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Trauma Matters

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The Cost of Connection: Social Media and Vicarious Trauma

by Eva Michelle Bryant, LMSW, edited by Alana Valdez, MA

Facebook. Instagram. Snapchat. TikTok. The list of social media apps goes on and on. Their popularity has increased over the years as more channels are created to connect with not only peers and celebrities, but anyone in the world. Social media is immeasurably vast; it's a continuous newsfeed with a broad audience from young children to seniors. It cultivates communities both niche and broad. It informs us about all kinds of issues, generates gossip, and allows us to add our own comments to the discourse about the content we consume. Looking beyond the sentimental stories and political skits, there is a major underlying problem: vicarious trauma.

Social media is becoming an increasingly recognized cause of vicarious trauma, described by the Office for Victims of Crime as "a negative reaction to trauma exposure [that] includes a range of psychosocial symptoms, a term used broadly to include other related terms such as secondary traumatic stress, compassion fatigue, and critical incident stress."[1] A 2020 research study indicated that "more hours on social media was modestly associated with mental distress during the rise of the COVID-19 pandemic in the US."[2]

Online, it's easy to find yourself psychologically distressed from traumatic events experienced by others. We can all recall seeing, hearing or reading something disturbing on social media that we cannot shake from our memory: graphic accidents, hate speech, war, terrorism, mass shootings, natural disasters, animal cruelty, self-harm, even livestreams of tragedy in real-time.

The impact of vicarious trauma varies: one could be exposed to trauma repeatedly or it could be caused by a single event. No one is immune to it, however, there are a few especially vulnerable populations who can be triggered by the content they view. For example, individuals with a history of trauma, professionals in fields such as first response and social work, and those living in violent areas may experience vicarious trauma which can be compounded by what they encounter online. As Dr. Zoe Wyatt notes in her 2024 piece "Echoes of Distress: Navigating the Neurological Impact of Digital Media on Vicarious Trauma", "Individuals in conflict-affected regions may interpret media narratives differently from those in peaceful areas, potentially exacerbating feelings of hopelessness and powerlessness."[3] For younger audiences, social media alone has posed problems that can negatively impact physical, social emotional, and cognitive development.[4]

To overcome vicarious trauma, you first have to know what to look out for. Within yourself, you may notice a rise in emotions that feel uncontrollable such as sadness, fear, and anger. You may have an increase in flashbacks, heightened alertness, trouble sleeping, isolation or a reduction in things you enjoy. These symptoms signal that a person needs assistance and resources to reset. Being a responsible social media user means regularly reminding ourselves of the best ways to protect our well-being and stay the healthiest version of ourselves.

One of the simplest ways to protect yourself is by limiting your screen time, which will decrease the repeated social media-induced trauma to which you are exposed. Limiting your screen time will give you an opportunity to participate in offline activities you enjoy. It may help to practice mindfulness and meditation while offline. If changing your habits is not enough to alleviate your symptoms, consider consulting a mental health provider. It is most important to set boundaries with yourself around social media consumption to begin the process of overcoming trauma.

Creating a safer, more inclusive digital space is everyone's responsibility. You can contrib-

ute by refraining from posting potentially traumatizing content and by warning your audience when such content might appear. Content warnings are a way to give people the opportunity not to engage with sensitive topics. On social media, people often use "TW" (trigger warning) or "CW" (content warning) in a caption or at the beginning of a video or audio post to denote a warning. Together, we can acknowledge and mitigate the effects of traumatizing content and find ways to preserve a positive mentality online.

'My Empathy Felt Drained': Educators Struggle with Compassion Fatigue

By Tim Walker

Melissa Manganaro knew "something was off" by her sixth year as a school counselor. Manganaro loved her job, her students and her colleagues at Mountain View High School in Mesa, Arizona. But she was beginning to feel more anxious, tense, and fatigued.

Manganaro wasn't really sure what was happening. She wasn't depressed, nor was she "burned out" exactly.

"I just felt my empathy was exhausted," she recalls.

