

# Trauma Matters

Special Edition, Vicarious Trauma Part 1, Fall 2024

A quarterly publication dedicated to the dissemination of information on trauma and best-practices in trauma-informed care

## INSIDE THIS ISSUE:

**Page 1-2**  
Vicarious Trauma and the Protection of Self

**Page 2-4**  
A Letter from a Trauma Worker on the Anniversary

**Page 3-6**  
Ask the Experts: An Interview with Assistant Fire Chief Shelly Carter

**Page 6**  
Featured Resource: *Aftershock* by Geri-Lynn Utter, PsyD

**Page 6**  
Who's Reading Trauma Matters?

**Editor:**  
Alana Valdez, MA

**Editorial Board:**

- Alicia Feller, LCSW, MA-IHH
- Carl Bordeaux, CPRP, CARC
- Eva Michelle Bryant, LMSW
- Kimberly Karanda, PhD, LCSW, DMHAS
- Eileen M. Russo, MA, LADC
- Tammy Sneed, DCF
- Laura Williamson, MARC
- Maggie Young, DSW, LADC

A digital version of this publication with full interviews and a full list of references and resources is available for download at our website: [www.womensconsortium.org](http://www.womensconsortium.org)

## Vicarious Trauma and the Protection of Self

by Deb Borzellino, LMFT

Naomi Rachel Remen stated, “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

“Vicarious trauma” and “compassion fatigue” are terms we hear often as practicing clinicians. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines vicarious traumatization as “the negative changes that happen to humanitarian workers over time as they witness others’ suffering and need.”<sup>1</sup> SAMHSA defines compassion fatigue as a combination of burnout and secondary traumatic stress.<sup>2</sup>

Compassion fatigue and vicarious traumatization steal our motivation, creates mental and physical exhaustion as well as self-doubt. This real issue occurs in every helping profession and for family members caring for loved ones.

Whether you are a professional or layperson caregiver, we sometimes live with these overwhelming feelings and stressors—isolated for fear of “Are we doing something wrong?” or “What kind of caregiver are we if we cannot manage our own stress?”

Some symptoms of vicarious trauma are unwelcome thoughts of client-induced imagery, nightmares, missing work, social withdrawal, and avoiding traumatic disclosure from clients, leading to subpar clinical services, negative coping skills, hyperarousal to your safety and the safety of loved ones, avoiding physical intimacy, and stress-related medical conditions. Of course, each person has individual symptoms as well.

As psychotherapists, we are taught to bracket, hold the negative and pain for others and to provide constant support. When we step back for just a moment and breathe in these words, would we ever ask others to do this for

us?

Compassion fatigue—vicarious trauma’s younger self—is our first glimpse into where we are headed. The emotional and physical exhaustion, irritability, feelings of emotional detachment, being overwhelmed and disconnected, and lack of interest are luminous signs we have stopped attending to ourselves, our needs, and our wellbeing.

We often hear words of wisdom like, “If we do not take care of ourselves, we cannot be available to take care of others,” “Rest and be kind to yourself,” “Breathe and let go,” and “Self-care is not selfish”. And yet do we, as practicing psychotherapists, put ourselves on our priority list? Do we schedule our own self-care as part of our daily lives? Do we live what our profession has taught us? How often do we reach out to another professional and ask for help, support, or to just connect? How many licensed practitioners continue to receive clinical supervision to solve clinical dilemmas, continue our education and decrease isolation?

There are ways to protect the self: emotional flexibility, positive self-regard, letting go of outcomes and self-care move us closer to decreasing our stress, exhaustion and detachment.

Resilience is within all of us, coping and recovering from life’s challenges. Self-compassion is one of the healers of emotional fatigue. Seeking connection, creating balance, asking for help, and honoring our limitations leads to emotional stability. Emotional stability pushes back on compassion fatigue and vicarious trauma.

While reading this brief article, my desire for you is to not focus on the pain of compassion fatigue and vicarious trauma, but instead to focus on how to move toward self-care

with compassion and love.

*Deb Borzellino is an AAMFT-Approved Supervisor, chair of the CTAMFT and owner of Pieces that Fit, LLC.*

## A Letter from a Trauma Worker on the Anniversary

By Laura van Dernoot Lipsky

For everyone who is struggling right now—who may be overwhelmed, at a loss, and wondering how you're going to get through this—I am so sorry.

I am sorry for how hard it all is. For the weight of it. The magnitude. The intensity. For any way you feel alone, not seen, misunderstood, or unappreciated.

