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First Responder Stresses and Reactions

Lee Atherton

As an LNC, you've probably had to deal with complex medical crisis situations. Lee Atherton, a fire chaplain, opens up the world of dealing with serious accidents, often involving burns, and the high level of crisis management and trauma involved.

I know for you, as a legal nurse consultant, you may be working on personal injury cases in which people get burned. Lee is a first responder chaplain and works specifically with people who are involved in house fires, business fires, other types of chemical burns.

In this show, you'll find out the kinds of reactions that first responders have shared with Lee as a result of being involved in this type of work. Then it's over, when the incident is over, how does that person calm down from all of that tension and stress, and walk in the house at the end of the day? "Oh, it was just another day, two-car pileup with victims who were burned, and one expired at the scene?" Lee describes the challenges of transitioning from all of that.

She emphasizes the need for immediate trauma counseling and describes the role of a crisis response dog. This fascinating interview will bring life to the accident reports you work with on a professional level.

- What effects do responders experience from being involved in a traumatic event?
- What role does a fire chaplain play?
- How does a crisis response dog help?
- Why is it helpful for LNCs to appreciate the intensity of a traumatic accident or similar situation?
- How can LNCs associate the crisis situation of a severe accident to their own ER experiences?

Patricia: Hi. This is Pat Iyer with Legal Nurse Podcast, and I'm talking today with Lee Atherton. One of the networking groups that I'm involved in led me to meet Lee, and when I found out what she does to help individuals, I thought it would be helpful for you, as the legal nurse consultant, to get an insight into the world that Lee inhabits. Lee, welcome to the show.

Lee: Thank you, Pat. It's an honor to be here. Thank you for the invitation.

Patricia: You're welcome. I know for you, as a legal nurse consultant, you may be working on personal injury cases in which people get burned. Lee is a first responder chaplain and works specifically with people who are involved in house fires, business fires, other types of chemical burns, or, I guess, whenever there are flames involved. Sometimes, there can be a crossover.

For example, I was speaking to an attorney last night about a case in which a man was electrocuted and caught on fire and ran down the hall and put his burns out with a fire extinguisher. He had both an electrical burn and a thermal burn.

For Lee, who's working with the first responders, can you give our listener or our viewer who's watching this on the Legal Nurse Business Podcast broadcast on YouTube, can you tell our listener what are the kinds of reactions that first responders have shared with you as a result of being involved in this type of work?

Lee: It's pretty powerful to hear their experiences from their perspective. One of the recent stories I heard was an EMS medical responder coming on scene where there had been a horrible car accident, the two cars were on fire. I think the best piece of what he shared with me was the tone of his voice and just racing, racing, racing, as he was telling me the types of things that go through his mind.

He's a senior medic on the team, and this particular scene, he was the first on with a junior medic. Fire response came, and police came, and he described his experience as very focused on the victim and what needed to be done, but what was racing through his head was, “Now this is what I should be doing on a typical thing, but he was burned so I need to do something different,” and just racing thoughts about how to respond to that.

In the midst of it, taking an assessment of all the other responders who were there and, “What do I know about these people? What can they handle? What are they trained to do? How can they support me? What stage is my junior medic at? And where are all my resources? And how do I need to speak to each of these people in language that they understand?” But all of that in a split second and needing to make those immediate decisions. He spoke about the enormity of it all. He compared it to an emergency room nurse or physician, where each of them have their one piece, typically, or two pieces that they have their main focus on, and there's a whole team, where he was just the full envelope of it all, and how overwhelming it can be, how scary it can be to have that responsibility.

Then, as soon as the event is over, as soon as the person is in the ambulance and they take off, he said it's instantly it's the shoulda coulda woulda’s that jump in. “Oh, crap, I didn't do, oh, expletive. I should have done this,” and all of that that comes over. Then the awareness of everything that they smelled during the time, that they saw during the time, felt during the time. Not being aware of it in the midst of it, but all of that just flooding in immediately afterwards. He described it as a thousand and one thoughts, sights, and emotions that all come in, in a nanosecond. I really liked the way he described it, it really brought it in its fullness to me what I've seen happening, but from their perspective.

Patricia: I think healthcare providers who listen to this will relate to what you just described. It is very similar to what trauma staff deal with in emergency departments, to what people in the intensive care unit have to do in terms of multi-tasking and instantly setting priorities, communicating, and dealing with an emergency in order to give the patient the best chance of coming through that intact. It's a critical thinking, hyper alert, heart pounding, adrenaline racing life.

Lee: Yes.

Patricia: Then it's over, then the incident is over. How does that person calm down from all of that tension and stress, and walk in the house at the end of the day, “Oh, it was just another day, two-car pileup with victims who were burned, and one expired at the scene?” Like how do you transition from all of that?