It wasn't until she attended a session at a professional conference that her problem came more into focus.

The session focused on compassion fatigue, a term Manganaro wasn't familiar with. But what she learned opened her eyes and eventually changed her career path. She took a quick self-test at the session, and found out she was at "high risk" for compassion fatigue.

It made sense. Her trigger was listening to students who were in crisis. And, as a counselor, Manganaro routinely heard from teenagers about self harming or suicide ideation. After these meetings, she would often break down.

"I was trained to discuss academics or career paths," she says. "There is a social and emotional component to this work, but I'm not a mental health professional. So I was not prepared for this."

After attending the school psychologists' conference, "I knew I wasn't the only one."

Compassion fatigue is the most widely used term to describe how educators internalize or absorb their students' trauma to the point of emotional and even physical exhaustion. Classroom teachers, counselors, paraprofessionals, school secretaries all care deeply about their students—but it can come at a price.

Student mental health was on the national radar before the COVID pandemic in 2020. Since then, the crisis has deepened, attracting national attention and resources. In addition to being exposed to student trauma and anxiety every day, many educators also are working through their own struggles, severely testing their ability to cope.

Donna Christy, president of the Prince George's County Educators' Association, in Maryland, worries that even as school leaders and policymakers acknowledge the challenges facing educators, they may not grasp the urgency.

"Our educators are not equipped right now to do what needs to be done—to be the caring, compassionate, supportive educators they want to be," Christy says.

Compassion fatigue causes burnout—and that leads to educators leaving the profession. Resulting staff shortages exacerbate already crushing workloads and caseloads, leading to even more departures.

"Right now, we're in a bit of a downward spiral," says Christy. "And we must figure out a way to get on the other side and reverse this."

In the mid-1990s, American psychologist C.F. Figley defined compassion fatigue as a "state of exhaustion and dysfunction—biologically, psychologically, and socially—as a result of prolonged exposure to companion stress." Compassion fatigue, Figley said, was the "cost of caring." Common symptoms are fatigue, loss of interest in helping others, and heightened feelings of hopelessness.

Until recently, the discussion around compassion fatigue focused on mental health professionals, first-responders, nurses, and other professionals dedicated to the relief of individual emotional and physical suffering.

Over the past few years, researchers began to include teachers in their surveys and analysis. With nearly half of U.S. children having experienced adverse childhood events, poverty and trauma, how could educators, in their supportive role, not be affected? Overall, the available research indicates that compassion fatigue among teachers is prevalent and disproportionately impacts those in underserved schools.

Another condition that has gained prominence and is often conflated with compassion fatigue is "secondary traumatic stress" (STS), or "vicarious trauma." While the two are very similar, STS is more of a component—a rather urgent one—of compassion fatigue.

"Compassion fatigue generally sets in over time, hence the 'fatigue,'" explains Steve Hydon, a clinical professor at the University of Southern California. "Secondary traumatic stress can set in almost immediately because of a student experience."

A 2012 study by the University of Montana found an increased risk for STS in school personnel. Analyzing over 300 staff members in six schools in the northwest United States, researchers found that "approximately 75 percent of the sample exceeded cut-offs on all three subscales of STS. Furthermore, 35.3 percent of participants reported at least moderate symptoms of depression."

However, unlike other professionals, teachers and school staff members aren't trained to navigate the emotional toll brought about by compassion fatigue and similar phenomena, leaving them particularly vulnerable. This was an issue before the pandemic and has only been exacerbated since, says LaVasha Murdoch of the Washington Education Association.

As a UniServ director (an NEA staff member who supports the state and local union and individual union members), Murdoch routinely heard from WEA members during the pandemic about the mental health struggles they were enduring. "Some of our educators are still not ok," she says. "We need to be looking at secondary trauma. We need more acknowledgement that the same issues that are kids have been dealing with, so have our teachers, our bus drivers, and our counselors."

When the often-debilitating effects of com-

passion fatigue take hold, teachers and other staff can be caught off-guard.

