



# Trauma Through the Lens of a First Responder

NORTH CAROLINA ASSOCIATION  
FOR MARRIAGE AND FAMILY  
THERAPY CONFERENCE

MARCH 2026

About me:  
Not your average therapist  
*(Lifelong student of trauma)*

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N.C. Law Enforcement Assistance Program (NCLEAP)

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# DISCLAIMER

- ▶ The thoughts in this presentation are from my own personal experiences as a first responder, peer and clinician.
- ▶ My sincere apologies in advance for any offensive language, "if you are offended"
- ▶ Some of the material and experiences I will share may be extremely disturbing
- ▶ If you need to step out, feel free and find me after if you would like to talk about the material one-on-one.
- ▶ Please throw your hand up if I use an acronym you don't understand (SWAT = SEU= SRU)



# Why do we need you & Thank you for what you do!

- ▶ Critical need for mental health clinicians in every community to be ready, fully prepared and equipped to provide our first responders with excellent, immediate and ongoing care to build resilience, heal past traumas, provide relevant psychoeducation to ensure a quality of life and healthy relationships.
- ▶ 900,000 sworn police officers across federal, state, tribal, county, and local agencies. More than 800 trauma calls in a 25-30 career.
- ▶ 1,200,000 total firefighters (includes career, volunteer, part-time, and paid-per-call)
- ▶ 250,000 (BLS occupational count) up to 1,000,000+ EMS professionals nationwide
- ▶ 65,611 911 emergency dispatchers

# The way we think about our trauma matters

## Goals:

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Identify cultural barriers that prevent first responders from seeking therapy or... staying in therapy

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Exploring Trauma, its impact on the brain and body- raise to the client's awareness and normalize their experience

(Psychoeducation is so important!)

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Evaluate the role of numbing behaviors in coping, including benefits and risks

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Challenge their attitude about trauma- Negative beliefs ~ "I am affected, not broken" ~ EMDR Lens

Learn  
from Yesterday

Live  
for Today

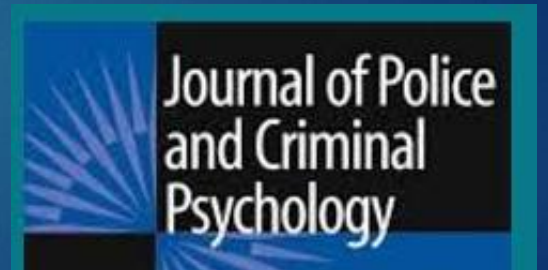
Hope  
for Tomorrow

Are you paying attention to the signs?

# And the survey says.....

What are the barriers for Law Enforcement Officers' Barriers to Seeking Mental Health Services?

- Lack of Education & Awareness related to symptomology of trauma
  - \*\*\*\*"I did not recognize the symptoms"
- Perception of Services
  - Confidentiality
- Mistrust therapist or doctor because they don't understand the culture
- Stigma from fellow officers
  - "Worried about what my co-workers, friends or family would think"
  - Stigma – "weak, broken, defective" (Negative Beliefs)
  - Masculine Culture about accepting mental health services
  - Peer influence ~ not impacting others (Poulin)



Law Enforcement Officers' Barriers to Seeking Mental Health Services: a Scoping Review  
April 2021; Journal of Police and Criminal Psychology 36(3):1-9

Fraternal Order of Police Survey 10,000 Law Enforcement Officers ~2020 Officer Wellness Conference

# Journal of Police and Criminal Psychology

- ▶ The imbalance between the profession's demands at any particular time & their capacity to handle their ability to respond to routinely high-risk challenges (Gupta, Upadhyay, Malik, 2023).
- ▶ Officers may feel additional stressors if they believe their superiors or leader does not support them (Gupta, Upadhyay, Malik, 2023; Sutherland and Cooper, 2000).
  - ▶ NCLEAP
- ▶ Evidence shows there is a shift in the barriers to accessing mental healthcare services, which seem largely from resources and knowledge of accessing resources.
- ▶ Shortage of personnel, shift changes often and without warning (Poulin)

- “More than 80% of first responders will experience symptoms of a mental health-related issue or condition during their careers (Kennedy-Hansen, 2020). First responders include federal, state, and local emergency public safety, fire, law enforcement, emergency response, and emergency medical responders, such as emergency medical technicians (EMTs) and paramedics (Domestic Security, 2010)”.
- The unique occupational conditions of first responder professions (e.g., long hours, shift changes) and their extensive exposure to trauma heighten the likelihood of individuals developing mental illnesses such as depression and Post-Traumatic Stress Disorder (PTSD) (Ballenger et al., 2010; Bell & Eski, 2016; Heyman, Dill, & Douglas, 2018).



# What is Critical Incident Trauma?

- Any situation where one feels overwhelmed by their sense of vulnerability and/or lack of control over the situation. (Roger Solomon, PhD)
- A critical incident is any event which has a stressful impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group. (Everly & Mitchell)
- Sudden and without warning - Overwhelmed their current level of resilience and coping system, vulnerability, and lack of control, (Poulin)

## THE MESSAGE:

- There is a wisdom about trauma where we become disconnected from ourselves because it is unbearable to stay connected (required to numb to do the job)
- The disconnection causes all kinds of problems-comes along as an adaptive mechanism (Gabor Mate')

# Psychological Trauma

Perceived as inescapable  
(I cannot unplug from it)

Faced with actual or threatened death or serious injury to yourself or others (Dr. T. Rando)

Or perceived as a threat to death or serious injury



This trumps your (judgement card) about whether you think someone is in crisis...

Trauma is not a competition

A crisis is always real to the individual experiencing it!

Real or perceived!

MACHO mindset -Second guessing, shooting our own, judging me or other people's stories or experiences





Intake: Trauma History & Critical Incidents –work & personal

Element of  
Danger

Life-threatening  
Shootings,  
injuries  
sustained on  
duty

Colleagues'  
death or injury

Death & Distressing  
Crimes

Death notifications

Family  
physical or sexual  
abuse

Suicides

Homicides

Child involvement

Tragic  
Accidents

Over half of the  
policing community  
descriptions involved  
either tragic  
accidents, deaths or  
distressing crimes  
and four of the five  
most frequently  
described Critical  
incidents were  
accidents

Trauma has its fingerprints  
all over our first responders!

Critical Incidents in Police Work  
Moller et al, May 2023

# Let's set the stage = The Invisible JOB REQUIREMENT... Helpful and hurtful

- ▶ To do the job, it is necessary for you to numb (ignore) out your emotions!

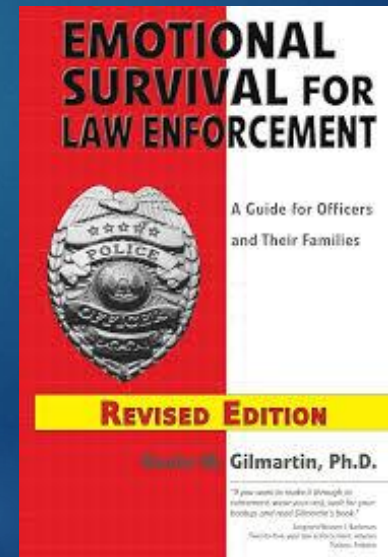
\*\* *Alexithymia* is the **difficulty in identifying, describing, or expressing one's own emotions.** Individuals with alexithymia may struggle to distinguish between emotional and physical sensations, have limited emotional vocabulary and find it challenging to communicate feelings or recognize emotions in others.