I am sorry for all that may have been hard before this last year - those things which were already deepening your fatigue and escalating your anxiety. For the ways the caretaking you were doing was wearing on you or your living situation was difficult. For how your job or school was challenging in all the wrong ways. For any way you felt unmoored coming into this last year, I am sorry.

Because then came the pandemic, with a deluge of confusion that rattled and unraveled our norms. Systemic oppression and structural supremacy continued to surface in exceedingly excruciating ways. The devastation from the climate crisis escalated, our democracy was strained to its outer limits, and political violence persisted around the globe. The external threats felt unrelenting.

And yet, in the face of profound pain, the expectation remained that you would continue to care for your loved ones, go to work, attend school, and contribute to society. Even as you learned to navigate new and terrifying challenges, you lost many of the rituals and connections that help humans cope. As those things abruptly stopped, so, too, did your sense of distracted purpose. The reassurance of routinely moving through the world was starkly replaced with something unfamiliar and unsettling. And for many of us, the uncertainty - coupled with monotony - has grown in ways that have seemed, at times, unbearable.

For so many, the landscape has been unrecognizable - both outside of us and, of course, internally. Even those of us familiar

with internal struggle have encountered ravines and crevasses this last year so deep and cold we've not known how to climb our way out. For some, the discomfort or despair lasted a few minutes at a time. For others, a few days or weeks. For many, it is ongoing.

And because of the duration and complexity of challenges, it may be that you have moved in and out of discomfort and aggravation, through acclimation and acceptance. You may find yourself scaling peaks of what feels almost normal, only to slide down empty valleys of craving and desperation on a trail that loops back and crosses itself.

Suffering, even in response to shared events, is by its nature something most deeply felt alone. But know that I grieve with you at the depth of this collective struggle and feel deeply for those of you who are struggling with how much you are struggling. For the countless ways you may feel that you're failing others or that you're being failed by others. For all the times you've not been able to hold humility and grace with compassion.

I'm sorry for every time you've needed help, consolation, relief, or empathy and did not receive it. For the injuries, injustices, and sorrow that may have compounded over time. For the ways that what you've been experiencing has resurfaced earlier traumas, put pressure on existing fissures, and even tapped into something intergenerational that you know to be achingly real, though hard to fully understand. For each time your brain was drawn to think the unthinkable, again and again, I am sorry.

I am sorry for all the feelings coursing through you so quickly you don't know where to put them. You may feel like you are overflowing with sadness or disconnected with numbness. You may feel haunted by a sense that you can never do enough; a sense that runs so deep it's as if you feel that you'll never, again, be enough. You may feel paralyzed by helplessness or deeply disconnected with hopelessness. You may find your anger and rage unrecognizable. The persistence of your guilt may stun you and the cognitive quicksand you wade through may confound you. You may long for the creativity you used to be able to access. Perhaps you worry that you've forgotten how to laugh. Your inability to assume well about others may confuse you. You may feel exhausted in your body, spirit, and soul.

The depths of how disheartened you

feel may alarm you. The extent of your resentment and envy may feel like it knows no bounds. And you may have come to realize it is possible to feel depleted *and* yearning *and* avoidant *and* lonely all at the same time. And you may feel afraid. Afraid of everything you're going to try to forget and all that may continue to torment you. Afraid of what the future may bring. Of losses you can't bear to conceive of.

For all the loss, I am so sorry. For the loved ones you've lost. For the funerals you've not been able to attend. The weddings you've missed, the births you couldn't be present for, the special occasions and the plans you'd been looking forward to that were canceled or diminished. I am sorry for the layers upon layers of loss. The way your job has changed, your relationships have changed, your school has changed, your community has changed, and anything that was better *before* has changed.

Despite these relentless waves, we each have within us the capacity to endure. There is no question this capacity has been, and will continue to be, challenged. I know that no words from me can turn your suffering into something else. But know this, we can struggle and still be okay.

Please don't give up. Please don't give up on yourself. Please don't give up on others entirely, no matter how tempting that might be. Cynicism is seductive, and also deeply harmful.

They say we are all in this together. Whether that resonates with you in this moment or not, I want to remind you that you are truly not alone. No matter what feelings you're mired in or which wave is currently crushing you, you are in very, very good company. In simply trying to get through each day right now - as a child, an adolescent, an adult, an elder - you are in good company. In facing what may feel like an insurmountable degree of caretaking for loved ones who are struggling physically or mentally, you are in good company. In your attempts to navigate school, your job, your life - you are in good company.

Please don't give up.

The way you are feeling right now does not define you, nor what is possible for you in the future.