"The problem is you don't see it in yourself, and it's sometimes hard to be self-reflective and be able to identify what's going on," says Christy, a school psychologist. "It happens a little at a time so that it sneaks up on you."

Even though school counselors are not trained to be mental health professionals, they are often expected to perform as one, particularly when districts look to cut social workers and psychologists. As caseloads rise, counselors often find themselves pushed to the brink. "And then, we're just told to handle it," says Manganaro.

As compassion fatigue took its toll, Manganaro changed course. She returned to teaching art (where she began her education career).

She also went back to school and, in 2023, completed her dissertation on compassion fatigue and school counselors.

"There was a gap in the research specifically around school counselors, so I wanted to highlight not only the causes but also the lack of resources or training," Manganaro explains. "I feel fortunate because I was able to return to the classroom, make a transition to another position. But others are not so lucky. They don't feel supported and will just leave altogether."

Manganaro practiced self-care and found support from friends and colleagues. But ultimately, she says, schools need to prioritize professional development, hire more staff, and reduce caseloads.

For her dissertation, Manganaro interviewed ten school counselors in Arizona who were experiencing symptoms of compassion fatigue. They told her that "difficult student issues and lack of institutional support"—not personal attributes and work/life balance issues— were driving their compassion fatigue.

That's the core issue, says Sherry Pineau Brown, a lecturer and coordinator of teacher education at Colby College, in Maine, because too many educators work in unduly stressful conditions.

"The heart of healthy communities are healthy schools, right? And we need healthy adults working within those schools to help our kids because we know they're not healthy," Brown explains.

A former high school teacher, Brown says that while education is a "caring profession," and there is a deeper purpose for those teach, "educators are not martyrs."

In 2023, Brown and Catherine Biddle of the University of Maine released a study examining the "cost to caring" (in the form of compassion fatigue, secondary traumatic stress and burnout) and potential remedies to mitigate the harm to teachers. Interviewing 540 Maine teachers, Brown and Biddle found that the levels of STS and burnout were very much in line with professions such as nurses and first-responders.

They also concluded that personal resilience and "compassion satisfaction" (the satisfaction derived from being a successful teacher) is helpful in mitigating burnout.

But it starts with a positive school climate.

Brown urges school systems to amplify teacher voice and expertise and not resort to "toxic positivity" and "cutesy wellness."

A system-wide approach can help neutralize, or at least mitigate, those factors that can turn compassion fatigue, STS and similar conditions into the backbreakers they often are.

"There is no one answer, and we need lawmakers and the general public to understand that our members are being asked to cope with toxic situations in their schools," says Christy.

In Prince George's County, Christy says the union has been instrumental in providing a venue for support systems. "We all need those spaces and opportunities to unload and talk about what's going on, be able to ask, 'Where do you need help?'"

But the time for temporary "Band-Aid" solutions is over. Mental health days for educators, for example, are fine, but are "not the answer," says Christy. Research shows that school leaders who protect teachers' time, invite their input, and support their mental health and well-being through comprehensive programs see higher levels of satisfaction.

This is where educators and their unions have focused their advocacy since staff shortages—before and after the pandemic—have destabilized entire school districts.

"The focus is always going to be on students," Christy says. "So lawmakers and the public have to understand how everything is connected. You can't leave educators out of the conversation about mental health. We're letting everyone know, we can't take care of your kids unless we take care of ourselves, and we need help doing that."

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Ask the Experts: An Interview with Jane Gordon of American Medical Response

By Tammy Sneed, DCF

Jane Gordon is a Clinical Education Supervisor for the Greater Hartford/Northeast Division of American Medican Response (AMR). She was born and raised in Connecticut and began her career in emergency medical services (EMS) in 1991 as an emergency medical technician (EMT). She graduated from the Hartford Hospital Paramedic Program in 2002 and worked as a full-time paramedic until 2023.