Invisible Scars

Unpacking What We Know About Stress, Trauma and Burnout in a "Forgotten Population"

Suffering



# How Numbing Behaviors Help (Short-Term & Adaptive)

- **Emergency Functioning:** It allows first responders to stay "on autopilot," remaining calm and professional while managing chaotic, fatal, or violent scenes.
- **Trauma Mitigation:** It acts as a shield against overwhelming emotions, helping to suppress immediate feelings of horror or sadness that could hinder job performance. (Learned from peers-Field Training Officer -FTO)
- **Resilience and Focus:** It is an adaptive, "in-the-moment" response that enables the continuation of duties without being emotionally paralyzed by the trauma.

# How Numbing Behaviors Hurt (Long-Term & Maladaptive)

- **Mental Health Issues:** Chronic suppression of emotions leads to higher risks of depression, anxiety, PTSD, and burnout.
- **Loss of Connection:** It can make individuals feel "flat, empty" or "cold," leading to disconnection from loved ones and a diminished ability to experience joy or empathy. (WOT closes - impacts relationships)
- **Maladaptive Coping:** To maintain this numb state, first responders may turn to unhealthy, addictive, or compulsive behaviors—such as substance abuse or gambling—to avoid feeling pain.
- **Unresolved Trauma:** The, "bottled-up" emotions do not disappear, often manifesting later as sudden outbursts, rage, or physical symptoms like chronic pain. (irritability, anger)
- **Cultural Reinforcement:** A "code of silence" or culture of toughness often prevents seeking help, allowing these negative behaviors to become deeply entrenched.



# Cultural Barriers: Mindset

Trained/required ego  
vs Stigma vs Ego

The  
uniform

It will never happen to  
me or where we live!

But when it does...it is  
sudden



Virginia  
Tech.



Line of Duty  
Death



# Four Core Beliefs that may change after Trauma (Epstein 1993)

“Psychological distress is largely due to the shattering of basic assumptions held about self, others, and the world.



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The World Is Safe and Benign-  
personal invulnerability (LODD)

---

The World Is meaningful (loss of  
meaning and purpose)

---

I Am Worthy-view self as positive  
(NC: I don't matter)

---

People Are Trustworthy & the world  
is orderly (Organizational Betrayal)

“We are never prepared for what we expect”  
~James Michener

Result: Shattering of our Perceptions and worldview

A mindset to save ourselves as much as we want to save others.

Work related or Personal



# First responders experience trauma in ways that differ fundamentally from the general public:

- ▶ Repeated exposure to trauma:  
Unlike civilians who may experience a few traumatic events in their lifetime, first responders witness death, violence, accidents, and human suffering regularly.
- ▶ Cumulative stress and “critical incidents”:  
It’s not just single traumatic events that take a toll—it’s the accumulation of stress from many smaller incidents over time.
- ▶ Moral injury:  
First responders often face situations where there is no “right” answer, leading to guilt, shame, or inner conflict (e.g., being unable to save a life despite heroic efforts).
- ▶ Cultural barriers to seeking help:  
The “tough it out” culture prevalent among emergency personnel can discourage vulnerability, making it harder for first responders to seek traditional therapy.
- ▶ Organizational Betrayal: It feels like the organization or their supervisors don’t have their back. (real or perceived)
- ▶ Impact on personal relationships:  
Emotional suppression, shift work, and occupational stress spill over into home life, straining marriages, parenting, and friendships, affairs.
- ▶ A first responder’s experience of trauma isn’t just occasional; it’s woven into the fabric of their work. That’s why specialized therapy models are critical—not optional.
- ▶ High Cognitive Load and Multitasking – cognitive strain contributes to mental fatigue and decreased emotional bandwidth outside of work.
- ▶ High Stakes, split-second decision-making: must remain calm while making life-or-death decisions and helping others deescalate. Mistakes or perceived mistakes can trigger guilt, shame and moral injury.
- ▶ Over time - Hypervigilance that occurs from just going to work.

# What impacts my wellness?

## Self-Care

Self-care is the practice of taking care of your physical, mental, and emotional health. It involves making choices that promote your well-being and reduce stress. (we are a task-oriented society)

## Resilience

Adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. It means bouncing back from difficult experiences – APA, 2018 It is not grin & bear it! It is not avoiding trauma or resisting change “(toxic positivity”) Highly Relational!

## Stress

Normal reaction to everyday pressures but can become unhealthy when it upsets your day-to-day functioning. Changes affecting every system of the body, influencing how people feel and behave.

## Trauma

Trauma actually means wound. An internal and external response to a terrible event like an accident, crime, natural disaster.

Acute: Accidents, Natural Disasters, Traumatic Loss/Grief

# Types of Trauma events

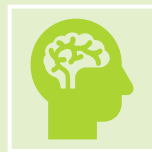
Chronic: what happened to you.

- ▶ Things people do - physical abuse/assault, sexual abuse/assault,
- ▶ Emotional/psychological/ verbal abuse, bullying, HIGH ACEs
- ▶ Things people don't do -physical/medical/emotional neglect, caregiver w/ substance abuse/addiction, caregiver w/ mental illness, parental separation of any kind, divorce, death, deployment, incarceration
- ▶ Witnessed events: domestic/neighborhood/school/community violence
- ▶ Homelessness & Poverty
- ▶ Discrimination (bias, race, ethnicity, gender, sexual orientation, disability, class)





# Our Mental Health is our own Responsibility ~ “even in my suffering”



How am I showing up at home/work

Am I aware of how I am impacting others?  
Can I deescalate myself



What's resilience got to do with it

Is what I am doing hurtful or helpful?



Our past is showing up in the present

Vicarious Trauma

- ▶ Being aware is essential for taking action to move toward a wellness.
- ▶ Although we can not predict trauma, it's important to understand our own reactions and tendencies so that we can minimize the impact of stressful and traumatic experiences and be more resilient.

The formula is simple!