Things won't stay this hard. Trauma shifts. It evolves. Overwhelm changes shape



and substance and becomes manageable. And I understand this moment in time can feel never-ending. Yet, it will end.

Please don't give up. Believe in your capacity for this next moment, this next decision, this next breath, this next unknown.

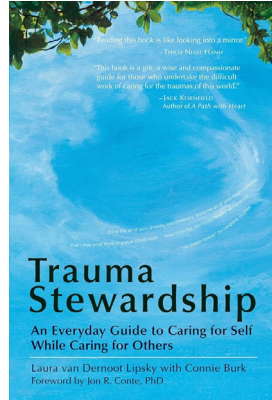
If you know what helps you, do that. Find solace in what edifies you, what comforts you, what helps you feel held and whole. If you don't remember, ask for help. If that step doesn't go well, ask someone else or do something else.

Please know that you are cared about and cared for. Know there are those of us out here who collectively are—and will remain—here for you and yours.

Do not give up.

With Love,  
Laura van Dernoot Lipsky

*This letter is republished with permission. Laura van Dernoot Lipsky is the founder and director of the Trauma Stewardship Institute, which offers keynote talks, organizational consulting, workshops, retreats, and disaster response services focused on trauma stewardship.*



*Laura is also the author of Trauma Stewardship, The Age of Overwhelm, and the host of the podcast Future Tripping.*

## Ask the Experts: An Interview with Assistant Fire Chief Shelly Carter

By Carl Bordeaux, CPRP, CARC



Shelly L. Carter is a trailblazing leader in firefighting and emergency management. She is the first Black female fire chief in New England and currently serves as the Assistant Fire Chief in Hamden, Connecticut. With over 21 years of service as a Captain in the Hartford Fire Department, Carter has earned numerous certifications, including Fire Officer II and Certified Fire Investigator.

Notably, she was the first African American female instructor at the Connecticut State Fire Academy and has held key roles in emergency management and public protection. Carter is actively involved with several professional associations, including the International Association of Women in Fire & Emergency Services and the International Association of Fire Chiefs.

She holds degrees in Journalism & Communication and Fire Administration, and a Master's in Public Administration. Currently pursuing a Doctorate in Critical Infrastructure in Emergency Management, Carter is a dedicated advocate and leader in her field.

**CARL BORDEAUX:** Exposure to the trauma experience of others is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others. Working with victims of violence and trauma has been shown to change the worldview of responders. It can also put individuals and organizations at risk for a range of negative consequences.

When did you first know you wanted to be

*The following graphic is The Trauma Stewardship Institute's Tiny Survival Guide. For more downloadable resources like this and to learn more about Laura and the organization, visit [traumastewardship.com](http://traumastewardship.com).*

**THE TRAUMA STEWARDSHIP INSTITUTE'S**  
**Tiny SURVIVAL GUIDE**

**PROTECT YOUR MORNINGS**  
[or whenever you wake up]  
less cortisol, more intentionality.

**GO OUTSIDE**  
[or look outside.]  
perspective, context + something larger than this.

**BE ACTIVE**  
[avoid stagnation]  
in body, mind, spirit.

**CULTIVATE RELATIONSHIPS**  
those that are edifying + healthy.

**NURTURE GRATITUDE**  
what is one thing, right now, that is going well?

**DETOX**  
if navigating addictions, be wise + safe  
limit news + social media.

**SPEND TIME WITH ANIMALS**  
↓ stress hormones, ↑ comfort.

**METABOLIZE ALL YOU ARE EXPERIENCING**  
re-regulate your nervous system.

**SIMPLIFY**  
[less is more]  
be aware of decision fatigue + cognitive overload.

**ADMIRE ART**  
the gift of feeling transported.

**LAUGH**  
pure humor = a sustaining force.

**FOSTER HUMILITY & EXTEND GRACE**  
self-righteousness + hubris = unhelpful.

**SLEEP**  
to cleanse + repair brain + body.

**CLARIFY INTENTIONS**  
how can i refrain from causing harm, how can i contribute meaningfully?

**BE REALISTIC + COMPASSIONATE**  
[with yourself]  
be mindful of the quality of your presence. it means so much to others.

© The Trauma Stewardship Institute 2020

a fire chief? How did your firefighter career begin, and what inspired you to pursue a leadership position?

