

THE CLOAK OF INVULNERABILITY: SECONDARY TRAUMA AND THE HELPING PROFESSIONAL

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As a mental health professional, the author has conducted scores of psychological debriefings for emergency workers and others impacted by work related trauma. Many of the reactions he witnessed among the workers could be described as secondary trauma, which occurs as a result of exposure to a traumatic event. It wasn't until he was involved in a debriefing in which the victim was an acquaintance that he experienced symptoms of secondary trauma himself. This narrative examines the process of trauma debriefing and the secondary impact on the debriefer. Case narratives have been modified and names have been changed so that privacy and confidentiality are maintained. This article is dedicated to the emergency workers who put themselves in harm's way when helping others, and to debriefers who witness this trauma through the narratives of emergency workers.



I have been involved in conducting critical incident stress debriefings and trainings on secondary trauma throughout the United States over the past two decades. I was a senior clinician working on the crisis unit of a mental health center on the outskirts of a large metropolitan area on the East Coast of the United States. During my five years in this position I had been responsible, in part, for co-developing a critical incident stress debriefing team. Over the years I had conducted scores of debriefings to groups as varied as firefighters, police officers, school personnel, corrections officers, medical professions, childcare workers. Events precipitating the debriefings included infant deaths, train wrecks, traffic fatalities, suicide by hanging and gunshot and homicide.

Critical incident stress debriefing teams typically consist of mental health professionals and non-mental health professionals who offer these interventions within two to seven days post trauma (Everly & Mitchell, 1999). Debriefing is not psychotherapy but rather an opportunity to process the experiences and put them into perspective. Participation in the group process is voluntary. The process of debriefing is a systematic approach that provides participants immediate emotional support, safety, education about normal stress

reactions, and cognitive reintegration. Cognitive reintegration occurs when feelings, thoughts, memories, and responses in which it is embedded and which elicits these supportive interactions are explored. Providing health education and making appropriate referrals are integral to this stress debriefing (Antai-Otang, 2001; Mitchell & Bray, 1990).

There has been a great deal of research emerging in the literature over the past several years focusing on the use of critical incident stress debriefings as a means of group workers' addressing the stress and trauma associated with experiencing events that are outside the range of typical human experience. What is largely lacking in the literature is the secondary or vicarious impact of this work on helping professionals or, in this case, the debriefers.

This example of a critical incident stress defusing and debriefing conducted by the author is presented as an illustration of the process of critical incident stress debriefings and, more specifically, the secondary trauma that may be experienced by helping professionals.

Defusing

It was Friday afternoon, the end of a long week of responding to calls at the community mental health center. I was on call for the weekend and hoped it would be a quiet one. I didn't know if I had the energy reserves not to get at least one good night's sleep. Anna Louise, a young administrative assistant for the center, stopped me before I reached the front door. The jail was requesting a suicide evaluation. I groaned inwardly. It would be several hours before I would get home now, and I hoped that this would not be a precursor to a long sleepless weekend.

It was several hours later and darkness had fallen before I left the jail. Another call had come in requesting a defusing at a nearby fire department. I was told only that there was a serious traffic accident and that my presence was requested.

I arrived at the station within 15 minutes and spoke briefly with the lieutenant. He summarized that a tractor-trailer had jumped a median strip on a four-lane highway and landed on top of a compact car, trapping a woman and Golden Retriever inside for five hours. The rescue had been drawn out with the car continually bursting in flames. The woman had been conscious throughout the rescue and had been seriously burned. Her husband had been thrown clear.

I entered the main room of the station. Fifteen men, still in their turnouts were seated haphazardly in an approximation of a circle. Several still wore their heavy rubber boots; all wore blue t-shirts with the County logo and dark blue work pants. There was a stench of sweat, burned rubber, and plastic in the air, and other smells I could not identify. Most faces and arms were smudged with soot.

Group members quickly introduced themselves and explained their role in the incident. There were twelve firefighters from four stations and three rescue workers. They ranged in age from 17 to 55. All were male.