Me on the job “the way I see myself” (baseline) + my traumatic experiences or traumatic losses = A shift



The job +:	Symptoms:
<ul style="list-style-type: none"><li>• Use of force</li><li>• Internal Affairs investigations</li><li>• Poor leadership</li><li>• Changing shifts</li><li>• Shift vs. family activities</li><li>• Negative peer influence</li><li>• Everything to everyone</li><li>• Negative attitude</li></ul>	<ul style="list-style-type: none"><li>• Boredom</li><li>• Fatigue</li><li>• Anxiety, Depression</li><li>• Numbing behaviors</li><li>• Anger</li><li>• <u>Irritability</u></li><li>• <u>Withdrawal</u></li><li>• Heightened state of arousal</li></ul>

*I feel broken, what is wrong with me, something is different*

# Negative Cognitions – The negative beliefs about self

- ▶ “when negative reactions and behaviors in the present can be tracked directly back to earlier memory, we define those memories as “unprocessed” – meaning they are stored in the brain in a way that still holds emotions, physical sensations and beliefs that were experienced earlier in life.” *Getting past your Past, Shapiro 2012*
- ▶ As we now know, “the body keeps the score” and those early moments and self-beliefs can become associated with harmful experiences through our somatic, emotional, and cognitive responses (*van der Kolk, 2014; Shapiro, 2018*).
- ▶ Trauma is like a set of glasses- LODD-near death experiences “I am going to die/vulnerable”, , children “my kids/family are vulnerable”, Organizational betrayal “I don’t matter”

~Marshall (2025)

We start to see  
themselves differently

*Yep, Amayrani is known by her  
peers as a*  
**“SHIT MAGNET.”**

***DEFINITION:***

*An emergency responder who takes an inordinate number of the most  
distressing calls, such as infant CPR, those involving child deaths, house  
fires, and tragedies involving the elderly, and when dispatching on the radio,  
e.g., officer-involved shootings.\**

EMDRIA offers a  
specialized  
online course,  
"EMDR-Informed  
Care for 911  
Professionals,"

It's not What's wrong with you?  
It's What happened to you!  
& What did you do to survive?

(GIL, 2013) (VICARIO, 2014) (PERRY, 2021)

The Past is in the Present: emotions, somatic, negative belief about self.

Normalize symptoms



**The expectation that we can be immersed in suffering and loss daily and not be touched by it is as realistic as expecting to be able to walk through water and not get wet.”**

# The invisible job requirement: Numb out my emotions

## Sign & Symptoms of Emotional Numbness



Disconnecting from Loved Ones



Discomfort with Other's Emotions



Unaffected by Emotional Events



Pessimism About the Future



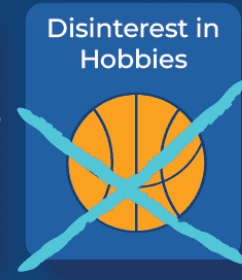
Inability to Laugh or Cry



Disinterest in Romance



Struggles with Expression



Disinterest in Hobbies



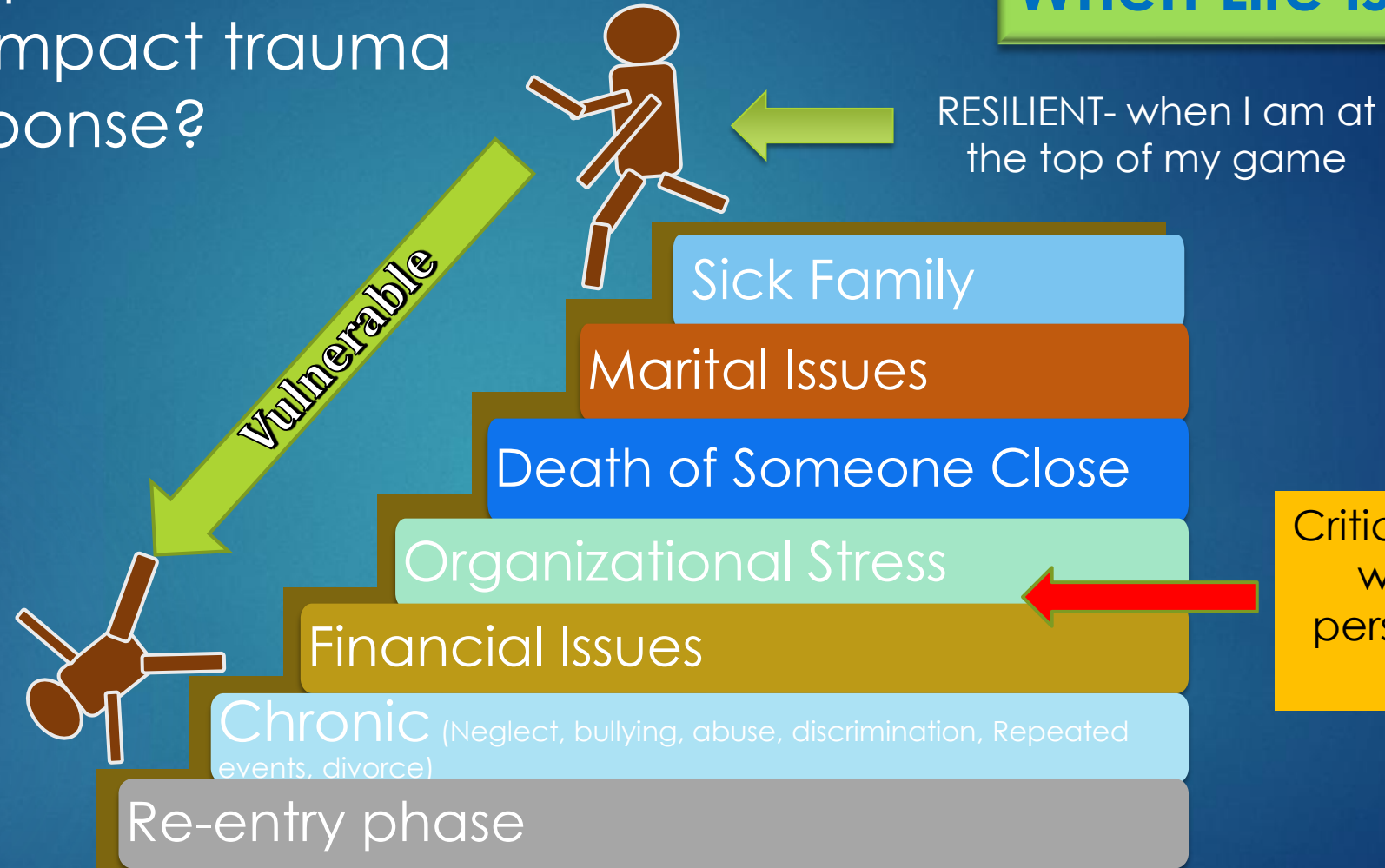
Feeling Flat or Empty Inside



Critical Incident Stress is normal after trauma- it becomes dangerous when it is not resolved

What can impact resilience?  
What can impact trauma response?

