

# Memory, Trauma, and Secondary Effects of Danger in EMS

NYSVARA Pulse Check – Sept 12, 2020

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# Some objectives ...

- ...define and explain psychological, emotional and spiritual trauma
- ...locate at least one place in your practice of EMS work where trauma was personally experienced
- ...apply techniques of resolution in your imagination and memory of past (and future) traumatic experience

# Personal introduction ...

- My desire to be here today

# What is “trauma”?

- Definition begins as physical: wound, injury
- Extends to emotional or psychological
- Visible vs. invisible
- Unexpected, inflicted, violent, forced

# “Vicarious” trauma

- Indirect, shared, absorbed
- What is secondary eventually becomes primary
- A sign of solidarity
- But, less obvious to resolve
- For EMS personnel ...
  - Direct
  - Vicarious
  - Chronic

# Short- and long-term effects ...

“Research has shown that exposure to trauma has the potential to alter brain chemistry, affecting among other things the way memories are processed and stored. To vastly simplify a complex bit of neurology: If the brain can't make sense of a traumatic experience, it may be unable to process it and experience it as long-term memory. Traumas tend to persist as emotional -- or unconscious -- memories, encoded by the amygdala, the brain's fear center. A trauma can then resurface unexpectedly when triggered by a sensory cue. The cerebral cortex, where rational thought takes place, is not in control. The fear center rules; the brain is overwhelmed. Small tasks -- tooth-brushing, grocery-shopping, feeding your children -- start to feel monumental, even frightening. “

Corbett, Sara. "The Women's War." *New York Times Magazine*. 18 March 2007.

# The pattern ...

- All is fine ...
- Unexpected, unwanted, painful thing “happens”
- Brain can't process it quickly enough
- Skip on ahead to survive
- Memory is inhibited
- Deep inside the memory lives and is unresolved
- Fragments of the fear, anxiety, terror, discomfort, sadness re-appear

# Trauma in EMS?

- Lots and lots of exposure
- Primary and secondary
- Very little time to process
- Unique set of unpleasant circumstances
- On to the next call, or back home to normal life
- This builds up



# How to deal with it ...

- Communally ...
  - *Critical Incident Stress Debriefing*
  - *Case review*
- One-on-one ...
  - *Partner and mentor relationships*
- Individually ...
  - *Robust sense of personal/professional ethics*
  - *Emotional, spiritual, relational resources*

# An exercise ...

- One “bad call”
- What happened, step-by-step, factually
- Tell the story (interpretative)
- Underneath the sharing of facts, what are the feelings?
- Name the feelings
- Is there another set of interpretations or set of memories?
- What went right? What could have been better?
- There *will* be another day

# An example in religious tradition ...

- Jewish practice at Passover
- Catholic understanding of the Eucharist
- “Saving memory”
  - Both communal and individual
  - Re-frame the traumatic memory

# Helping each other ...

- Be aware of how partners have changed
- (P)ost-(T)raumatic (S)tress (D)isorder
- Irritability, changed sleep patterns, too loud or too quiet, flashbacks, really bad dreams, ill-defined sense of dread
- Sudden defensiveness or challenge to their established values

# To take away ...

- Acceptability: observed traumatic experience wounds
- Intentional access of memory
- What lies underneath?
- Re-framing the interpretation of the events
- Deliberate cultivation of reflective practice
- Someone in your life who can reflect back to you
- Every station/service/company ought to have access to some sort of practical, helpful resource

Thank you, questions and comments ...