The primary purpose of a defusing is to normalize reactions to a traumatic experience and to prevent exacerbation of these reactions. I introduced myself and explained that I had been called to help defuse. Defusings typically last 20-30 minutes and are often a precursor to the more formal debriefing. I indicated that a more formal debriefing had already been scheduled in two days. Though the defusing was brief—35 minutes—it was intense and the imagery vivid, punctuated by the smells of the accident emanating from the men. The focus of the comments from the men were on the frustration of taking five hours to extricate the woman whose condition continually deteriorated each time the car caught on fire, their helplessness over watching her burn alive. Their comments were intense, the imagery poignant and terrifying:

I don't know how Steve kept going back in there. I couldn't have done it. It kept flaming up. Could've blown anytime. Diesel fuel and gas all over the place.

And the smell...It's all around us. I mean it's one thing to smell rubber and gas and plastic, but I've never smelled burning skin and hair like that...Hell you can still smell it on us. Don't know how you kept face to face with her in the car.

This was my first week on call. I don't know if I can do it again. I thought it would be cool and all...my friends want to hear stories about what I do on rescue...they're going to be asking me if I was on this call...I don't know what to tell them...I've never seen anything like this. I carried her to the med flight on the stretcher. She looked... like... melted... her face, I mean, and her

hands...and the smell was horrible. I kept gagging, and now it's like in my throat...the smell...and like I can taste it...

First thing I did when I got here was call my wife. Just wanted to touch base. Make sure she was all right. I knew that she'd probably heard about the accident and knew I was probably there.

Steve sat quietly, numbly, in the back of the circle, his chair slightly away from the group, his body shifting out of the circle, his head down. He remained silent, either lost in his thoughts or too numb to speak.

I spent a half an hour normalizing their reactions to the incident and preparing them for what to expect over the next several days. I was reassuring: some folks would have no symptoms and this was normal; other folks might have a myriad of reactions and this was normal, given the exposure to trauma to which they had been exposed.

I scheduled a full debriefing in two days.

Critical Incident Stress Debriefing

I arrived at the fire station half an hour early as planned. This allowed me time to meet with the firefighter peer debriefer, John, who had not been involved in the incident and was from another station in the County. I also met Jim, the Station commander who had arranged for the debriefing. Of particular concern to him was the paramedic, Steve, who had had the most extensive contact with Anne, the woman trapped in the vehicle. Steve had called in sick twice since the incident and appeared to be having a great deal of difficulty coping with the stress of the call. We finished our briefing with time to spare and took advantage to tour the facility and to be introduced to the firefighters present. I like to conduct debriefings on the territory of the attendees rather than at a mental health facility.

This reduces the mental health expert stigma that can be a problem with debriefings conducted by mental health practitioners for non-mental health professionals.

Introduction

During this phase of the debriefing, the focus is on beginning to build rapport and introducing the facilitators to the attendees and the attendees to one another. In this debriefing all six attendees were from the same two stations and were acquainted with one another.

I introduced myself and offered the standard ground rules for the debriefing. There would be absolute confidentiality for those involved in the process; only those involved in the incident would participate; and this would not be an administrative or procedural debriefing. I asked for other ground rules that participants wanted stated. None were offered.

Facts

Following the introduction, the debriefing began with the group laying out the facts of what had occurred and setting the scene. I asked each participant, in turn, to describe his role in the incident and his perspective of the facts of the event. Starting with the facts allows for safe entry into discussion of the incident and it generally feels less risky initially than discussing feelings and reactions. During this time rapport is built between facilitators and participants.

The group created a clear picture for me. Anne and Paul had been traveling home from the grocery store early Monday evening in their red Honda Civic. They were southbound on Cherokee Parkway, a four-lane heavily traveled highway linking two major sections of the city. Their dog, Sadie, was in the back seat. At approximately 6:15 p.m. a tractor-trailer truck traveling northbound had jumped the median strip of the parkway and hit the Honda head on, coming to rest with the cab

upright and on top of the crushed car. Paul had been thrown clear and was dazed though unharmed; Anne and Sadie were miraculously alive though trapped inside the vehicle, both conscious. The driver of the truck was unharmed.