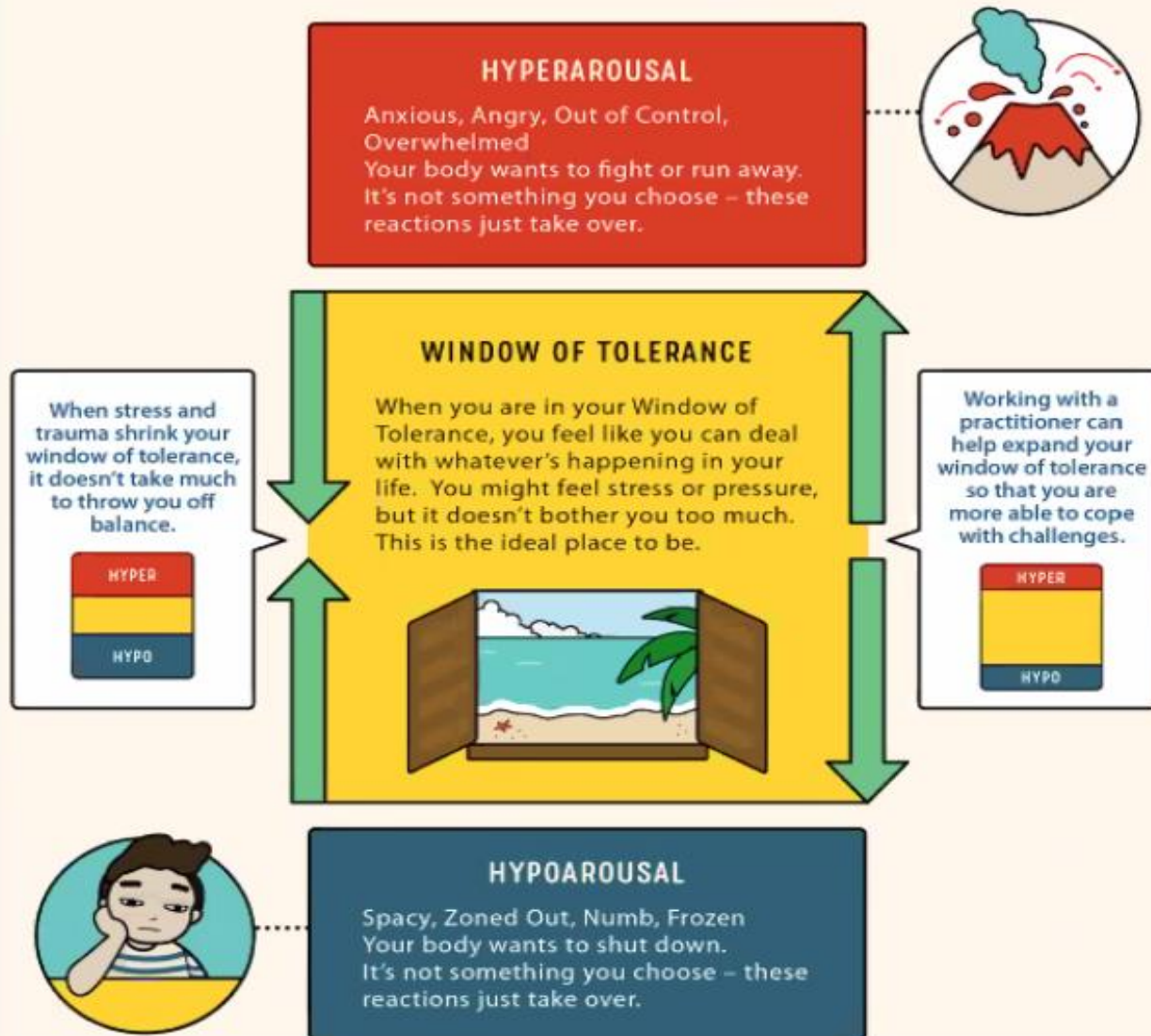
**When Life is Good**



Critical Incident at work, a call, personal trauma (ACUTE)

**When Life Sucks**

# How Trauma Can Affect Your Window Of Tolerance



## Window of Tolerance/Presence

- Panic
- Feeling overwhelmed
- Hard to think clearly
- Emotional reactivity
- Hyper-vigilance
- Intrusive imagery
- Faster speech
- Constriction and Bracing
- Tension and rapid breathing
- Increased response to sensation; startle
- Increased heart rate

**Hyper-Arousal**

“Faux WoT”

Window of Presence

Optimal Arousal Zone to fully engage

Workable range of resiliency

“Faux WoT”

**Hypo-Arousal**

- Decreased heart rate
- Senses diminished
- Lessening of awareness of sensations
- Numbing of emotions
- Difficult to focus or think clearly
- Reduced physical movement
- Difficulty tracking conversation in the moment
- Poor contact
- Disengagement from self and others
- Feeling spacey

# Coping (Resources) v. Regulation

- ▶ Coping strategies are used once dysregulation has been reached: Coping is reactive.
- ▶ Good Coping strategies help us return to our window of tolerance
- ▶ Self-regulation strategies are proactively used to maintain a healthy state of regulation within our window of tolerance
  - ▶ A must in de-escalation with the public
- ▶ Need both
- ▶ Personal accountability to do something about the symptom
- ▶ Trauma & repetitive stress without release, changes our biology, our chemistry, our bodies, our minds, our brains and our nervous system ~ Paul Canali

# How to open window of tolerance

- ▶ Clinician prove it during session, demonstrate, participate-resources
- ▶ Praise – you did that – mark reduction in anxiety (body sensation)
- ▶ Belly breathing
- ▶ Calm place (peaceful place)
- ▶ Container
- ▶ Light stream
- ▶ Spiraling
- ▶ Breathwork with color
- ▶ Shield

12 minutes a day  
mindfulness & breathwork  
for 6-8 weeks proactively  
when you don't need it.

# Neuroscience

Trauma & your Brain

Freeze, Fight, Flight, Submit

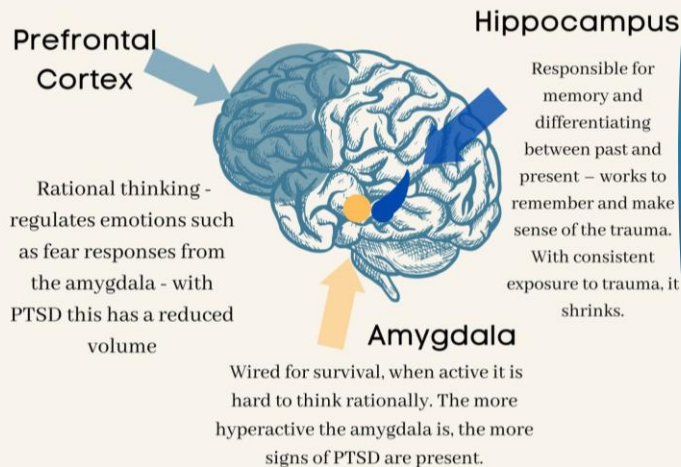
## Meet the Limbic System



Outside of  
Conscious  
control

- ✓ Cognitive dumbing down
- ✓ Emotion, motivation, memory
- ✓ Hippocampus - memory, learning, tracks time-goes dark
- ✓ Threat detection
- ✓ Amygdala - "alarm bell", reacts to emotionally charged/negative stimuli
- ✓ Hypothalamus - regulates hunger and sex drive, makes oxytocin
- ✓ Thalamus - relay station for sensory input
- ✓ Self regulation is going to be important through out the shift – breathwork; mindfulness.....officer example

### HOW TRAUMA AFFECTS THE BRAIN



# Each part contributes a conflicting defensive strategy

~ Jaina Fisher

"I can't afford to feel Overwhelmed. I must function to do my job!"