During her time as a paramedic, she was a Field Training Officer (FTO) and Lead FTO, with a focus in education. In her role as FTO, Jane took Critical Incident Stress training and co-established the Wellness, Intervention, Rehabilitation, Education and Development (WIRED) Team at AMR as a result. She served as a peer counselor and program administrator for WIRED until 2023. Currently, she continues as a program administrator and peer counselor to other supervisors.

TAMMY SNEED: Jane, can you tell me a little bit about yourself and what you do for American Medical Response?

JANE GORDON: Sure. I am a paramedic in the state of Connecticut, but specifically my job at American Medical Response (AMR) is Clinical Education Supervisor. I've been with AMR for 25 years, and I was a road paramedic within our service area in the Greater Hartford area, including the City of Hartford, Newington, Bloomfield, and West Hartford. Just over a year ago, I applied for and got the position of Clinical Education Supervisor. I have always been involved in education here at AMR West Hartford and it was a dream kind of come true with this job. So, I've always been involved in various things in the company. Now I do clinical quality review, I do education and training, monitoring credentials and I'm the lead administrator of the WIRED Team.

TAMMY: Great! We're going to talk about [the WIRED Team] today. I have to give you kudos, Jane, you are one of our best trainers in our trafficking efforts, as well, and you have assured that all of your folks are trained on that really tough curricula. We know EMS is the first to the scene and many times you're going to see lots of different types of cases and scenarios and have to make sure you're ready for it. Your position at AMR is super important, [and] you're a dynamic trainer, so [we're] happy to have you on our Human Anti-trafficking Response (HART) Team [at DCF] as well.

JANE: It's a difficult topic, but it's extremely important. As you know for a fact, we have had many trafficking cases that we have turned over to your department, and knowledge is power for our providers. Thank you for doing that groundbreaking work to help all of us perform better, we appreciate it.

TAMMY: I appreciate it, Jane, and I will tell you AMR is our number one reporting EMS agency. So, go AMR! So Jane, going off of what we just talked about, we know that EMS folks, whether you're talking about paramedics or EMTs, they're often dealing with secondary trauma. Can you talk a little bit about this?

JANE: When a lot of people think of EMS and they think of an ambulance service, they think of someone with cuts or bruises or broken arms or a motor vehicle accident, or they trip and fall. When they see things that are of a more critical nature, we are often the forgotten component of the call and it can be any type of call. One of the key underlying pieces of being aware of secondary trauma is we all have lives we carry into these jobs, our own personal experiences, our own personal things and sometimes you go on a call and it can trigger a personal response.

The [WIRED] team is focused particularly on critical nature calls. There's several different [types of] calls that when you are trained, you learn [such as] high profile events, things that are going to garner a lot of media attention, calls involving other providers, police, fire or EMS, pediatric calls, domestic or significantly violent in nature calls and calls that are going to linger. What we found was a lot of these calls, you put away in a box. As a provider, you learn to move on. For us, we're an extremely busy service so you may work on a very critical call and 20 minutes later, they're asking you to go on another call. The time that the providers don't have to process a call, to find out they're upset or what's bothering them about a call has caused a lot of people to have mental health issues. We know when you have mental health issues, you tend to also have other things that go along with that: other means of coping that are not healthy. [However], we also saw that people lose time from work and the cumulative effects of secondary and even primary trauma get worse over time. So, how do we keep our providers well, to perform their jobs and to have a life outside of work?

That's very, very important to us in our culture, particularly in this division. We know that our providers have families and friends, and children and parents, and they want to participate in their lives outside of work. But unfortunately, the work we do is work that other human beings don't want to see. You don't want to be there, you shouldn't be there, it's traumatizing to be there, so we have to address that as part of our care for our employees.

TAMMY: Absolutely. I mentioned earlier off our recording that it's been interesting to watch, both in Connecticut and across the country, [that] we finally started to acknowledge that law enforcement needed that kind of support. [But], we still weren't getting to the EMS side; even when we looked at legislation that was being enacted, it excluded EMS for a number of years. It's finally getting to that point, but it's great to see that AMR is kind of going above and beyond with this. One of the ways that we're seeing this is through your WIRED Team. Can you tell me a little bit about what this team does? First, what does WIRED stand for, and then what does this team do?