**CHIEF SHELLY CARTER:** Well, first of all, I didn't want to be a firefighter. It was not on my plan ever in my life. Growing up, I graduated high school, went to school to become a news anchor. I went to Middlesex Community College, got an associate's degree in Communications and started to look for work as a Communications major. I had worked in several jobs. One day, I was pushing my son down the street in the stroller and he saw the fire trucks: the guys were on the apron doing their truck checks and my son went a little crazy. He was three and he wanted to see the fire trucks. I didn't want to disturb the men because they were doing a very important job. But they said, "No, bring him over, we'll let him see the fire truck."

As I was standing there watching them play with him on the truck, one of the officers came out and said, "Hey, you ever thought about becoming a firefighter?" And I was like, "No, that's not something that I would really consider." He literally talked to me for over an hour about taking the test. I went home and told someone at my house. I said, "Hey, this guy was telling me about being a firefighter," and that person said, "Well, you'd never pass the test anyway." That was the challenge that I needed to move forward in this process, I really took the test on the dare.

I didn't know anyone in the department, had no knowledge of the fire service. So, [I] started out on the novice road of "I can do this", not realizing that it was probably one of the hardest things, [that] 16 weeks of training, one of the hardest things I ever had to do outside of giving birth to my son. But, it was a challenge for me and I wanted to beat it. So, I took the job, went through boot camp [for] 16 weeks and became a firefighter for the City of Hartford Fire Department.

I sat as a structural firefighter for upwards of 10 years, because there were not a lot of women on the job and I didn't have a whole lot of women pushing me to become a leader. But after about 10 years of service, I said, "Wait a minute. I know that I'm a leader. I'm a leader in other aspects of my life. I'm a leader in my home. I'm a leader in my church. Why shouldn't I take the leap and become a leader in the fire department as well?"

Becoming a fire chief again was like, "Yeah, I don't think that's going to happen." But, as I began to promote, I became one of the

first two female driver engineers and was like, "Okay, maybe I can do this." [I] began to do a lot of training within the department and outside and across the country, learning how other departments worked, learning other policies and procedures, and incorporating all of that information into me doing my job in Hartford.

I began to realize that I can promote and make a huge difference in the department as well as [to] young people [who] are watching me in this career path. [When] you step off a truck at a fire where people are screaming and going crazy—the house is burning down most of the time—people don't expect a woman to be pulling up and stepping off the truck as the driver.

I knew that they would stop to look at what I was doing as opposed to the major scene that was happening because they were just amazed that I was a girl. I began to look at that dynamic and make sure that I projected a level of leadership for those folks as well as teaching them that they too can become firefighters. Becoming a fire chief was not in the plan, but I have huge faith in God, and I believe God has a plan for our lives and the plan was for me to become the fire chief.

**CARL:** Wow, thanks for that., and congratulations. You described pulling up to a fire and the structure is burning down, [but how] sometimes the focus from the spectators might be on you being a woman as opposed to the actual fire itself.

But that fire itself was a traumatic experience for those watching as well as those firefighters who have the responsibility of guiding. Tell me, how does vicarious trauma impact fire services as an organization? And can you share an experience you've had with it either personally or with another firefighter in your role as a coworker, supervisor or administrator?

**CHIEF CARTER:** We meet people most of the time on the worst days of their lives. Watching someone go through the trauma of either death or losing everything or being injured from a motor vehicle accident, or a sick child, or whatever the call that we are arriving to. In the fire service, it is our responsibility to manage what we personally feel and move in the direction of how to mitigate that situation and make it safe again, whether it's safe for the person, the individual, whether it's safe for our firefighters, or safe for the community at large.

Arriving at a structure fire where people are

possibly trapped inside is very traumatic, but we don't—and I can't speak for every firefighter in the world, of course, but I can speak for what I've witnessed—we usually go into a mode of, "This is my job. This is what we have to do." And so as firefighters, we tend to put our feelings [about] what we are actually seeing—which could be the worst thing we've ever seen—on the back burner and we move in the mode of, "How do I fix this to the level that I can?"

What happens in that moment is we compartmentalize what's happening. But where does it go? Where do we store that, what we just saw, whether it's a death or a decapitation or a child that's very ill, where do we store that?

So vicarious trauma, as it impacts our firefighters, can come out, maybe not at that scene, but later at the dinner table, when we're having a conversation about something completely different, or maybe at the next call or maybe in their personal life.

The idea [is] that this experience is something that we all face. If you're a firefighter, you can't tell me you've not faced it. As an organization—I can speak for the Hamden Fire Department as of right now—watching one of our own possibly go through a really bad divorce or have issues personally, whether it's drinking or drugs or being angry or being depressed is something that our administration takes extremely seriously.

