THE CRISIS OF VICARIOUS TRAUMA

AMONG FIRST RESPONDERS

BY MATTHEW JOHNSTON, RCC, PROFESSIONAL FIRE FIGHTER

The call comes in just after noon: a patient in cardiac arrest. Not too unusual for a firefighter working in a community with a high geriatric population. But this call is unique. The patient is an eight-month-old infant with a frantic mother and a family friend who is performing CPR. As the firefighter takes over, he finds no pulse in the small, flaccid body. This lifeless image is instantly engraved in his memory, texturized by the cool moist skin and amplified by the shrieks of a helpless mother. The firefighter is burdened by his senses but swiftly refocuses to begin pediatric CPR.

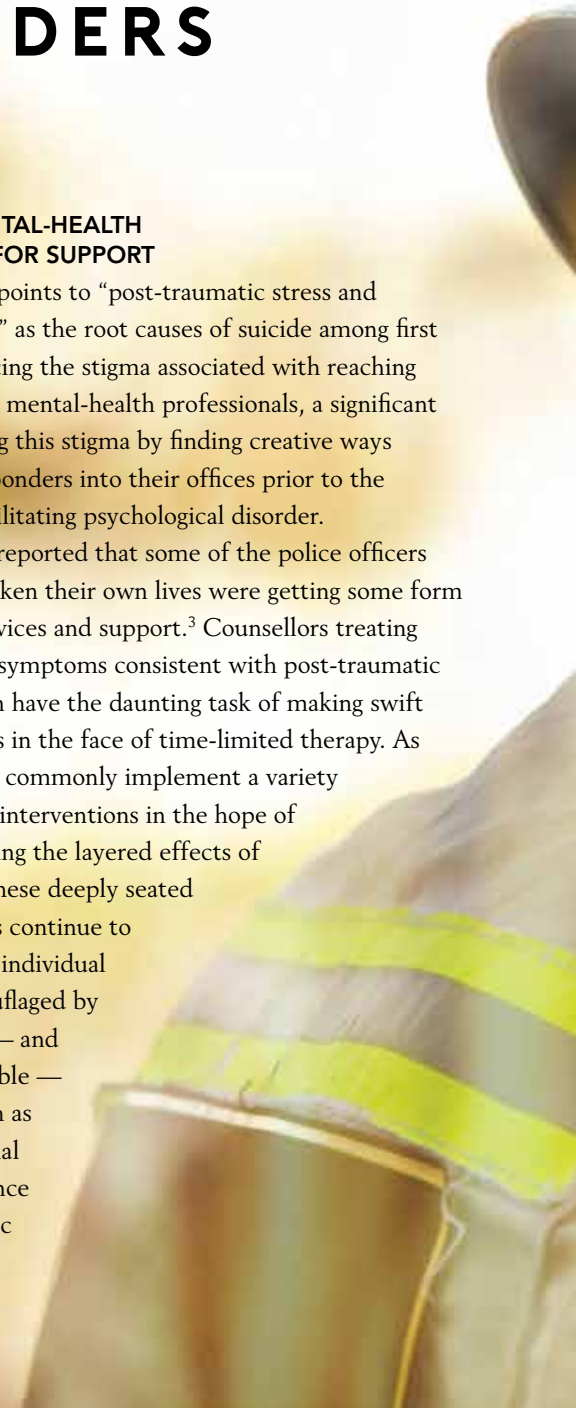
Twenty minutes later, the firefighter enters the emergency room with advanced life-support paramedics. He overhears a hospital staff member say, "I've never seen so many doctors and nurses in one room waiting for a patient." Emotionally numb and physically drained after performing chest compressions, the firefighter's job is done, yet he now feels helpless. He sees an odd sight: nurses and paramedics with tears in their eyes. He hears the baby's mother moaning in despair as she learns that her child has died. As he leaves the emergency room, the firefighter passes the infant's father, knowing that in just seconds, he will learn that his healthy baby boy has passed away from a tragic accident.

The morning of that mid-summer call in 2014, Global news had reported that 13 Canadian first responders had committed suicide over the previous 10 weeks.[1] In the 10 weeks that followed, the number of suicides rose to 23 — a firm indication that a systemic mental-health crisis was gripping first responders across Canada.[2]

TURNING TO MENTAL-HEALTH PROFESSIONALS FOR SUPPORT

Oftentimes, media points to "post-traumatic stress and other mental illness" as the root causes of suicide among first responders, reinforcing the stigma associated with reaching out for support. For mental-health professionals, a significant challenge is reducing this stigma by finding creative ways of drawing first responders into their offices prior to the emergence of a debilitating psychological disorder.

In Toronto, it is reported that some of the police officers who had recently taken their own lives were getting some form of psychological services and support.[3] Counsellors treating first responders for symptoms consistent with post-traumatic stress disorder often have the daunting task of making swift therapeutic progress in the face of time-limited therapy. As a result, counsellors commonly implement a variety of solution-focused interventions in the hope of temporarily alleviating the layered effects of vicarious trauma. These deeply seated traumatic memories continue to resonate within the individual but are often camouflaged by more recognizable — and oddly more acceptable — personal crises, such as divorce, interpersonal conflict, and substance use. This therapeutic



complexity makes traditional employee-assistance programs inadequate in addressing the traumatic work-related events that underlie many of the personal crises faced by struggling first responders.

Moreover, the duties associated with paramilitary workplaces spawn a unique subculture that extends into the lived emotional reality of first responders. Police, fire, paramedic, and prison staff are required to perform actions within a command structure where personal decision-making is restricted by industry protocols and department guidelines. This paradigm of training creates dependable, logic-based behaviour that dominates personal thoughts and actions in the face of very stressful situations. Psychologically, the value of these protocols enables first responders to be reassured they "did everything they could" when they witness what may be considered a traumatic situation. However, what training and protocols do not capture is how first responders are to deal with these memories once they return to their personal lives. In order to appreciate this unique situation, counsellors may benefit from understanding how first responder subculture impacts human neurobiology.