Left Brain  
"Going on with Normal Life" Part

Right Brain  
"Emotional" Part of personality

Fight Part

Fight protects with anger, aggression, hypervigilance, mistrust, resistance, self-harm and suicidality

Flight Part

Flight comes to the rescue by using addictive behavior to get quick relief, to "turn off the body, relationships hard

Freeze Part

Freeze part evokes fear and alarm to warn of danger, sends signals to all other parts

Submit Part

"shit-magnet" Shame, self-loathing, and passivity which feeds helplessness, hopelessness

Cry for Help

Sad, vulnerable and desperate to elicit protection and connection

We don't survive trauma as a result of conscious decision-making. At the moment of life threat, humans automatically rely upon survival instincts. Our five senses pick up the signs of imminent danger, causing the brain to turn on the adrenaline stress response system.

~ Fisher

## Traumatic Memory

Q: Why are trauma memories stored differently?

A: Because the part of the brain responsible for narrative memory (hippocampus) goes dark once the system recognizes danger or life threat

Q: What does get stored? A: Sensory Information



SEEING



HEARING



SMELL



TASTE



TOUCH

High jacking the mind and body

When triggers evoke traumatic activation, the prefrontal cortex shuts down, allowing parts to take over the body. A loud sound might trigger freeze, flight . ~ J. Fisher

~Libby Murdoch

Disconnection between symptoms and traumatic incident, especially delayed symptoms such as panic attacks.....



Triggers

# Oh Snap!



The Phases of Critical Incident  
Trauma  
(Adapted from Roger Solomon,  
PhD.)

# The accumulation impact

“I was driving home when my  
sister-in-law called to tell me my  
brother was killed in an accident”

## The Situation Explodes

### A. Characteristics of a Critical Incident

1. Sudden and unexpected
2. Disrupts one's sense of control
3. Disrupts beliefs concerning how  
the world works
4. Perception of life-damaging event  
(me before the incident and me now)

### B. Perceptual and Sensory Distortions

Critical Incident Stress is the cognitive,  
physical, and emotional state of  
arousal that is part of the crisis response

Some common reactions after a Traumatic Event or accumulation of multiple incidents

- Reactions may be experienced as:
  - 1. Physical
  - 2. Cognitive
  - 3. Emotional
  - 4. Relational
  - 5. Behavioral
  - 6. Spiritual



Symptoms can be immediate or delayed!!!!

Resilience and Adversity

Your body & mind is your personal early warning system – immediate or delayed

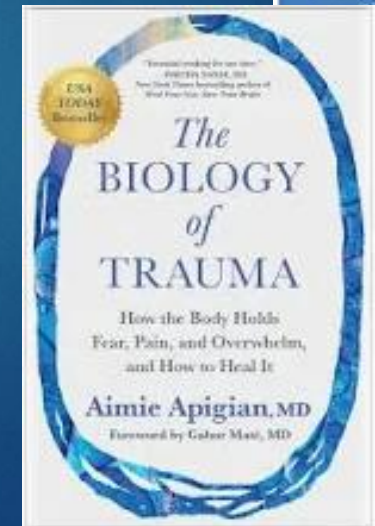
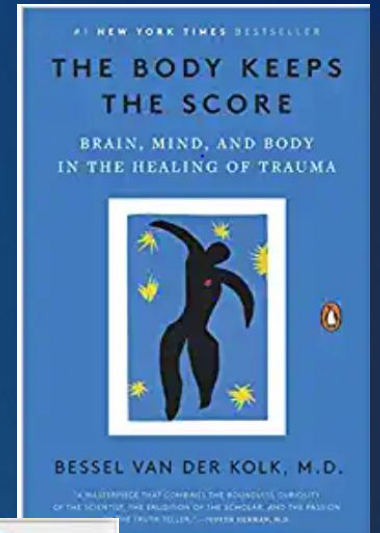
# Raising self-awareness

Physical	Cognitive	Emotional	Relational	Behavioral	Spiritual
<ul style="list-style-type: none"> <li>▪ <b>Flight, Fight or Freeze</b></li> <li>▪ <b>Shock, numbness</b></li> <li>▪ <b>Nausea</b></li> <li>▪ <b>Exhaustion</b></li> <li>▪ <b>Muscle tremors, shakes or aches</b></li> <li>▪ <b>Twitches</b></li> <li>▪ <b>Chest pain</b></li> <li>▪ <b>Fast pulse</b></li> <li>▪ <b>Rapid heart rate</b></li> <li>▪ <b>Headaches</b></li> <li>▪ <b>Weakness, fatigue</b></li> <li>▪ <b>Dizziness</b></li> <li>▪ <b>Sweating</b></li> <li>▪ <b>Elevated blood pressure</b></li> <li>▪ <b>Chills</b></li> <li>▪ <b>Trouble sleeping</b></li> <li>▪ <b>Excessive sleeping</b></li> <li>▪ <b>Diarrhea</b></li> <li>▪ <b>Indigestion</b></li> <li>▪ <b>Non-specific body complaints</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Blaming</li> <li>▪ Confusion</li> <li>▪ Poor attention</li> <li>▪ Poor decisions</li> <li>▪ Hard to concentrate</li> <li>▪ Memory problems</li> <li>▪ Hyper-vigilant</li> <li>▪ Nightmares</li> <li>▪ Intrusive images</li> <li>▪ Poor problem solving</li> <li>▪ Difficulty calculating</li> <li>▪ Difficulty identifying objects or people</li> <li>▪ Difficulty remembering details</li> <li>▪ Time distortion</li> <li>▪ Auditory distortion</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anxiety</li> <li>▪ Crying</li> <li>▪ Guilt</li> <li>▪ Survivor guilt</li> <li>▪ Numbing</li> <li>▪ Grief</li> <li>▪ Disbelief</li> <li>▪ Denial</li> <li>▪ Panic</li> <li>▪ Startle response</li> <li>▪ Emotional shock</li> <li>▪ Uncertainty</li> <li>▪ Depression-like symptoms</li> <li>▪ Apprehension</li> <li>▪ Irritability</li> <li>▪ Agitation</li> <li>▪ Anger</li> <li>▪ Outbursts</li> <li>▪ Loss of emotional control</li> <li>▪ Euphoria</li> <li>▪ Obsessiveness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Withdrawal from family, coworkers, colleagues</li> <li>▪ Withdrawal from organizations or other affiliations</li> <li>▪ Isolation</li> <li>▪ Stigma, racism, sexism, media response</li> <li>▪ Secondary injuries from friends, family, social &amp; professional affiliations contribute to additional stress</li> <li>▪ Unemployment or under-employment</li> <li>▪ Discontinued educational pursuits</li> <li>▪ Lack of community or political involvement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Loss of motivation</li> <li>▪ Change in speech</li> <li>▪ Withdrawal</li> <li>▪ Emotional outbursts</li> <li>▪ Accident prone</li> <li>▪ Potential for violence</li> <li>▪ Suspiciousness</li> <li>▪ Loss/increase of appetite</li> <li>▪ Startle reaction</li> <li>▪ Alcohol/drug consumption</li> <li>▪ Inability to rest</li> <li>▪ Pacing</li> <li>▪ Change in sexual function or sex drive</li> <li>▪ Crying</li> <li>▪ Recklessness</li> <li>▪ Hyper-alert to environment</li> <li>▪ Ritualistic behavior</li> <li>▪ Criminal behavior</li> <li>▪ Excessive spending</li> </ul>	<ul style="list-style-type: none"> <li>▪ Redefining moral values</li> <li>▪ Questions about faith</li> <li>▪ Run to or from God</li> <li>▪ Anger at God</li> <li>▪ Vulnerability and mortality</li> <li>▪ Withdraw from faith and religion</li> <li>▪ Concern about hereafter</li> <li>▪ Questions about good and evil</li> <li>▪ Questioning God</li> <li>▪ Promising, bargaining &amp; challenging God during times of duress or trauma</li> <li>▪ Searching for meaning and hope</li> <li>▪ Concern about vengeance, justice and forgiveness</li> <li>▪ Spiritual "awakening"</li> </ul>