We have put in place systems like peer support teams of [other] firefighters who work with our [firefighters] daily. Whereas I sit in one space in an office building, these are firefighters who have gone through very similar traumas [that] get to watch other firefighters and go, "Wait a minute. I see some red flags. Let's see how we can assist that person."

It's great to have [an] administration that allows the capability of that, but it's even better to know that another firefighter that is sitting with you at that dinner table is going, "Okay, I see a red flag. Let me see how I can help that person."

Personally, for myself as a structural firefighter in Hartford, trauma has reared his ugly head in other situations in my personal life, such as being depressed at a point in my career or not understanding why I was angry for something, not understanding why I had built self-doubt within myself. [While] knowing that I was moving in a positive path of my career, self-doubt kind of started to take over that and I believe it's based upon some of the traumas



that I've seen not only with individuals on the street but within the fire service.

Being a Black female in the fire service, it's traumatic sometimes for us to watch folks get promoted over us or folks [who] will not be and have not been disciplined for things that they've done wrong, because we sometimes are treated differently as women in the fire service. We get disciplined for the same actions [that men take] and that could be a traumatic moment in our careers.

I had to take a step back and get some professional help with some of that—and not be ashamed to say that I had to get some professional help with some of that—so that I did not transfer that anger or depression or whatever I was going through to my children, to my spouse, to my family, outside of work.

But it took some work on my part and some work on the part of my therapist, to make sure that I could still be the leader that I am, but also manage the dynamic of my brain going, “Yeah, we want to be mad. We want to yell. We want to kick. We want to scream.” How do we change that mindset and maintain our leadership roles?

**CARL:** It sounds like your organization takes vicarious trauma seriously. Can you speak a little bit more about what the signs are that a firefighter may be experiencing vicarious trauma? And how does the fire department more explicitly support those who are affected?

**CHIEF CARTER:** Based upon the training that our firefighters receive and our peer support teams, they have been commissioned, if you will, to pay attention. We all are probably Type A personalities in the fire department. We run in when folks are running out, right? Some of the red flags that one of our peer support folks might see is someone that's coming in late all of a sudden, they've been coming to work on time or early for years and now they're coming in right when the bell hits. Or they're coming in smelling like alcohol [and] this is a new behavior for them, or even family members reaching out to the department saying, “Hey, my loved one is not sleeping well.”

Because our schedules are so strange, and firefighters have a hard time relaxing and sleeping, we've had a wife say, “He's not sleeping, maybe an hour or two a night when he's home.” Those types of situations are something that we take very seriously. Folks that lose weight or gain weight or things like that where it's very much out of their character.

You have to realize that our firefighters live together for 24 hours, sometimes 48 if they're working overtime. They're in the same space for 48 hours together, eating, doing chores, training, laughing and joking, talking about their personal lives. So, we watch that and our peer support guys watch that to make sure that if someone is not acting like themselves, they kind of monitor and begin to have that conversation [of], “What can we do to support you?”

Signs of vicarious trauma, because our firefighters are so close-knit, they have the opportunity to monitor it and pay attention. The support that our department gives is if you need time off, we have your FMLA. We have resources that you can use, we encourage you to use.

Just the other day, we had firefighter come in who is working out or was going to a gym and the gym offered our firefighters a couple of free trainings. Now, that may not seem like a lot to some, but a workout outside of work, maybe that'll encourage more relaxation. We do work out in the firehouses but having that camaraderie outside of work is also a win for the department. We encourage firefighters to come in with their ideas, “What do you think will help with better work-life balance here?” Because we have firefighters working all the overtime because they need it financially, if you will, but we need to make sure that you are going home and you're resting and that you're eating properly and you're healthy outside of this.

**CARL:** Let's dig in a little deeper around that: maybe you can expand a little bit more on what kind of training, specifically, and resources, specifically, and other support systems does the fire department provide to help firefighters manage their vicarious trauma, maintain work-life balance and support mental health and wellness in general.

**CHIEF CARTER:** Like I said, there are several layers to this. There are systems in place through the town of Hamden. The mayor has made sure that we have access to mental health and wellness opportunities. Like I said before, we're type A personalities and sometimes folks don't want to go through—or feel that they don't need to go through—those types of scenarios where they need to go through the town's psychiatrists or whatever the case might be.

That's why it's so important to have those peer support folks within the fire department that

are their coworkers, that literally had maybe the same call or heard about the call and said, “Okay, wait a minute, you were at this call, how are you? Are you okay?” And so, we manage it. We maintain work-life balance by just checking up on each other. Firefighters, they say we're a family, and so—we might be a dysfunctional family, but we're a family—and at the end of the day, we all care about each other, and we all care about each other's well-being. We don't want to see each other hurt and some of our scenes that we go to will cause that vicarious trauma that we're watching these people manage.