THE INTERPLAY OF SUBCULTURE AND NEUROBIOLOGY

Our limbic system consists of brain structures that largely govern emotions, behaviours, and long-term memory. During a traumatic encounter, the first responder is trained to remain calm so that emotional and behavioural patterns follow a predictable pathway, reflecting industry best practices. This consistency requires first responders to place personal feelings, beliefs, and sensations on hold as the analytical mind overrides the emotional challenges of the circumstance. In order to achieve this state, the limbic system is suppressed to cope with the demands of what most would consider a very stressful situation. The "fight, flight, or freeze" reaction to stress and anxiety — responses integral to human evolution — is simply not a behavioural option for first responders attending emergency situations.

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Civilians depend on emergency-services personnel to intervene swiftly during a crisis while possessing a calm, competent, reassuring presence. For first responders attending calls of this nature, a strong dissociative barrier between risk and action is formed that enables them to run into a burning building, confront a robbery suspect, or quell the bleeding of a young child. In these moments, the needs of civilians supersede the physical and emotional harm that first responders may experience. While such actions may be well suited for risk-taking personality types, it also shows the power a well-trained analytical mind can have in overriding the natural emotional and behavioural reactions to a dangerous situation.

However, unless released using various techniques, the effects of vicarious trauma can build up like a dam in a first responder's analytical mind, creating a barrier that interrupts the natural flow and range of emotions. This restricted emotional energy leaves a struggling first responder to experience a fast-flowing, albeit limited, range of thoughts and feelings. These buoyant thoughts and feelings have a tendency to fuel a hyperaroused state of mind that can produce raw, unprocessed emotional reactions. As vicarious trauma continues to build, the integrity of this emotional and cognitive dam is often breached, releasing uncontrollable images that prevent rejuvenation and healing. The lost sense of internal control can ultimately progress towards a debilitating, pervasive state of mind generally referred to as post-traumatic stress disorder.

THE ROLE OF TALK THERAPY

The common assumption is that conventional talk therapy is an effective means for processing and experiencing relief from traumatic memories. The cognitive behavioural model is built on the notion that verbalizing one's thoughts and feelings creates a positive effect on emotional health.

However, recent research has shown that internalized traumatic events are uniquely imbedded within one's nervous system in such a way that makes access using traditional talk therapy challenging.[4] In other words, talk therapy alone cannot dissolve the barrier between the analytical mind that is dominated by thinking and the imagery that is trapped in limbic memory, which has the strength to elicit strong, unprocessed emotional reactions.

Traumatic imagery has the power to dominate attention and is intensified by the thoughts and feelings accompanying

this emotional pain. This closed loop of traumatic thinking and feeling fuels a hyperaroused state, whereby the first responder has difficulty unwinding from work and experiences sleep disturbances that exacerbate anxiety-based symptoms. No matter how hard the analytical mind works to control the traumatic material, it falls short of aerating the pain and fostering a calm state of mind. Thus, clinical approaches and interventions should be tailored towards cultivating a peaceful state of mind that calms restlessness while enticing the trauma loop to project imagery within a contained, non-judgmental space.

MOVING TOWARDS EXPRESSIVE-BASED TREATMENT

Expressive-based therapies offer a variety of techniques that transcend words and foster an expression of healing that comes from within the client. The counsellor's role is to skillfully bring forth an approach encouraging mindfulness, wherein the first responder pays full attention to the present without judgment and learns greater tolerance to face "what is." While this state of mind – which shares similarities to flow[5] — is inherent in all humans, its value has often been lost by clients who feel handcuffed by stress and anxiety.

During mindfulness-based activities, when the flow of imagery is brought forth in a therapeutic context, the overworked analytical mind — in this case, the struggling first responder — experiences moments of rest and symptomatic relief, which form the foundation of rebuilding their everyday reality.

Under the expressive-therapy modality, the first responder naturally externalizes the intrusive thoughts and feelings in a context that counters the social projections of psychological disease, ailment, or sickness. The first responder learns to be present with their trauma in a way that allows them to trust personal intuition, which has often been hijacked by the analytical thought process. The expressive pathway provides a greater balance between the analytical and emotional mind, thereby promoting greater openness and tolerance for the unpredictable nature of work and life; this aspect of therapy is especially important for first responders, because returning to work involves witnessing future traumatic events in an unpredictable fashion.

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Expressive therapies allow the first responder to digest previous memories in a way that cultivates personal growth and healing rather than reliving trauma within a closed loop of personal suffering. This experience has the power to dissolve the anxiety that underlies hyperarousal, which has been working to reinforce the lasting effects of psychological trauma. Through regular access to therapy, the layers of vicarious trauma can start to release their grip, leading to inner growth and greater emotional resilience. Some expressive-based clinicians refer to the process as "manifesting sanity," whereby the restoration of self allows one to be present with their emotional pain and find creative ways to work with the survivability of their personal suffering.[6]

Expressive therapies hold the potential of not only absorbing the effects of vicarious trauma, but also leading struggling first responders toward reclaiming healthy emotional lives. The expressive process can reduce symptoms consistent with post-traumatic stress disorder, while also addressing other related psychological challenges, including depression and anxiety.

Moving forward, the test for all mental-health professionals lies in translating the value of our service in a way that entices first responders into a novel therapeutic experience. While this process involves a level of vulnerability unfamiliar to most, the emotional crises facing countless first responders across Canada warrants counsellors and first responders alike to move beyond their comfort zone. ■

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