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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

HEALING AFTER A TRAUMATIC INCIDENT:

A Responder's Perspective



In November 2013, Ross Chávez was serving as the EMS Duty Chief for Hennepin EMS when he responded to the scene of a crash involving five children and a female driver who had lost control of her car and landed in a retention pond. All five children were in cardiac arrest when retrieved from the sunken car, although three survived. Ross shared his experience with identifying the need for and receiving mental health assistance after the incident with Dr. John Hick.

■ John Hick (JH)

What immediate support did you receive from your agency and more formal chains?

■ Ross Chávez (RC)

Just after the incident, the fire department hosted an immediate debriefing session with the various agencies that responded to the scene. Critical Incident Stress Management counselors directed the high-level debrief, which was beneficial for several reasons. First, while it wasn't so much an emotional debrief, it did allow everyone the opportunity to put the pieces together. We heard what firefighters saw when they arrived on scene; then we heard from the medics' and law enforcement's perspective. There were a lot of validating "a-ha" moments for many of us, and we shared our challenges and experiences. For example, hearing the firefighters talk about having to use their feet to search for the children (because their suits made them buoyant and they couldn't go under water) made us appreciate their experience even more. Everyone reacted differently to the debrief; some were reluctant to attend, and for others, it was good for them to share.

Afterward, I stayed at EMS headquarters for most of the morning to continue managing the aftermath and support my team — the rest of the command staff were also supportive. I was personally struggling with my role at that time, because as deputy chief, I felt responsible for ensuring they were all doing well. Later that morning, I went home and got some sleep. For some reason, when I woke up, I didn't feel like I had gotten any

rest. I felt like I had been crying all morning, and I couldn't get the images of the scene out of my head.

■ JH

When did you realize that this was not a “usual” stress response?

■ RC

Probably a month in. While I never resorted to any “bad behaviors” (e.g., substance abuse, eating disorder), I experienced what I call an “emotional heaviness” and I wasn't able to get those thoughts out of my head. I was also troubled by my continued sense of responsibility to staff and making sure they were getting the resources they needed — I knew other colleagues were having trouble. Finally, I realized I had to delegate my involvement with the staff to someone else because I knew I couldn't take care of them and myself at the same time.

■ JH

Did you meet with the psychologist?

■ RC

I did. I've been in EMS since 2001. I started as a volunteer firefighter in my local town — I saw some really bad things, and nothing ever really seemed to bother me. After many traumatic scenes and hot washes, I never understood why some of the more experienced team members said they wanted to go home and hug their kids. But this was a triple load — there was the incident itself, the feelings I was having, and my feelings associated with caring for my staff. For these reasons, I did seek the help of the psychologist from the facility. I knew that not dealing with my feelings could have great consequences if I didn't take care of it.

■ JH

What steps did you take for yourself once you delegated your management responsibilities?

■ RC

I needed to separate myself from the responsibility of managing employees. Validating my own feelings was so important, and the psychologist gave me tools I could take home and use (e.g., practicing meditation, ensuring I was getting enough sleep, eating well, and eating healthy food). It was so helpful for me to understand that while this incident and my reactions will never completely “leave me,” I can deal with it in a constructive way and make it a positive experience instead of a negative one that haunts me. But it's important to remember that nobody can make you do that — they can only give you the tools you need to do it yourself.

■ JH

How much did the incident affect your work and home life?

■ RC

In the ensuing months, I felt numb. At work, we had a second “insult” a few months after the drowning: a large structure fire in Minneapolis that

JOHN HICK COMMENTARY

This incident prompted the Hennepin County Medical Center to restructure its critical incident stress support program to include an early focus on a rapid “CARES” approach (Common understanding, Acknowledge impact, Review strengths/weaknesses for future events, Educate about stress reactions, and Support [psychological first aid, or PFA, and other professional resources]) or “hot wash” to ensure that questions about the event are answered and employees feel empowered to identify improvements that can be applied to future situations. This early discussion does not encourage sharing of feelings. PFA is provided by peers; professional individual and group support begins 48 hours later with identified at-risk employees, and it is followed by supervisors at intervals appropriate to the situation. The supervisor also assesses the employee’s ability to safely work and encourages early return to usual duties when appropriate.