Our paramedics take the brunt of the medical call[s] [that are] just horrible. We have our leadership in our department, our lieutenants, our captains, our battalion chiefs that that are set in the system to monitor how their firefighters are doing.

I've had battalion chiefs walk in and say, “I want to just make sure this person is okay,” and so we encourage that—not to be the tattletale, but [because] we want to make sure that this person is managing their life okay outside of this.

Again, as I said, we compartmentalize a lot of that. We take it in. Not everyone gets to see a decapitated person, not everyone in their work of life gets to see people who are burned beyond recognition. That's major, and so we make sure that we monitor those folks, and we support their mental health and wellness. [One thing we do] is we encourage eating right. We do encourage eating healthy foods and sleeping and making sure people rest well outside of work and every now and again giving them resources via e-mail or phone call, “Hey, check out this wellness initiative at this other department.”

We pay attention to what other departments are doing around the country, what [they are] doing that's working well and we'll take that and start to implement it. Here in our department, so it's just a family [where we say], “I'm not doing okay right now. Let me help you.” “You're not doing okay right now? Let me help you.”

**CARL:** You mentioned that sometimes inherent in firefighters, because of Type A personalities, they may be a little resistant to access those mental health services. Can you speak a little bit more about how you address the stigma that could be attached to mental health issues [and receiving services]?

**CHIEF CARTER:** You know, it's funny be-

cause when I first came on the job, now over 25 years ago, the conversation was never had. When I tell you, never had. I dealt with some [mental health] challenges early on, that I was like, “I don’t know where to go.” I didn’t know what to do. I just learned how to figure it out myself, and that wasn’t always the best approach.

But at the time, it was. You can’t tell people you’re hurt. You can’t tell people you’re injured. You can’t tell anyone that you’re not sleeping or you’re depressed. Then you will no longer be able to do this job. You’ll lose your job, or you will not be counted upon or called upon for service in the department. Pretty much, you were crazy. It was just the way we managed it back then. [The calls were] pretty much the same 25 years ago, but the difference is now is that it’s openly told that, “Hey, if you’re not okay, tell us so we can help you.”

There’s going to always be that dynamic of, “I don’t want to tell people,” but don’t wait until it comes across my desk as the chief that you’re not doing something properly on the job on the fire ground for us to figure out that it’s not that you don’t know your job, [it’s that] you’re stressed out at home. Don’t wait for it to land here.

That’s kind of been the approach, we want to make sure that we give you everything you need to do well and to be well in this department. So if you are struggling, we’ve set these systems in place for you. If you don’t feel comfortable, go to your personal doctor. We don’t mind. We want you to do that, go to wherever you need to go. Because the moment that it lands on my desk, then it’s a much bigger problem.

Does everyone applaud and take in the resources we’ve offered? No, but we don’t know who’s going through what. That’s why it’s important for the leadership: the lieutenants, the folks that are paying attention to these people, the peer support team, our battalion chiefs, all those folks that work with our individuals every single day to go, “Okay, this person is acting a little differently.”

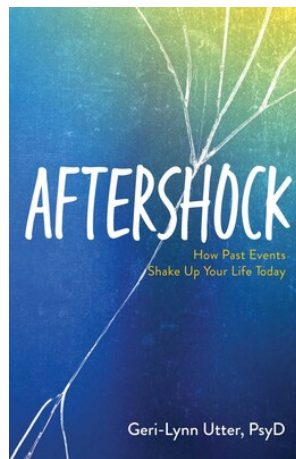
It doesn’t come to me at that point. It’s, “Let’s see if we can get you some help.” So, there is a stigma. There was a stigma back then, but now there is no excuse. You can’t say “I didn’t know,” or you can’t say, “I don’t feel comfortable,” because we talk about mental health and wellness so much, especially in the fire service of the public safety realm.

There are systems, support systems and resources everywhere. I can only speak about Hartford with this, [but] we have flown firefighters from Hartford to Florida to get the help they need, or we’ve taken them outside of the city, outside of the state. If this is what you need to be well, then that’s what we’re going to do...

→ *Continued on page 7.*

## Featured Resource: *Aftershock: How Past Events Shake Up Your Life Today* by Geri-Lynn Utter, PsyD

Reviewed by Eileen M. Russo, MA, LADC



**G**eri-Lynn Utter is a clinical psychologist, however, *Aftershock* is not necessarily directed at professionals.

Written in plain language, Utter defines trauma and describes trauma including the biological and emotional impact. Each chapter closes with a “So Let’s Review” page that highlights key points.