Lee: Yeah. I often hear of the difficulty of the transition. After some intense calls, even if their shift is over, they won't go home right away. They might hang around at the station for a while, just to catch their breath, to debrief with each other, to share the story and speak about it, because the speaking helps to mitigate the intensity of it. Unfortunately, a big response is to stop on the way home and have a drink or two, and just that barrier in between helps make the transition. Because most first responders want to protect their family, they don't want to bring home the scary, ugly, overwhelming stories that their spouses, their children aren't going to be able to deal with, and that's difficult for them.

Patricia: I was telling my husband, yesterday, about this phrase called “kick the dog.”

Lee: Yes.

Patricia: For those who haven't heard it, what I was referring to is, he’s upset, then he gets upset with me, then he gets upset with my son. That's the game, kick the dog. The spillover of emotion, or frustration, or anger that can occur if you don't put up that barrier, if you can’t pull back and say, “Look, I don't want to bring my tension and my stress home to my family after something has happened that has upset me.”

Lee: Right.

Patricia: Then where do you come in? Tell our listener about your role.

Lee: Sometimes, I'll be on scene and supporting them there in whatever ways I can. But more often, as a member of what's called a critical incident stress management team, we’re called, so the team is made up of many different, we call it uniforms. The team has police peers, fire peers, EMS dispatch. And, in addition to that, chaplains and clinicians, several of us in each category. When a call comes in, usually it's not too long after the event.

We just had this traumatic event, and we need support, depending on what it was, a child death, perhaps, or a suicide, whatever category it fits in, who was involved in there, how many police, whoever else, and we pull together a team that will go in and do a debrief with everyone involved. It's a very specific process that helps everyone share their story.

It's one of the things Ron, the person I was speaking about earlier, mentioned, was that there's sensory overload, and you're focused on this one little piece and you don't see all the rest around you. He said, "It could be like the Titanic was right next to you and you don't see it." In sharing the stories in this debrief, a lot of those pieces get filled in, a lot of the "You know, I don't know what happened over here," is answered.

So, everyone comes away with a more complete picture, which helps to answer a lot of the questions, a lot of the shoulda coulda woulda questions. It's a process that takes them from, first, arriving on their shift, to leaving at the end of their shift, and helps take all the intense emotion of the event and settle it down a bit so that they can sleep, so that they can get up and do it again the next day. It's a very effective process. In particular, my part, my role in this is to speak about what happens to our spirituality. Not necessarily our religious faith, but more what's the meaning of life? When you see a young child killed in an accident, it makes you stop and sit back and say, "Why? Why?" And to try and bring some support in that arena.

Patricia: From what you're describing, Lee, it sounds like there need to be multiple Lee Athertons all over the country available 24 hours a day for first responders. Is that the case? Is this a widespread support system, or is this isolated to certain areas?

Lee: There are fire chaplains all across the United States, yes, but not in every department, and not in every arena. There are more fire chaplains traditionally than police chaplains, although the police experience many of the same things. Generally, a fire chaplain is serving one or two local communities, so have a very close connection with their own Fire Department.

Then, in a broader sense, on this team, there are teams across Massachusetts, which is where I'm from. The systematic approach, from the International Crisis Response Federation, is international, although not fully utilized. It's a volunteer team, so it's not always easy to put together. There's always a need for more of us, and we see that when chaplains are there to support, when the CISM team is there to support, it really helps to decrease the impact and, therefore, the long-term effects, you know, PTSD to a point that our responders

aren't able to work anymore, to decrease the anxiety, and the stress, and the overwhelm.

It all has a ripple effect, when you're high in those stress moments and hormones and all, we don't make the best decisions, we don't always do the best things to take care of that stress. When we do have the right tools in place, it helps to mitigate the less effective ways of coping and the more detrimental ways of coping.

Patricia: I want to focus on one word that you just said, which is volunteer. Is this an unpaid position that you are providing?

Lee: Yes.

Patricia: Wow. That speaks to a level of dedication that is phenomenal.

Lee: For me, it's the very least I can do. These men and women give so much of themselves. At times, they give their lives for all of us in the public world. It was an eye opener for me when I first started, of how much they give, and how infrequently they are recognized for all they give, whether that's in their paycheck, or a community thank you. For me, it's the very least to try and help them.

Patricia: I know that you work, primarily, with firemen, but you mentioned police on the team. This is certainly, right now in our culture at the time that we're recording this, which is in March of 2021, there's a lot of controversy around how police respond. Do they overreact, are they on triggers, trigger point reactions, making bad decisions, for want of a better word, making decisions to shoot people when that person poses no threat?

I would imagine you see this also from the perspective of trying to support people who are in a highly stressful position, where they have to make split-second decisions, and they put their own personal safety in jeopardy on a frequent basis. Can you comment at all on what you've seen and how a program like you're describing could help police who are in those situations?