JANE: WIRED is a team that we created almost four years ago. It means Wellness, Intervention, Rehabilitation, Education and Development. When we came up with the name—I was one of the founding members of this group—we wanted it to be a multidimensional group, not just a group that dealt with the trauma of our providers, but where we could help teach resiliency and offer services to people, to reach out to providers whether they were having personal, financial, or professional issues. [We wanted] to be available to our peers. Peer counseling has been around for years and years and the WIRED Team was developed because of the system we work in. We are a private company, we do not qualify for grants and that's probably why EMS is excluded a lot of times from things because EMS is very largely run by private ambulance services. There are some regions and areas in the country where it's part of the municipality, but here it is not. There are some areas that are, but for the most part even the smaller services are run independent of the town services: they're not included in the fire department, they're not included in the police department, so we have to do our own thing at times.

TAMMY: That's wonderful, and I'm glad you explained it that way, I never thought of it in that way. When we do see those kinds of grants for, for example, law enforcement, it tends to be focused on those municipalities, so that makes a whole lot of sense. You started to talk about how it was developed, but can you tell me about how it operates on a daily basis? Talk to me about how it works.

JANE: It's important here to give a little history about WIRED as a team. I have been teaching at AMR for years, I ran the BLS (Basic Life Support) refreshers, the ALS (Advanced Life Support) refreshers, human trafficking, [and] any training that the employees needed. I was a field training officer and teaching is my passion. I had a previous life where I was a regional trainer for a large company, so this has always been part of what I've done.

I've taught resilience for years, due to my own personal circumstances. I'm very open about my history: I've been in recovery for, God-willing, 23 years in September, but during recovery and during my time here, I had struggled mentally. I had a period of time where I was leaving work in tears every day. I wasn't performing well, I had high absenteeism and I didn't know why. I was sober and I was going to a program, and I knew that part of my life was in order. I was good at my job but I couldn't figure out why I was just struggling so much.

During that time, I had a failed suicide attempt and I tell people it was the best-worst day because I did get outside help then and have since then. I wanted people to know that recovery from trauma and recovery from [mental health issues], mental illness, or psy-

chiatric events shows that you can move on. It's not a dead-end street, there's light at the end of the tunnel.

So, [in] my teaching, I told my personal story all the time [including] during new hire classes. The people who had my job before me loved that I told that story. It was always important to me that I teach my peers how to build resilience. A lot of people say, "You just have it or you don't," but that's not true. We can build [resilience] in ourselves, and that was always a personal project for me.

Around that time, therapy dogs were coming into a lot of areas in EMS and we were one of the first ones. As part of getting a therapy dog, the handlers [at AMR] have to attend critical incident stress management classes. They were holding the class for several therapy dog handlers in Springfield, Massachusetts at AMR, and my boss at the time said, "Hey, we have extra seats, would you be interested?" I said yes, and [decided to bring other coworkers] who [have] had similar struggles to mine. So, the three of us commuted back-and-forth to this three-day program.

And at the end of the second day, we were driving back from Springfield and [talking about how] we [needed] a peer counseling team. There is one in the state of Connecticut available to EMS, but it's a state system. The problem with that is, we do 65 to 70,000 calls a year [at] AMR Hartford alone.

We had four divisions in the state of Connecticut [but] we [decided we needed] our own team. We do so many critical calls, and we do so many calls that affect our providers. We should have the ability to provide them counseling immediately after these calls and [my colleague] Tom, he showed us how to set up a program: he was a police officer, he'd been an EMT, he'd been a firefighter, he was great. So, we decided to set this program up.

The three of us wrote bylaws, we wrote mission statements, and we presented it to AMR. We had to go and present it formally to AMR; I sat in my regional director's office with human resources, my operations manager and a couple of people from other divisions. Chris Chaplin, our Regional Director, said, "Before you say anything, Jane, we've already approved it. We're already doing it. We think it's a phenomenal idea. We're paying for it. We're doing it."