Interwoven with Utter’s lived and professional experiences, *Aftershock* invites the reader to gently examine their own experiences. The last half of the book focuses on self-compassion, self-care and what to expect from treatment.

This book is an easy way to refresh your own knowledge as a professional, explore your own life, and recommend to family, friends, and clients.

## Who’s Been Reading *Trauma Matters?*

Kevin and Kaitlyn Pearce!



**K**evin Pearce, once an Olympic snowboarding hopeful, suffered a life-threatening traumatic brain injury (TBI). After six days in a coma, he began a challenging recovery, relearning basic skills like walking, talking, and swallowing. Drawing on his athletic discipline and optimism, Kevin made remarkable progress. He co-founded the Love Your Brain Foundation, advocating for brain injury prevention and supporting those affected.

Now a sought-after keynote speaker, Kevin inspires audiences with his message of perseverance, purpose, and overcoming adversity. Kevin and his wife Kaitlyn spoke at our DMHAS Acquired Brain Injury Conference in May; Kaitlyn shared her experience as a supportive spouse to someone with a TBI.

Visit the Love Your Brain Foundation’s website, [loveyourbrain.com](http://loveyourbrain.com), to explore educational resources about ABI.



The Connecticut Women’s Consortium  
2321 Whitney Avenue, Suite 401  
Hamden, CT 06518  
[www.womensconsortium.org](http://www.womensconsortium.org)

**CARL:** That's great. Can you give an example of a time when, in your long illustrious career, you encountered either a co-worker or someone under your command who was dealing with a trauma issue they may not have been aware of it, but they exhibited some symptoms, some signs and either peer support or [another] administrator or staff identified what that issue might be and then intervened? [Hopefully to] access services and [resolve the issue] and avert [something more troubling]?

**CHIEF CARTER:** I have multiple [examples]. I used to be the Employee Assistance Program (EAP) Liaison for the City of Hartford, so, I had the opportunity to witness some of our firefighters. The rule is [now] that someone can come to me and say, "Hey, I'm a little worried about Joe over there. Joe's not sleeping well," whatever the case is. Back then, the rule was Joe had to come to me himself.

So, I had a situation when I was working in the Hartford Fire Department [where] we had a firefighter who was coming in late to work. He was a newer firefighter, probably about five years on. He was working in one of the busiest houses in the city, so he was on calls a lot.

At one point, [we] had probably 2 to 3 fatal fires back-to-back and he happened to be on every single one of them. What was weird about that was—firefighters are crazy, they like to laugh about very traumatic stuff—they began to call him, "the guy that was killing all these people." It was a sick joke going around, and he started internalizing that, as well as watching these people pass away right in front of him and he could do nothing about it.

Eventually, he started coming into work late [and] he was AWOL a couple of times—absent without leave—which is completely out of his character. One of his officers came to me and said, "I'm a little concerned," and I was like, "Okay, he has to come to me," because that was the rule back then.

The peer support that was embedded in that house convinced him to come see me. He did, and at that point, I could see he looked like he had been through hell. He just was very unhealthy, he hadn't slept. You could just see it. When I began to talk to him about the resources that [were] available to him, [he used] one of the resources was outside of the state of Connecticut because he was very concerned. [Because] he was a new firefighter—five years is still considered kind of new—he didn't want people to not trust in his abilities

to stay a firefighter, to do his job.

So, I was able to set him up with some services in Massachusetts. He was there for a while, maybe 30, 60 days. This is all through the department, so he didn't have to pay out of pocket and all that. He actually asked me to help with his family because his wife was home with children. We were able to help them get through this process as a family, not just him.

We can't just address the firefighter, we have to address everybody that's been affected by this. So, the wife was there to support the husband, and the kids, and he came back to work. He did phenomenal. At that point, he began telling people, "Guess what? Guess what happened? I was feeling this way, I was depressed, people were joking and I took it personally," and he eventually began to be a lead peer support person on the job in telling people his actual story.

And now [he knows] how to manage that [with] ongoing health assessments, not just this one-time situation. [It was] ongoing for several years, checking in with his doctors, checking in and telling his officers, "Please monitor me in case I slip back into something like that." When we begin to applaud that as an organization, as a public safety industry, then we'll have more firefighters, more people in public service being able to step forward and go, "Hey, Joe had a problem. He's okay. He's still fighting fires. He's still making his money. He's still taking care of his family. Maybe I should check into that too and make sure that I tap into those resources."