Crisis, Trauma, Stress, Accumulation of Vicarious Trauma

# Physical- Biologically based, non-conscious action patterns that prepare them to meet the threat

- ▶ Fight, flight, freeze
- ▶ Shock and numbness
- ▶ Nausea, Heartburn
- ▶ Exhaustion
- ▶ Fast pulse
- ▶ Weakness, fatigue, dizziness
- ▶ Chest pains
- ▶ Hyperventilation
- ▶ Sweating
- ▶ Trouble sleeping
- ▶ Sleeping to much
- ▶ Indigestion
- ▶ Diarrhea
- ▶ Panic attacks  
*(there is a reason, even if I don't know what it is)*



# Cognitive - How we experience it!

- Blaming
- Confusion
- Poor attention span
- Poor decisions
- Hard to concentrate
- Preoccupation with the event
- Disbelief\*
- Negative thinking, pessimism\*
- Memory problems
- Nightmares
- Intrusive images
- Poor problem solving
- Difficulty remembering details
- Lowered self-esteem, feelings of inadequacy\*
- Suicidal/homicidal thinking
- Sensory Distortion



- Time: Slow motion (time stopped for me), Fast motion
- Auditory: Diminished sound, Intensified sound
- Visual Distortions – (the road closed in on me): Tunnel vision, Heightened sense of detail
- Dexterity Distortions: Difficulty holding or manipulating objects

## Trauma Hijacks the prefrontal cortex (mind and body)

We now understand that trauma's imprint is both psychological and somatic (in the body): long after the events are over, the body and mind continue to respond as if danger were ever-present

# The Prefrontal Cortex & Executive Function



Impulse Control



Emotional Control



Flexible Thinking



Working Memory



Planning & Time  
Management



Organization



Starting Tasks



Focus & Attention

= Performance  
Issues



# What is Traumatic Bereavement?

Traumatic Bereavement is the state of having suffered the loss of a loved one when grief and mourning over the death is complicated or overpowered by the traumatic stress brought about by, or associated with, its circumstances.

(Rando and Viscione, 2022) (Trauma Loss Seminar)

One never finds trauma without loss of some kind (Rando, T. A., 2012)

- ❑ Loss of the ability to escape
- ❑ Help oneself
- ❑ Cope effectively – “I withdrew from everyone”
- ❑ Function normally – “brokenness”
- ❑ Sustain preexisting assumptions about the world (“I am not sure how I will fit in the world without my mother, my brothers)

Overwhelmed resilience and coping system, vulnerability, and lack of control. (Poulin)

# Behavioral

- Emotional Outburst
- Accident prone
- Potential for violence
- Suspiciousness
- Loss/increase of appetite
- Change in sex drive
- Risk-taking
- Hyper – startle response
- 1000-yard stare
- Reaction
  - Startle reaction
  - Alcohol/drug consumption
  - Inability to rest
  - Hyper-alert
  - Loss of motivation
  - Addictive behaviors
    - Excessive spending
    - Pornography
    - Social Media
  - Antisocial Behavior



# Relational

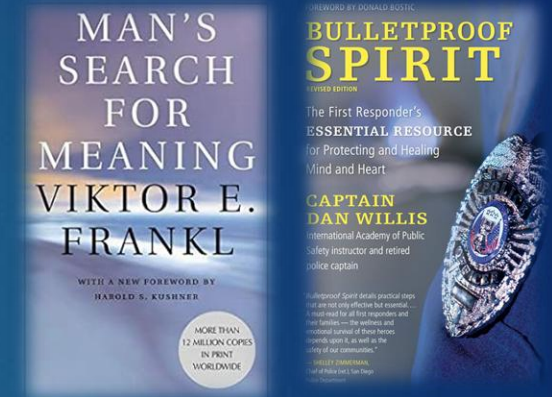
- Lack of engagement with other people or usual activities due to preoccupation with the loved one and the loss \*(disconnect to survive)
- My social engagement network is not working
- Withdrawal from organizations and other affiliations
- Isolation
- Family discord
- Dependence on others, clinginess, and avoidance of being alone \*
- Feeling alienated, detached, or estranged from others \*
- Being critical of others, showing anger or irritation with others \*
- Cradle to grave- we are meant to connect (Greg Cheney)



You cannot build a deep connection with someone who is disconnected from themselves.

# Spiritual

- Questions about faith
- Run to or from God
- Anger at God
- Questions about good and evil
- Questioning God
- Crisis of Faith
- Promising, bargaining & challenging God
- Searching for meaning and hope
- Spiritual “awakening”
- Moral value violation
- Promising, bargaining & challenging God



# Factors Affecting Magnitude of Response (adapted from Eric Nielson, PhD)

- ▶ Nature of the event
- ▶ Degree of warning
- ▶ Proximity
- ▶ Character of the suspect
- ▶ Amount of perceived control
- ▶ Public vs. Private
- ▶ Amount of Stress in one's life
- ▶ Nature & degree of social support
- ▶ Self-efficacy
- ▶ Duration of the incident
- ▶ Involvement

# Reliving Experiences

“In your face” images, smells, dreams, anger, guilt

- Days to a few weeks is normal
- More than a month is unusual

Environmental reminders

- Sights, sounds, odors, places, people, events

Man-made reminders

- Media, lawyers
- Internal Affairs
- second-guessers



"Treat every symptom as having a purpose, not as a problem. There's intelligence in any symptom. Every symptom has a purpose." ~Pat Ogden

Some, all, or different reactions may appear immediately, hours, days, weeks, or even months after a traumatic event, - especially with accumulation-- but it is what you do with that information that matters most.

If I want to feel better, then I must do better..... Is what I am doing, hurtful or helpful?