The initial time, we trained 35 people in the state of Connecticut, and the idea of it is that every division has a team. We chose all different levels of providers: supervisors, EMTs, paramedics, new providers, senior providers, so that you have anybody who's your true peer, you can speak to.

We conducted 3 days of training; we had team leaders, they had a team group and they [conducted] conversations amongst themselves and from that, we developed this team in the state of Connecticut. We do events around the month of May to support first responder mental health. We've done fundraisers. There is a place in Massachusetts called the On-Site Academy that is specific treatment for the mental health of wellbeing of first responders, so that was really important to us [to fundraise for].

One of our members was a supervisor in dispatch, so it helped to have that. [Dispatchers can develop secondary trauma] listening to crew members screaming for help on a scene or [hearing] their voices change when they all of a sudden realize there's a critical call that didn't come in that way, so they get trauma too, because they feel responsible.

So, she is a great representative and has continued to work with me on the team. [Together], we developed a "mandatory minute". [If] the supervisor or dispatch notifies [us] of a critical call, we immediately take the crew out of service after the call. They always have a choice, you are not required to participate in the initial [treatment]. There's a couple of levels of treatment and care. The initial is diffusing. It's a peer diffusing. I've received WIRED peer counseling at times, so [when receiving it], they talk to you about what to look for and how you can expect your mind and your body to react to this kind of trauma.

We invite people in and we have snacks or pizza and we call in the team. What we've found is the diffusing, which [is] the immediate one-to-one, is where the progress [is] made, because this is where we stop the domino effect of secondary trauma.

We also, on our team, have a licensed clinical social worker who is available for any situations where we feel someone is at risk. We do not try to put ourselves as professional counselors, we are peer counselors. [If] I'm speaking to someone and I become very concerned, we [direct them to her]. We have had people that we have had to transport to the hospital. There are certain times [when] our training is not sufficient. The social worker can help them get set up with counselors and long-term care that may be needed.

I would say to date—we're talking in my division alone—in four years, [we've done] hundreds, hundreds of calls and conversations. Part of it is that we follow up. So, if I've done peer counseling with you, I may walk by you a day later and [say], "Tammy, how's it going? You want to have a cup of coffee?" It would be personal and private; we don't write anything down, we don't log the calls and the statistics, [but] we try to [have] an idea of what's going on.

But, we don't document anything [because] we don't want people to know who is in these diffusings, we don't want people to know what was discussed. It truly is a fluid program in that sense. And if [you don't] want to speak to someone [you work] with every day, we can arrange for someone from another division to speak to you, so we have that flexibility.

We've had situations where something happened in another division, and it affected the entire division. We will send our people down to whatever division had something big happen and we will do those immediate diffusings. We will be there: we've done it for funerals, we've done it for mass casualty situations, so we kind of go and provide support to that division and just to be there to hear people. It's been quite successful in that respect.

[We also do] debriefings for larger scale events. They're usually held a couple of days after [the event] and they involve anyone who was directly involved in the call, [but] have had only a handful of those. The diffusings are really what has provided our strength. You still have the option to go home after the call, we don't penalize employees for that. Part of the management side of the agreement is that they don't penalize an employee who needs mental health days.

TAMMY: Right, I was going to mention that.

JANE: Those are the big things and that's the history behind it. We just recently, due to attrition, in the spring trained another 35 people in the state of Connecticut, so the company has invested [in] all these people. We pay for them to be trained, we pay them while they're being trained. We believe in it, and our company believes in it, and I think it's a hidden gem within GMR (Global Medical Response, AMR's parent company) and AMR. It's unique to the state of Connecticut, by the way.

We've had outside agencies—other EMS services—request our services, but we're not set up for that. We really [try to] keep it close within because we are more aware internal-

ly of what calls have gone on. I just came back from one this morning, it was a critical call involving a child. So, we went out and touched base with the team and it happened that the hospital did a bit of a diffusing, but we had already touched base with our team. They declined to come in off the road and have a diffusing, but they were given a break. They had about an hour off the road and we checked on them, talked to them, and offered them services. But now, we can follow up with them internally and check on that [in] 24 or 48 hours, [or a] a week later and we know who they are, we know how to find them. We have seen a big change and it also has become a reason people want to work here and they want to stay: because we take care of them in that manner.