Ross brings up many key and common issues that responders encounter – you never know what specific event is going to be the one that has negative effects on you. And the interaction between a responder’s or healthcare provider’s cumulative stress and the trigger event is critical to acknowledge. When it happens, the earlier you can identify persisting or damaging symptoms, the better. Peer support is critical and needs to be combined with professional support to obtain the tools to help process the event and guide the return to normalcy.

resulted in the death of five children. I responded to this with a medic and a student who had been at the drowning incident with me — this definitely didn’t help us heal. At home, I am fortunate that my wife is in healthcare and understands some of the situations and related feelings, but unless you’ve experienced something like this before, there is no way you can totally understand. There was value in talking to some colleagues who had gone through the pediatric drowning scene, and we still check in with each other via text and visits. This incident bonded us forever.

■ JH

How long after the incident was it before you felt like you were able to go through the day without having intrusive thoughts?

■ RC

Probably months — and then things got better. A few weeks after the incident, I had to listen to the radio recordings as part of a review of the cases for our internal Critical Care Conference, and that was one of the most difficult things I have ever done in my career, besides managing the incident. By spring and summer, things were back to normal. Then the first anniversary hit, and I gave a presentation for a local EMS conference — another challenging milestone. But by making the presentation with my colleagues, we were able to share our perspective with those who weren’t there. We see it as our responsibility to share experiences so other responders can learn from our experience and apply our lessons, should they be faced with a similar situation.

Two years after the incident, I developed and delivered a speech with some of my colleagues who had been on the scene with me. After this particular lecture, it took me two days to get my head back in the right place. It was the first time we had all presented together, and it brought me right back to that day and took my recovery back a few steps. I swore I wouldn’t give the talk again. Since then, I’ve been able to work on that and rehash the lecture. I’m able to handle it with the tools I have and know that it’s making a difference for other responders to hear the struggle I went through, and everything I went through up to this incident that caused it to be the straw that broke the camel’s back.

■ JH

What would you say if someone came up to you and said they were in a similar situation — what were the most helpful things you did to get through?

■ RC

This incident was a big wake-up call. I’d been on really challenging scenes before but never understood the complexities that these incidents can create in the emotions of the responders. I’m now able to speak from a very personal perspective on how these incidents can affect us. Whereas before I’d had a hard time presenting and sharing the experience, I’ve since mind mapped the entire thing and can speak to it from a responder mental health perspective, and explain how it affected me and the community of responders who had experienced several tragedies before and after the drowning. I refreshed the talk, and I’ve given it several times

since. What gives me strength and allows me to give the talk while being emotionally well is — every time — one or two people come up to me afterward and share their experiences and either thank me for normalizing their feelings or thank me for giving them a way to talk to a friend who has been through a similar situation.

One of the most helpful things I think you can do after an incident like this is to find a coworker or peer you are comfortable sharing your deepest, darkest feelings with, and who is equally comfortable sharing at the same level with you — this has to be a two-way conversation. This is especially good if the person you can talk to has the tools, resources, or insight to help you through your own challenges. Also, if things aren't going well, remember it is so OK to get professional help. That is sometimes the most difficult step to take because there is still so much stigma around it. Many feel like they are admitting defeat when they seek help — and it's important to change that perspective. It's important to keep trying — you might have to meet with a few counselors until you find someone you match up with well and who can help you. Finding someone who has been through similar situations and experiences can also be helpful, but it is not totally necessary. In fact, I currently read books on meditation and gratitude and I use the authors' tools — while the authors don't have experience in public safety, the tools they share can be applied to any situation in life.

It's also important to remember that healing is not time sensitive — it's an ongoing process. There's no box that fits every person who goes through an incident. Some may want to talk about it, some may not. Some may want to keep working so that they're around their peers; it may not be the healthiest thing to send someone home, especially if they live alone. There's no one solution to figuring these situations out. They're multifaceted.

I hope that agencies and institutions continue to refine their response guidelines to help responders and health care professionals deal with the aftermath of incidents (of any size or nature). This would include getting rid of the stigma associated with asking for help and emphasizing the importance of sleep and good nutrition, emotional stability, and healthy relationships in our personal and professional lives.

Ross Chávez currently serves as the Referral Source Liaison for Trauma Services at Hennepin County Medical Center. John Hick currently serves as the Lead Editor for ASPR TRACIE and practices at the Hennepin County, Minnesota, Medical Center.

