., Reichard, R. J., Luthans, F., & Mhatre, K. H
https://doi.org/10.1002/hrdq.20070

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The two internal EQGenix white papers referenced in this edition are excluded from this index, which lists external sources only.