TAMMY: Jane, this is so incredibly powerful. Your story for one, is so powerful. You being able to share that gives everybody else permission to share, their own mental health challenges and that secondary trauma. In the fields that you all work in, you kind of put up this kind of barrier, and it's hard for people to get through. But when you're doing it internally like you shared, you get what they're experiencing, so you have a whole different way of being able to connect to folks that are experiencing these traumatic events.

Other agencies need to really consider this. I have a family of EMS and they'll come home, they'll call me, and they'll have really tough stories [that] even I really struggle listening to. Like you said, their stories are very raw, they're very explicit. So, knowing that they're going to get some support immediately through AMR in Connecticut, but then also that ongoing support [is so amazing].

JANE: We developed a slogan; it was based on that government thing of "see something, say something". So, we said, "Listen, text or call a team member or just leave a note [asking if we can check on them]." We have had a couple of instances of anonymous reports of [people] who seem to be putting in a lot of extra hours [or] they seem a little frustrated or stressed. I've literally pulled people aside and said, "Hey, I just want to check on you. Some people have been concerned." People are stunned others recognized in them the signs that they weren't able to see in themselves of secondary trauma.

We want to pretend we're tough and not vulnerable. In this job, part of that is necessity, to be tough to do the job, but there is a time and a place for vulnerability. I feel like if it wasn't made formal and wasn't an open invitation, some people would not recognize it as a need, and now it has become part of who this group is. WIRED is part of AMR; it is who we are. When people come in and recognize that there's this team of eight members, people are stunned that a big company is invested in it on a local level. The higher ups embraced it from day one, so a big piece of [it is] that their belief was pre-existing.

TAMMY: That says a lot too, that it's embraced from the higher ups, because there's not going to be any retaliation for somebody being vulnerable. I would think that [in] many organizations, people would worry if somebody notified [a colleague of their behavior], they would think there'd be some kind of consequence. The fact that this is built into AMR in Connecticut allows individuals to come forward without any negative recourse and take care of themselves.

JANE: In GMR's national program, we do a lot with well-being of employees on a national level, which is great, but how do you take that support and then translate it to a local level? And you have to create something at the local level. We also use [national] resources [on a local level]: we talk to people about EAP (employee assistance programs) and we talk to people about things that are available on GMR Life (GMR's health, wellness, and resilience program). We're the largest private ambulance company in the world: we have divisions in Hawaii, we have the ERT (emergency response team), we have people who go to disasters on a regular basis. There's the briefing and there's teams there. When you come home, you have us as well.

So, I was in [Hurricane] Katrina. I went down and [after], I quit for three months because there was no team, there was no diffusing, there was none of that. With our national recognition, [we] have teams on the ground now to [support] mental healthcare of our deployed personnel, and then we can follow up with them when they return. We have several veterans in our groups that help veterans who are working and struggling with multifaceted trauma. It's a reality of life and if you want to retain excellent providers, you have to [offer] multifaceted care for them.

TAMMY: I love that you brought up teams that go into crisis because that's such an amazing service that AMR provides. I know you sent people to New York during COVID. Having [WIRED] as a team to be able to follow up with them is so critically important.

JANE: Even during COVID alone, we all worked. We came to work seven days a week, 24 hours a day. We have to recognize that the people who do the work are important to us and I think that's part of the culture. I'm proud to be part of that culture, continuing now in this role as well.

TAMMY: Absolutely, I'm so glad you got promoted to that position, Jane. My last question for you is: Do you have any kind of aspirations for the WIRED team?