# Post Critical Incident Seminar (PCIS)

[www.nc-leap.org](http://www.nc-leap.org)

- ▶ **Purpose:** Helps officers, deputies, and first responders recover from traumatic, duty-related/personal related incidents through peer support and professional counseling.
- ▶ **Target Audience:** Law enforcement officers, telecommunicators, and fire/EMS personnel still experiencing distress from critical incidents/personal trauma.
- ▶ **Structure:** A 3-day, confidential seminar focused on education, trauma recovery, and resilience.
- ▶ **Cost:** free for attendees, with most meals covered.
- ▶ **Spouses:** Significantly involved, with spouses/significant others strongly encouraged to attend.
- ▶ Sponsored by the North Carolina Law Enforcement Assistance Program (NCLEAP)
- ▶ Attended by North Carolina Responders Assistance Initiative (NCRAI)
- ▶ Every April and November, sometimes August

# Therapy ~ Medication ~ EMDR

(Eye Movement Desensitization and Reprocessing)

- ▶ Therapy
  - ▶ Goal
  - ▶ Trauma – EMDR experience
  - ▶ History - intake
- ▶ Resourcing (Phase 2) – while medication normalizes
- ▶ Helpful modality for Military and first responders
  - ▶ May not even have to speak directly of the incident
  - ▶ Negative beliefs/cognitions about self
  - ▶ Intrusive images
  - ▶ More toward positive belief
  - ▶ Works for children and adults
  - ▶ Emotions

**Brain Based EMDR Training**

**Negative and Positive Cognitions**

**Responsibility/Defectiveness**

I'm not good enough  
I'm incompetent  
I have to be perfect  
I'm a failure  
I am different/don't belong

I am good enough, regardless  
I am competent/I can learn from mistakes  
I'm fine the way I am/I can learn from mistakes  
I'm okay as I am/I did the best I could  
I'm okay as I am

**Responsibility/Guilt**

I'm responsible/It's my fault  
I should have done something  
I did something wrong

I can recognize appropriate responsibility  
I did the best I could  
I learned/can learn from it

**Regulation/Control**

I'm overwhelmed  
I can't handle it  
I can't let it out  
I'm powerless/helpless  
I'm trapped  
I can't trust myself/my instincts

I can control what I can/It's over now  
I can handle it/I did/will do my best  
I can learn/choose to let it out  
I can control what I can  
I can recognize & accept what I can & can't control  
I can learn to trust myself/my judgement

**Attachment/Shame**

I'm alone  
I'm abandoned  
I'm unimportant/invisible  
I'm worthless  
I'm unlovable  
I'm a bad person  
I'm broken  
There's something wrong with me  
I cannot trust anyone

I can survive/ get my needs met  
I can survive/ get my needs met  
I have value, regardless  
I am worthy, regardless  
I am loveable, regardless  
I am a good (loving person)  
I'm okay as I am, and I have value, regardless  
I'm okay as I am, and I have value, regardless  
I can choose whom to trust/ I can learn how to trust

**Safety**

I am not safe  
I am in danger  
I'm going to die  
I can't protect myself  
It's not OK/safe to feel  
I don't deserve to exist

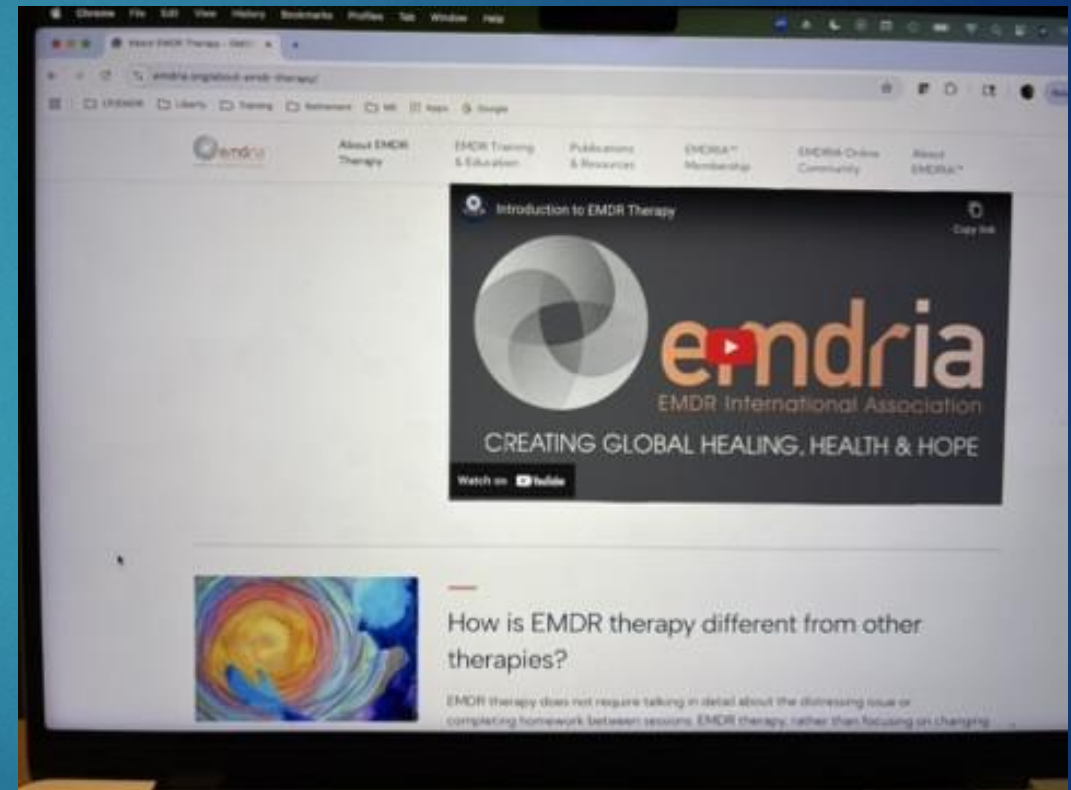
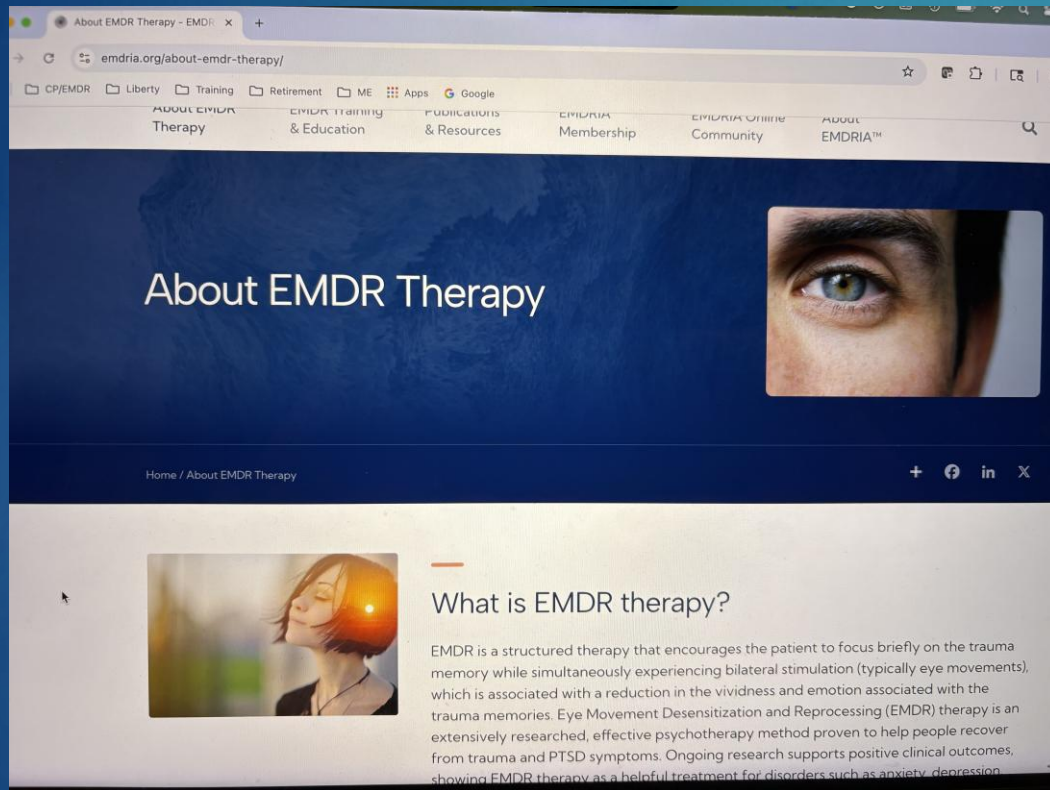
I am safe now  
It's over/I'm safe now  
I'm safe now  
I can learn to protect myself  
I can learn when and how to feel/express my feelings  
I deserve to exist/I have value, regardless