Initially two and eventually four fire departments responded. The extrication of Anne and Sadie took five hours, during which time the car repeatedly burst into flames. Gas was leaking from the tractor-trailer directly onto the car, and despite their best efforts, the firefighters had an extremely difficult time controlling the fire. John, a paramedic, was the most advanced life-support professional present and spent the whole of the rescue operation climbing into and out of the car, administering sporadic first aid to Anne. Paul refused to leave the scene and watched as firefighters struggled to save his wife and dog. It was rush hour, and traffic was backed up for miles as passersby slowed, craning their necks to see what was going on. The TV media were present as dusk transformed into night.

Anne was eventually extricated and transported to a nearby trauma center. Sadie died two hours into the rescue.

Thoughts

Once the facts are clearly established, each attendee was offered the opportunity to share thoughts that he was having throughout the incident:

When the call first came in from dispatch, I thought it sounded like a routine traffic accident. No fatalities reported. I really didn't think much about it, really. I was thinking mostly about the shift ending and having the weekend off. When I came to the scene I only saw the tractor-trailer and was surprised at how quickly the tow truck had hauled off the other vehicle. Then I saw the car under the

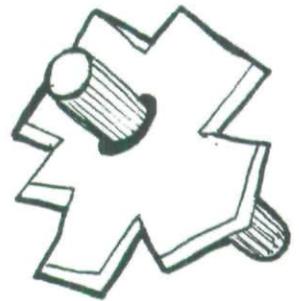
truck, and I thought 'Shit, no way could anyone have lived through that.' I mean it was crushed, really crushed.

What am I going to do here? This looks like a nightmare. I wondered how they would ever get her out of there. Victim's husband was the age of my brother. Wondered how long they had been married. What if she died? She sounds in such pain. Why can't they help her? She can't die in there; she's my sister's age.

It was surreal at the command post, keeping the media hounds at bay. I knew what was happening down there... a woman was being burned alive. I couldn't tell that to them, but they kept after me like they wanted details, something to splash on the 11 o'clock. I kept thinking 'What if that girl was yours? Wouldn't you want some privacy? I mean show some respect...'

I wanted to do something. I had the 'jaws of life' and it seemed like every time we'd get a good bite and would make some progress on opening the car, it would catch on fire again. We were all soaked from the constant hosing. I kept thinking 'stay centered, stay centered, stay f***ing centered.' I mean it seemed as though we spent most of the time just standing around...I wanted to do...get squirrely just standing around...I kept thinking that I was going to see the vehicle explode with Steve in it...I had to stand right there and watch.

I couldn't believe that Steve kept going back in there. I mean the car could have exploded any time...it was on fire most of the time. If you didn't



burn to death, you'd have drowned from all the water being pored on. I kept thinking if only we could haul the truck off the car, stop the fuel from leaking onto the car, but there was no way we were going to move that truck without injuring the occupant.

Steve, who had been silent at the defusing, now spoke up. He had seen his efforts to provide first aid to Anne repeatedly thwarted as the car continued to burst into flames throughout the incident:

I was in there face to face with Anne for most of the five hours. Each time I crawled though the passenger window, I saw her face, heard her screaming at me to help, to get her out. She was begging me to help. I kept seeing my wife, and trying not to think how I would feel if that was my wife. It's the only thing that kept me in there. I knew I didn't want to be in there when it exploded, but I kept seeing her eyes, every time I had to go back in. She was afraid of needles, and I had to poke her...that really sticks out in my head. I wish she'd passed out, so I wouldn't have had to listen to her. She was being burned alive...slowly. I can't get her hair out of my mind. First it was blond, then black with soot, then gone, burned off her head. I remember thinking how bad it stunk in there—burning hair, rubber, fuel, skin, plastic...and the dog...last time I went in all its hair had been scorched off...she was in the back seat...Legs crushed under the roof...I was sure Anne would be next.

Steve had created a very vivid picture of the scene, and in a flash I thought of my own wife at home, visualized her in the car, her

blond hair burning from her scalp, and allowed myself a momentary involuntary shudder. I thought of my own dislike of being closed in and imagined how difficult it would be for me to be trapped inside a small car, much less one that was burning. I wondered if I'd have had the courage to repeatedly return to climb into a car that could explode any moment. I consciously pushed the thoughts and distractions from my mind, intent on focusing on the words of the participants.