Lee: Tough situations, incredibly tough situations. I don't know how they do it, honestly. When they're able to speak about it, when they're able to have a safe space to share, or even, first, to feel like they can bring down the wall and be vulnerable, which is not at all easy for them to

do, but to be able to talk about it, process a particular event helps give a little bit of insight to the next event. But in those high emotion moments, I find myself in … because we hear everything that the media is saying, and the family members and all that. We don't hear an awful lot about the police stories, their personal feelings, reactions, responses. I hear some of that, and it gives a different perspective. There's just so much that goes into what they take in to make that split-second decision.

Patricia: They walk into dangerous situations, where their lives are on the line based on how they make their decisions.

Lee: Yes.

Patricia: Which I can't imagine doing that day in and day out.

Lee: Me either. Me either.

Patricia: I know that you have a tool, you mentioned to me as we were preparing for this podcast, and that is a dog named Shadow. Describe how Shadow fits into the program that you are a part of.

Lee: Shadow first came to me almost four years ago as a little puppy, because I had experienced my own traumatic event. In this world of first responders, I was on the receiving end and had seen service dogs serve well for the types of PTSD reactions that there are. I got Shadow; he is a trained psychiatric service dog. He recognizes when my anxiety, whatever emotions are there even before I'm aware of it, and so he alerts me to those. I have improved significantly, I don't need a service dog anymore, although I'll always need my Shadow.

Shadow is a certified, now, crisis response dog. He takes a lot of that, I call it a sixth sense, an intuition, or whatever these animals have beyond what we do. He brings that care and compassion and support to those debrief meetings that I go to, or when I meet with a responder one to one. His presence is calming. At the beginning, he'll notice a foot shaking, and go over and nudge the legs like, “Hey, your foot’s shaking. What's going on here?” He'll rest his chin on someone's lap. He looks with these eyes that are just, “I’m here for you.” He'll even jump up on someone's lap and snuggle with them if that's going to be what supports the person. It's pretty powerful. Pretty powerful.

Patricia: It sounds like he is a comforting presence for people, and I'm fascinated by the fact that there are cues that he has learned that tell him this person needs some loving.

Lee: Yes. Yeah.

Patricia: I wonder how you train a dog to do that. I know very little, if nothing, about how you train dogs to do things. What is it that you can communicate to an animal who can't speak, but probably understand some words, that this stimulus means that the dog should do that thing?

Lee: Right, right. You have to start with the right dog, to begin with. There are a lot of dogs who just won't make it in doing this type of work, as intelligent as they are. There's just a depth of their perception, of their intuition that is a foundation. Then the training, so a shaking foot is a good example for me. That is my first indication that I've got some anxiety going on. We trained him, "Watch my foot," lots of, "every time you see my foot shake, look at me," and lots of different levels, "then I want you to nudge my leg. Now you've got that. It's got to be a harder nudge because you've got to get my attention." A lot of that.

Now he knows that with a shaking foot, he goes and nudges. There are those tasks that we can train them, but it even goes beyond that. They smell the chemical changes in our bodies they can alert to. It's hard to explain. It's more seeing it in action. We can be in a setting where it's not even an expectation that someone's going to be stressed or upset. We'll just be relaxing and, all of a sudden, he'll just sort of sit up a little bit, glance over at someone, and when I catch it, he'll glance, and he'll look at me. There was one time, it was someone that I didn't know well but I felt comfortable enough engaging in conversation, and as we talked, I learned this person's dad had died the day before. Shadow was picking up on whatever that was going on for that person. It's amazing.

Patricia: It is.

Lee: Yeah.

Patricia: One of the people I have ghostwritten two books for is an expert in body language and picking up subtle cues that influence negotiations. It sounds to me like Shadow is reading body language, and maybe

also listening to the tone of a person's voice. If that individual is speaking in a sad way, or a quiet way, or was displaying a lot of tension, Shadow was picking up on something in the way that that individual is reacting.

Lee: Absolutely. Yeah, yeah.

Patricia: Are there any last points that you'd like to leave with our listener about your role, or what you've seen in working with first responders?

Lee: You had mentioned, when we talked before, I think you framed it as the report all wrapped up in a neat package with a bow. That once they sit down and they put the experience into words with everything that needs to be documented, that that intensity has waned some. The awareness for your nurses, for the lawyers to … just what the experience might be like for them being in the midst of it, I think, helps interpret and understand on a new level.

Patricia: Yes. The legal nurse consultant gets the nice, sanitized, typed first responder report that is very objective that describes vital signs and levels of pain. They don't know about the policeman who's vomiting in the bushes.

Lee: Right.