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~Libby Mudoch, Brain Based  
Counseling and Consulting

# EMDR- (Eye Movement Desensitization and Reprocessing)

www.EMDRIA.ORG



# EMDR and Neurology

- ▶ Temporal Binding via Thalamus
  - ▶ *Eye movements activate the nuclei in the thalamus associated with motor functions (ventrolateral and central lateral)*
  - ▶ *Activation of this thalamic circuitry results in the integration of somatosensory, memory, cognitive, and emotional material in addition to synchronizing hemispheric functions that get disrupted with PTSD*
- ▶ Inter & Intra Hemispheric Activation
  - ▶ *EMDR flips up & downstairs brain and right & left side across Corpus callosum (Eye Movements increase communication between the right and left hemispheres; via the corpus callosum; Coherence Model; Intra-hemispheric changes in the right hemisphere)*
- ▶ Proposed outcomes of eye movements:
  - ▶ *Facilitates associative memory processing and episodic memory retrieval*
  - ▶ *Enhances memory retrieval while decreasing false memory*

Quicker and compassionate way to process trauma, removed or significantly reduces Subjective Units of Distress Scale (SUD), somatic relief, very helpful for gory or graphic images

When  
resilience is  
absent

---

PTS symptoms are more likely

---

Emotions are less controlled

---

Anxiety, anger, frustration, fear interfere with our lives

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Relationships deteriorate!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

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People become more depressed withdrawn and suffer increased risk of suicide. Mental and physical health deteriorates

# Resilience-Building Strategies

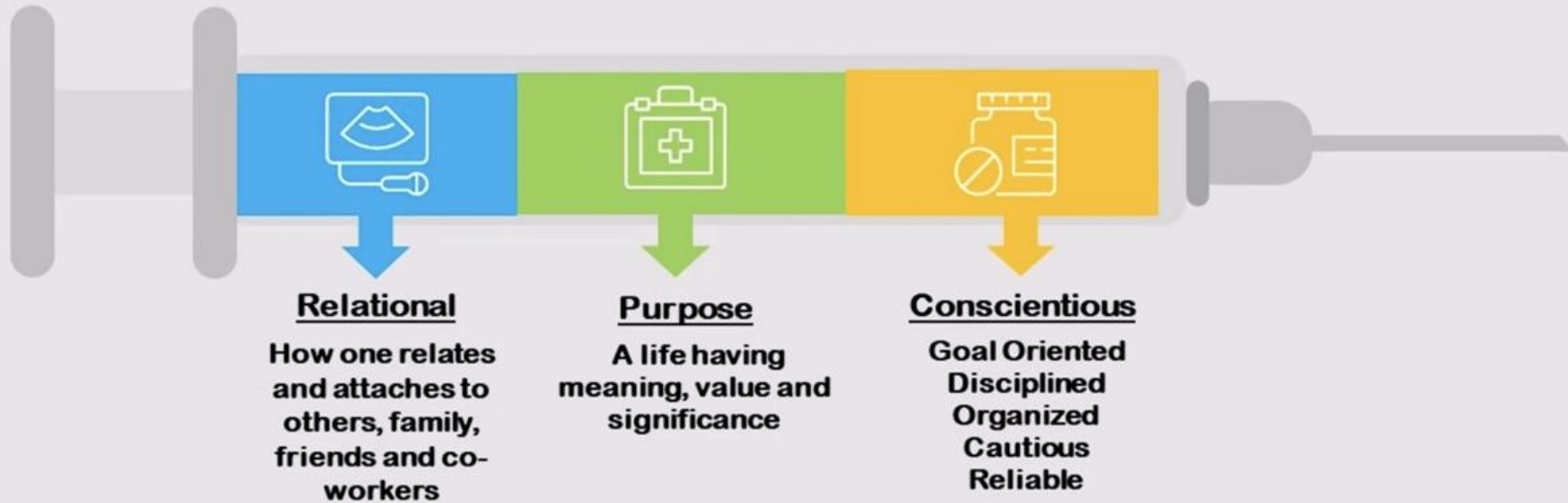
- ▶ Access trauma-informed therapy – [www.psychologytoday.com](http://www.psychologytoday.com), NCRAI, EMDR, Trauma-Informed
- ▶ Prioritize self-care: rest, exercise, nutrition, hobbies, develop emotional regulation techniques
- ▶ Advocate for flexible policies supporting balance
- ▶ Develop **strong peer and mentorship relationships**
- ▶ Use **critical incident stress debriefing** and peer support teams (external support from like minded and experienced people- validation)
- ▶ Set **realistic expectations** at work and home
- ▶ Celebrate progress, not perfection
- ▶ **Time management:** Prioritize tasks, set boundaries, delegate
- ▶ **Breathing exercises** for nervous system regulation
- ▶ **Grounding techniques** during high-pressure situations
- ▶ Incorporate **recovery time** after critical incidents



# Suicide The FATAL 10

# Suicide Inoculation

POSITIVE PSYCHOLOGY AND HEALTH



Our lives are divided into thirds:  
Beginning of your career; middle of your career  
and retirement.

***The moral of the story...***



***you can't pour from an empty cup***

Self-care is  
important!!

The formula is simple:  
If I want to feel better, then I  
have to do better AND is  
what I am doing hurtful or  
helpful.

# Questions? Or More information?

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[www.nc-leap.org](http://www.nc-leap.org)

Next Post Critical Incident Seminar

- April 10, 2026 – April 12, 2026
- November 9, 2026 – November 11, 2026

RESPONDER ASSISTANCE INITIATIVE (RAI)

Information & Resource Line

(866) 731-6901