Emotions

There is often a natural segue from the thoughts phase of the debriefing to the emotions phase. Typically participants begin to feel increasingly comfortable and validated as they share their thoughts around the incident, and there is a natural tendency to move into the emotions that folks were experiencing. After each participant had the opportunity to clarify his perception of the facts of what had occurred, we moved on to emotions that attendees had at the scene.

The feelings were intense, powerful, and raw. There is a natural ebb and flow to the process and a normalizing of feelings that occurs as group members begin to express and then feel validated by one another for their emotions and their shared experience:

I was so angry. I was at command so I couldn't get in there and help. I knew it was a bad one, but all I could do was deal with the 'rubberneckers', and work at keeping the media hounds off your backs. I wanted to get down there and help. I could hear the screams, feel the heat of the fire, smell the burning, and all I could do was f***ing media control.

I was really mostly afraid for you, Steve. I didn't think he should be risking his neck like that. We go way

back, Steve, and I was terrified that the car would explode with you in it. I respect what you did man, but nobody's life is worth anymore than our own.

...It wasn't so bad at first...you know the adrenaline rush keeps you going. She was trapped but otherwise uninjured...What was tough for me was to watch her over five hours burning to death. She kept pleading with me to help her and there was nothing I could do...nothing I could do...and that dog kept whining and whining . . . and then when I went back in the fifth time it was dead and Anne's hair was gone. I just wanted to get her the hell out of there. I was terrified that I would...watch her burn to death before my eyes...and that the car would explode... I was so pissed that we couldn't just stop the fire – that's all the first aid she needed...I felt completely helpless.

Next to Steve, I probably saw Anne the most. When you're working the 'jaws of life,' you get up close and personal. I was on the passenger side of the vehicle, and could see Steve working the patient. It was like I was there but like watching a movie...a five-hour movie and couldn't leave my seat...I had to stay right at the window, ready to jump in each time the fire was brought under control. I had to watch the whole thing and couldn't do a thing about it...When Steve was in she kept screaming at him to help her; when he was out and the car burning it was my turn. She'd look right at me man. And I had to stay right there and look back. I've done this a long time but this was the longest rescue I've ever

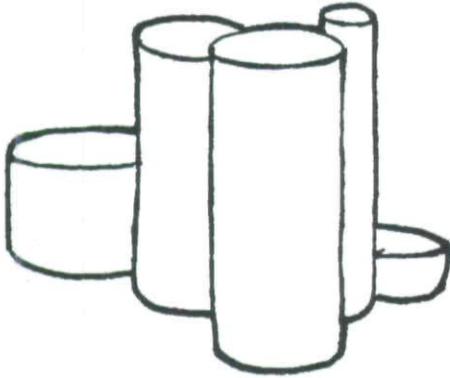
done. I really felt for Steve being in there with her. I wished that she'd just pass out...make her life and our jobs a hell of a lot easier. I watched her burn alive and she watched me watching her...

While I felt centered and focused on the debriefing taking place, I allowed myself moments of time to check in with myself. I felt lost in the sensory images that were being presented to me by the men present and horrified at the trauma that had unfolded at the scene. I felt especially sickened by the slow torturous burning that Anne had experienced and imagined the pain that she must be in at the burn center. I tried not to visualize Steve's experience of watching Anne's gradual transformation over five hours from young, attractive, healthy woman to a woman struggling for life with burns over the majority of her body. It took again a conscious effort to suppress these images and feeling and to maintain focus on the words being spoken around the room. I would reserve my debriefing for later.

Symptoms

The deepest phase of the debriefing is often when attendees begin to discuss their reactions to the incident. By now trust has been established, rapport built, and individuals are gaining validation for their thoughts and feelings associated with the trauma that they have experienced. Moving into the reactions phase of the debriefing is crucial. During this phase, attendees discuss and share the reactions that they have been experiencing since the traumatic incident:

Scared. Nervous. Can't sleep at all. I cried when I got home, and couldn't explain to my mother what was wrong, even though she knew I'd been at the accident. She doesn't want me to do this any longer. Kids



at school just don't understand. I don't want to talk about it with them. They think it was cool that I was there and just want to know what it looked like. I can't explain it to them. It was awful. I keep thinking about dying and how short life really is. You can be minding your own business and suddenly, no fault of your own, you're dead. What control do we really have over anything? I feel nervous about my next shift. I don't know if I can go through this again. I've called in sick to my next volunteer shift.