Patricia: Or the first responder who heads to the bar at the end of the day, because he or she is so shaken by the events and the images and the sensations and smells associated with the trauma that the patient went through. I think you've given our viewer a perspective on what it's like for the people whose job depends upon being able to put it all together, to multitask, to do what you described at the beginning of the podcast, of being on the alert and simultaneously thinking, "I've got to do this, and I've got to make sure that he's doing that, and what are our plans for the next step?", and the stress associated with that role.

Lee: Right. Your nurses, I would guess, 99% of the time, I'll leave a little wiggle room in there, don't know the victim whose story they're reading. A lot of our first responders live in the community they work, and so they're responding to and for people that they know. Oftentimes, a responder will go, say, work on a two-year-old child, and they have their own two-year-old child at home. And so that adds

even a whole another layer of, “Oh my God, this could be my son. This could be my daughter.” It's not that once removed.

Patricia: There's a man in my church who was a pathologist and had a seven-year-old daughter. One day, he had to do an autopsy on a seven-year-old girl. That was it for him. He could no longer practice medicine. That was the incident that led him to a different way of using his medical knowledge. Your comment made me think of him and the trauma that he went through having to perform that autopsy.

Lee: Yeah.

Patricia: Imagine that seven-year-old child burned, or with amputated limbs, or a quadriplegic. I've worked on cases of kids who were not restrained in the backseat of the car and got thrown and became quadriplegic as a result of a car crash. How difficult that would be for a first responder to be on the scene when it's all fresh and, as I mentioned to you earlier, not neatly covered with dressings and splints, but right there, “Let's get this child out of the car. Is there a chance of saving this child?” Or miss that the car will catch on fire Just all of those dangerous situations.

Lee: Yeah. You mentioned unrestrained child, the anger that they, sometimes, or unfortunately, often feel. You could have done something different that would have saved this child, and still needing to do your work and deal with the parent who's there that you just want to yell at?

Patricia: Yes.

Lee: Yeah.

Patricia: Lee, I know that the person who's watching this may be interested in finding out more about you, about your services, about the role. What would be the best way for that person to connect with you?

Lee: Probably through my website, which is www.coachrev.com. And Coach, as I'm an end-of-life grief coach, and Rev, short for Reverend. There's information there and there's also contact information.

Patricia: Perfect. You know, when I heard coach rev, I was thinking revenue, not Reverend. You are a chaplain as well as being a volunteer working with first responders.

Lee: Yes.

Patricia: Perfect.

Lee: Yeah.

Patricia: Thank you so much, Lee, for the time that you have spent with us today and pulling back the covers on what is a challenging and important role for both first responders who dedicate their professional time to coming on the scenes of accidents and helping with victims, and for you as a chaplain and volunteer, assisting them process their emotions and the experience, and helping answer the questions that they have, which I'm sure have been directed to you as, why him, or, why her, or, why this child? Why did this have to happen to that person?

Lee: That's the biggest question, why? Yeah, yeah.

Patricia: And thank you to you, who's been listening to Legal Nurse Podcast. Be sure to tell other legal nurse podcast about this show. We have interviews every week, bringing you opportunities to get to know a little bit more about some people, and some situations, and some strategies that might be new to you, or to reinforce what you already know. Thank you so much.

Lee: Thank you, Pat.

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Patricia: This is Pat Iyer with Legal Nurse Podcast. I've been talking with Fran Hoh, who's a registered nurse and advanced clinical specialist in the area of palliative care. Fran's world is pain control, preventing under-medication, and also preventing overmedication with opioids and other types of pain relievers. Fran, give our listener or our viewer a taste of what we just covered in your podcast.

Fran: Oh my God, there's so much to cover. We talked about what patients are at risk for overdose of opioids, we talked about patients with a

history of substance use disorder and how to manage them, we talked about PCA and some of the problems that can arise with PCA in hospitalized patients. We talked about some of the legislation that's now been enacted that makes it difficult for patients to access their drugs. Some of the systems that are in place to help protect patients, like the prescription drug monitoring programs now that are in most states. We also talked about, finally, how some patients are undertreated for pain, and how we can do a better job with that as well by not cookie cutting everybody into the same routine.

Patricia: We covered a lot, Fran, and we decided that we could have talked for at least another hour at the end of the podcast. This is an area that affects the comfort of patients. It impacts on liability when there are overdoses, particularly in acute care. We also touched on the fact that there can be overdoses in the home, when somebody walks into a house and gets their hands on an opioid that was intended for the sick person in the house and is being consumed or used by the visitor or family member, who is there to steal drugs from the patient. Be sure to hear Fran Hoh in her podcast, and welcome back to Legal Nurse Podcast. Be sure to catch our show on all of the audio platforms, as well as on our YouTube channel for *Legal Nurse Business*. Thanks so much.