

# How Best to Deal with Unwanted Memories of Tough Calls?

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*The aftermath of a traumatic experience can be a confusing thing for many of us. How can you identify signifiers of PTSD when it's normal to have some of them early on? Are you even sure that what you have been through has affected you all that much? Is there something small, or something larger lurking underneath the surface?*

*Dr. Jennifer Wild, associate professor of experimental psychology at the University of Oxford, lays out a few basic approaches to dealing with what may be a traumatic experience in a healthy and balanced way, and how to recognize signifiers that need further help to get you back on track.*

On 7 May 2019, dispatch relayed a category 2 call, which John and his crewmate picked up. They were told a man had fallen down, wounding his head. The caller had hung up on the control desk and no more information was available. It didn't sound urgent, but John knew that the information relayed in such calls didn't always match what they found. When he and his crewmate arrived on scene, the man was in cardiac arrest.

The man reminded John of his father. He was about the same age with a similar shock of white hair. John performed CPR with members of the public shouting at him to work faster. The man died.

Sometimes you can walk away from a call, reset, and move onto the next relatively unscathed. Then there are those incidents that really get to you, and always seem to get to you. They remind you of someone or some situation in your personal life. Or you find the crippling circumstances in which some people live tough to bear. These calls may flash to mind as if out of nowhere, pulling you to the past and making you feel like the whole thing you wish had never happened is happening all over again.

Such memories are unwanted and uncontrollable, yet normal in the aftermath of the most difficult call-outs. They usually fade with time and are not something to be too concerned about although they can, of course, interrupt your focus and knock your confidence.

Having helped many paramedics recover from post-traumatic stress disorder (PTSD), the severe stress reaction that can develop after trauma such as witnessing other people die or suffer, I am often asked: "What should I do after the really tough incidents?"

The short answer is...Nothing. Try to let the memories come and go without trying hard to push them away. Research our

team has carried out found that trying to push the memories away causes them to come back more often.

Of course, it's important to follow your service's operational guidelines after critical incidents. Then remember something important: it is normal for our minds to replay tough and traumatic events until they settle. It is normal to question our actions in challenging circumstances. All of this is normal for the first several weeks after a traumatic call-out.

The majority of people after trauma adjust and stay well. People are, for the most part, resilient. It is a minority who will go on to develop longer-lasting PTSD symptoms. Of course, this doesn't mean that paramedics are safe from risk, and research we've conducted shows that paramedics are at greater risk of developing PTSD and other forms of psychological distress compared to the general population. But the good news is that there is natural recovery with PTSD symptoms, especially in the month after trauma.

This is why the U.K.'s National Institute for Health and Care Excellence (NICE) recommends "watchful waiting" after trauma: monitoring symptoms and waiting to see how things settle in the first month. It is also why the NICE guidelines for PTSD recommend no psychologically-focused debriefing to prevent or treat PTSD – it interferes with natural recovery.

What is less clear is the trajectory of PTSD amongst paramedics. Do paramedics benefit from natural recovery from PTSD at a similar rate to that of the general population or are they more susceptible to persistent and enduring PTSD due to the nature of their work?

To answer these questions, longitudinal studies are needed in which we track paramedic health over time and importantly learn much more about paramedics who stay well their entire career and paramedics who do not. We need to identify the psychological, behavioral and organizational factors that support paramedics to sustain good health, including recovery from episodes of PTSD. Similarly, we need to know much more about the factors linked to persistent PTSD and psychological distress among paramedics. Only then can we be clearer about how best to protect paramedics from developing PTSD and other forms of psychological distress, and what intervention or training is best placed to help at different stages of a paramedic's career.

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