I keep hearing the crackle of the car on fire, and keep hearing her screaming. The stretch of highway is on my police route, and I haven't been back there since it happened. I called my wife as soon as I got away from the scene. I just wanted to hear her voice, and to make sure my daughter, Katy, was all right. Keep seeing the flashing lights, mixed with the orange glow of the fire and the sunset.

I feel that I am doing all right, in general, with this call. I did take my dog for an extra long walk when I got home, and let him run free in the park, which I don't usually do. Let him sleep on the bed, too. The call reminds me of a call that happened on October 4 years ago, when a family was run over by a truck driver that fell asleep at the wheel. They all died instantly, but it took several hours to extricate the bodies. I haven't thought of that call in years. Don't know why I bring it up now.

Since the accident I keep smelling burning hair. I can't get sound of her screams out of my head. Keep seeing melted steering wheel. When I close my eyes, see her melting skin and blackened face. Not sleeping. Talking to my wife isn't helping much. Victim is same age as my daughter. She's getting married next summer. I called her as soon as I got off call. Can't go back to work. Feel like I'm losing it. Am I going crazy?

I suppressed an involuntary shudder as Steve spoke. The imagery was so vivid and clear. It was difficult to listen to, yet at the same time I found myself transfixed by his words...by the events unfolding. I wondered in passing what I would be experiencing had I witnessed the ordeal these men had.

Normalization/Education

As attendees discuss their own reactions to the incident, there is a natural tendency to process how individuals have coped with their reactions. This educational phase of the debriefing, is critical in normalizing the reactions that individuals are (or are not) experiencing and helping to identify helpful and effective coping strategies. I emphasized that the reactions that individuals are experiencing are normal reactions to abnormal experiences. It is not unusual for individuals to feel as if they are going 'crazy,' and there is often a great deal of fear associated with some of the reactions, particularly flashbacks, intrusive thoughts, and hallucinations:

I came back to the station and worked out for three hours on the weights. That's how I cope. The more stressed I am, the longer I work out. I keep going until that adrenaline rush is gone.

Steve and I got wasted. I must have had a couple of six packs myself. Just wanted to block it all out. Sometimes I talk with my wife, but she doesn't really understand and I don't want to upset her with the details. It's a lot easier to shoot the shit with these guys who know what it's all about...who can relate.

I just want to be let alone. Don't want to talk to anyone, even my family. I just need space and time. Sometimes I'll just get in the canoe and paddle on the lake. Just get out to nature. Empty my mind.

I play with my children.

I emphasized that reactions may continue for days, weeks and months, and that this is normal. If the reactions continue to interfere with psychosocial functioning I suggest further debriefing or speaking with a mental health professional.

Disengagement/Re-entry

Similar to the segue from the thoughts phase to the emotions phase, there is a natural segue from the education portion of the debriefing to what Mitchell and Everly (2000) call re-entry. It is not unusual for attendees to initiate some light humor and bantering as they bring closure to the formal debriefing. I let participants know that follow-up debriefings are available and that mental health services are available as well. At this point I handed out pocket size index cards with referral information. I remained available following the debriefing for 15-20 minutes as needed for individual follow up and consultation.

Secondary Trauma

The remainder of the weekend was fairly quiet, and I took advantage of the time to decompress from the debriefing. It had been

an intense several hours. When Monday rolled around, I felt ready to return to work and start a new week. On walking into the MHC Center, I knew immediately that something was terribly wrong. Amy, the receptionist at the front desk, looked extremely distraught. Her eyes were red and puffy. The seat to her left, where her assistant usually sat, was empty.

I approached quickly, my voice filled with concern. "Amy, what's the matter?"

"You didn't hear?" she asked, surprise in her voice. "About the accident? It was all over the news."

My pulse quickened and I sat down in the chair usually reserved for clients checking in for their appointment.

"It was a long weekend. I've been on call and haven't kept up with the news," I replied. "What happened?"

She glanced at the empty seat beside her. "Anna Louise has been in an accident . . . a tractor-trailer...she's at Riverton Trauma center on the burn unit."