JANE: Part of the beauty of the team is the local, peer-driven piece of it. If you think about any company, and you think about a program that is for employees by employees, it has to have support from the top down and it has to be driven passionately by the people involved. The people involved have to believe in the mission of the group. I think that the biggest thing is that not everybody at the top agrees, not everybody at the bottom agrees. There are people who think it's mumbo jumbo, so that's why we always give people an option to receive WIRED peer counseling.

I believe that in order for it to be successful, it has to start at the local level. I have always said I would be happy to help someone else [who wanted to start their own team]. The key is that you have to have a couple of people [interested]. It requires belief and support from the top down and the bottom up and meet in the middle to make it happen. I think that [creates] a struggle for other agencies to start.

I have talked to people at AMR, and said, "Listen, if other divisions want to do it, we'd be more than happy [to help]." We have a national program, so it would be up to them to decide to do it. [WIRED] is very active within our state and we don't have grandiose aspirations, we're happy. I am loyal to this division, to this company. For us to leave our stamp from where we have lived and worked for decades [is] the main accomplishment. When we leave this division, when our time to retire comes, we have set [AMR] up to have a different culture and a different way of working here, where our passion started and where it lies. Sustaining the program is the key goal long term.

Every time we have a new hire, [we'll send resources]. [We offer] a lot of different things: we have questionnaires about alcoholism, we have resources for domestic abuse, we have resources for mental health and we have descriptions of different signs and symptoms of manifesting trauma and post-traumatic [stress]. We give people resources, we are always available.

Members of the team are on the culture committee to improve the morale and culture of our division. We created a zen den in one of our empty rooms [so there's] a quiet place where you can do a diffusing or you can sit and relax. We have ingrained this into the culture now and to me that's the ultimate success.

TAMMY: Absolutely, it's a grassroots, phenomenal program. Your focus on keeping this strong in your division is absolutely amazing. And I'm just so impressed with you, Jane, and with AMR in general for supporting this in the state of Connecticut. Your focus on mental health, your focus on general wellness for the workers doing this really tough work is just phenomenal. I thank you and I thank AMR for everything you're doing.

JANE: I have to give 100% of the credit to the people. I am an administrator now, due to my role, I'm no longer a peer.

I still talk to a lot of my friends about my years on the road, but you have to pass the baton and that's really hard. Mixing the people who've been there from the beginning with newer members of the group has really helped a lot.

But I give 100% to the people out there answering the phone at 2:00 in the morning and coming to counsel their peers at 3:00 in the morning after. They get up at night or they come in on their day off to be there for their peers. It's a gift they give and I am impressed by that every day with how the team has continued to function.

I would say each division has its little nuances based on the team. If someone wanted to start [WIRED], it still has to be grassroots. The concept can be shared, but the grassroots [component] has to be there.

TAMMY: Yes, it has to be tailored and it has to be safe. The only way for it to be truly safe for people experiencing these horrific events and trying to deal with their own reactions to [them] is to know the people. The reason you're so effective is you know your people. You provided the safe space for them, you know the state, you know the system. I look forward to working with you long-term. It's always great working with you.

JANE: Thank you so much, Tammy. I would speak for our other two founding members that it was a passion project and to see it grow and continue is the ultimate gift back.

Who's Been Reading *Trauma Matters*?

Bryn Lottig!

Bryn Lottig is the author of *No Child Left Inside* and one of the proud co-founders of Kikori, an education technology platform. In additon to holding a masters degree, she has honed her expertise in Adventure-Based Experiential Education over twenty years of using adventure as a medium to develop social and emotional skills in learners of all ages.

Her passion lies in crafting and leading programs that translate outdoor experiences into lifelong learning, whether in schools or through professional development. She believes in empowering individuals to embrace challenges as a catalyst for growth and discovery.

Bryn was a keynote speaker at our 2024 Trauma & Recovery Conference, sharing how her personal trauma history influenced her career path. To learn more about the intersection of Adventure-Based Experiential Education and trauma treatment, listen to our conversation with Bryn on our podcast, *Realizing Resilience*, available on Spotify or Youtube.

Find those links and connect with us on social media by visting our Linktree, linktr.ee/connecticutwomensconsortium.

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