**CARL:** Very inspiring, the fact that now that person is an advocate for mental health and not hiding it, but sharing it. In closing, can you tell us about your Girl's Future Firefighter Camp? How do you envision that it will transform the future of firefighting?

**CHIEF CARTER:** Oh my goodness, well, I hope it does. Across the country nationally, we have anywhere from 4 to 6% female firefighters. [In the] State of Connecticut, numbers are a little bit less. [In terms of] female fire chiefs, [there are] no [statistics] within the state of Connecticut because there's only been a couple. And I definitely pay homage to the women that came before me and took the leadership role and did it well. So, I have some tall orders here and very large shoes to fill.

The Girl's Future Firefighter Camp is an organization that teaches young ladies to be strong and brave. Honestly, it's not [an] organization

to make firefighters, it's an organization to teach young ladies that they are smart and intelligent and capable of anything if they put their mind to it, and it happens to fall on the platform of the fire service.

As I mentioned before, I came in not knowing anything about the department, anything about firefighting, nothing. I literally took a dare and took a job, and that was it.

I spent a lot of time trying to catch up to the folks that were already on the job. It took a lot of time for me to really wrap my head around what the process was here, learn the language of the department, become familiar with the equipment and the tools and the operations, so I created this program.

I looked around [when I was] at about 15 years of service and said, "Wait a minute. I could possibly leave in five years, which is my contractual 20 year, and what impact have I made on other women that are very much capable of doing this job?" I created this program to teach girls to be strong and brave, but also to give them a peek into every job that I held in the department. [In the] program, we teach girls about not only just firefighting, [but other positions]. Public Information Officer was [a] position I held, I was the EAP for a little while, I was [an] executive office assistant chief, I was a fire marshal, an arson investigator, a code enforcement officer, all of those different career [paths] that I took within the department that most folks don't know about.

So, why not introduce young ladies to these different careers, different paths, and train them before they walk in the door. If they choose to become firefighters or law enforcement or EMT's or paramedics, I want to give them the leg up, because I really didn't have that coming through. Of course, women have paved the way for me, absolutely they have, but I was on [one of] those hamster wheels. [My wheel was just] turning constantly and [I didn't have] major footing until about 10 years into my career.

I don't want another woman to have to deal with that, so my husband and I have been funding this program for the past almost 10 years. We've been blessed with a few very large donations, but we could always use more.

Young ladies have gone through my program, [and have] gone on to the Connecticut Fire Academy into their introduction programs as well. We do have a few young ladies who have become firefighters, EMTs, dispatchers, and we have a couple of ladies [that are] going for

fire administration at [the] University of New Haven. It's working, the impact is going to be amazing. Because we [start] at age 13, [we won't be able to see the impacts] for a minute, but I know that I'm changing the fire service one young lady at a time. I'm really proud of that and I love, love Girl's Future Firefighter Camp.

**CARL:** Chief Carter, thank you so much for being here. It's been a thrilling, enlightening interview. It's great information and you are a pioneer. We're fortunate to have you here in Connecticut. Expecting great things from you. This is so good.

**CHIEF CARTER:** Thank you. Let me just say one last thing, and let me just end with this. If there is an opportunity for you to receive the help that you need, take it. Seek out help, there's no shame in that game at all. I don't care what job you hold, it doesn't matter where you are in the public safety world. There are systems in place out there for you to get the help that you need.

Don't be ashamed, don't be embarrassed, we all go through it. Vicarious trauma is a real thing. We've all watched our coworkers decline or watched our coworkers in traumatic situations. Let's help each other. Let's support each other. And when someone is going through something, let us be there to support them and hold their hands to it.



# References and Resources

## Resources

Girl's Future Firefighter Camp: <https://girlsfuturefirefightercamp.com/>

Trauma Stewardship Institute: <https://traumastewardship.com/>

## References

<sup>1</sup> “Understanding and Addressing Vicarious Trauma (Reading Course).” SAMHSA, [www.samhsa.gov/resource/dbhis/understanding-addressing-vicarious-trauma-reading-course](http://www.samhsa.gov/resource/dbhis/understanding-addressing-vicarious-trauma-reading-course).

<sup>2</sup> “Compassion Fatigue and Self-Care for Crisis Counselors.” SAMHSA, 7 Mar. 2024, [www.samhsa.gov/dtac/ccp-toolkit/self-care-for-crisis-counselors](http://www.samhsa.gov/dtac/ccp-toolkit/self-care-for-crisis-counselors).