My head reeled. The images from the debriefing came flooding back to me, the smell of flesh and hair burning, the screams, the face slowly being burned beyond recognition. Anne in the accident had been Anna Louise our administrative assistant. Blond haired, blue-eyed Anne. Anna Louise, whose wedding I had attended only a few months ago and whose youthful energy reminded me so much of my own wife.

I spent the morning shift shocked and numb. I could not get the image of her face out of my mind.

Over the next several weeks I found myself preoccupied with the crash. I was tormented by the images that I had witnessed vicariously through the debriefing. Normally I could let go of these fairly quickly, but this was different; this had been someone that I knew. I realize now that what I was experiencing during the several months following Anna Louise's accident was

secondary trauma. I had several classic signs of secondary trauma. I found myself re-experiencing my perception of the event through nightmares and intrusive thoughts and images. My sleep pattern became disturbed, and I found myself sleeping less and less as nightmares and racing thoughts woke me halfway through the night. My concentration decreased at work and I became increasingly forgetful. I found myself avoiding the stretch of highway on which the accident had occurred and taking a longer route home. I also found that I was anxious about conducting another debriefing and fearful that it would again prove to be somebody I knew. In the past I was able to hold disturbing imagery in my head and heart because I did not know the person involved. Now my cloak of invulnerability had been stripped off of me and along with it my ability to distance myself from the event.

Lessons Learned

Figley (1995) writes extensively on the vulnerability of professionals to compassion stress. Compassion stress, which Figley (1995) uses interchangeably with secondary traumatic stress (STS), evolved out of the conceptualization of emotional contagion provided as an affective process in which individuals experience emotional responses parallel to an observed person's actual or anticipated emotions (Miller, Stiff, & Ellis, 1988). Figley (1993) builds on this conceptualization in his work on STS, which he defines as the natural consequent behaviors and emotions resulting from knowing about a traumatic event.

I had experienced compassion fatigue as a result of secondary exposure to an extremely traumatic event. Especially important and unique in this experience for me was the *meaning* that I attached to the event and the unexpected shedding of my cloak of invulnerability that occurred when I realized that I was acquainted with the victim in the

accident. As long as I was able to separate what I witnessed in debriefings from the rest of my life, I was able to hear incredibly powerful and intense narratives. It wasn't until this illusion of invulnerability was pierced that I found myself taking advantage of clinical supervision to debrief this event. Having witnessed the incident vicariously through the vivid and prolonged narratives of the firefighters, I felt as though I had been through it myself.

I do not know what happened to Anna Louise and the traumatic symptoms she experienced as a result of her prolonged entrapment in a burning vehicle and her severe burns. She was released from the hospital after six months of painful skin grafts and treatment for third-degree burns over 50 percent of her body. Anna Louise did not return to the mental health center, and she and her husband divorced within a year of the accident. She lives with severe and permanent facial disfigurement and continues to live and work in the community. It is widely accepted that individuals who experience or are exposed to a traumatic event will experience some degree of stress response (Shalev, 1996). Harvey & Bryant (1998) examined acute stress among survivors of automobile accidents. They found that trauma survivors who experience acute stress reactions are vulnerable to enduring debilitation; left untreated, 78 percent met the criteria for PTSD six months later. In a follow-up study, 42-63 percent of these survivors continued experiencing full symptoms of PTSD two years post accident (Harvey & Bryant, 1999).

Coda

I conducted three more unrelated debriefings in the same two stations over the next eighteen months. During these debriefings I had the opportunity to check in with participants. There were no lasting symptoms of trauma, except for Steve, who left the fire

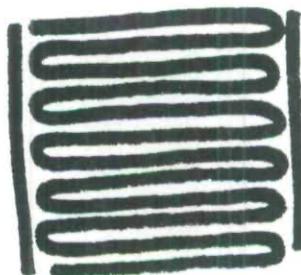
department within six months. He received permanent disability for PTSD as a result of his experience with this incident.

I eventually got back to conducting debriefings, though I am especially careful to have my own debriefing following my witnessing an event through narrative re-telling. I am also all the more compassionate as I realize that the victims and survivors in the stories told could all too well be a loved one or acquaintance. I still hold onto the images that I witnessed from the telling and re-telling of Anna Louise's traumatic accident, but they don't visit me as often in the middle of the night.

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