PW-WEB-CHAPLOG-004

PRESENCE WORKS LLC™

Healing Begins with Presence™

Trauma-Responsive Encounters

Chaplain's Log: EMS Edition

Real and illustrative field encounters exploring how PRESENCE™ and ATTUNE™ guide compassionate, ethical, consent-based care among paramedics, EMTs, partners, supervisors, and chaplains.

The Chaplain's Log: EMS Edition is a collection of field-style teaching encounters. Some are adapted from ministry with EMS professionals, and others are composite illustrations built in the same spirit, written to show what trauma-responsive presence looks like among paramedics, EMTs, partners, supervisors, and chaplains. Each entry follows a real or realistic moment: a medic checking equipment long after a call that didn't survive, a partner who's gone quiet for weeks, a paramedic who finally admits a rough shift wasn't fine. These aren't polished success stories. They're honest snapshots of what it looks like to slow down, notice, and stay present when the people who show up for everyone else are struggling themselves.

For our students, the purpose isn't to hand you a script. It's to show PRESENCE™ and ATTUNE™ at work in situations too complicated for a textbook to fully capture: pediatric calls, unsuccessful resuscitations, frequent callers, angry families, cumulative exposure, and the long drive home. Each case walks through the situation, the challenge, the response, and then breaks down exactly which movements of PRESENCE™ and ATTUNE™ were in play and why they mattered.

Read these not as a set of rules to memorize, but as a way of training your instincts so that when you're the one sitting with a partner in crisis, you already recognize the shape of what presence can offer.

01 "My Son Has the Same Pajamas"

THE SITUATION

A crew worked a pediatric cardiac arrest. Every intervention that could reasonably be attempted was attempted. The child did not survive. Back at the station, one paramedic repeatedly checked the equipment and restocked the same compartment.

THE CHALLENGE

His composure and his repeated checking weren't the same thing as being fine. I needed to stay close without forcing conversation, and without treating the repetitive behavior as a problem to correct rather than a form of processing.

THE TRAUMA-RESPONSIVE RESPONSE

His partner told him the truck was ready. "I know," he said, but kept checking. His partner didn't tell him to shake it off. He stood beside him and said, "That was a hard call. You don't have to talk about it right now. I just want you to know I'm here." After a long silence, the medic said, "My son has the same pajamas."

PRESENCE™ in Practice

- **Pause & Prepare:** The partner set aside the urge to hurry the post-call routine along and simply stood beside him.
- **Regulate Self:** He kept his own voice calm and unhurried despite the weight of the call.
- **Engage Humanly:** He stayed as a partner, not a supervisor checking a checklist.
- **See & Sense Cues:** The repeated equipment-checking, not spoken words, was read as the real signal.

- **Empower Choice:** There was no pressure to talk right away.
- **Normalize Responses:** The repeated checking wasn't called out as an issue to fix.
- **Connect Early:** Physical proximity itself functioned as the connection.
- **Encourage Next Steps:** Once the pajama detail surfaced, the partner understood there was a specific thread to check on later.

ATTUNE™ in Practice

- **Attune to State:** Repetitive task behavior signaled a still-elevated nervous system, not simple diligence.
- **Track Stress Impact:** A pediatric death carries a distinct weight that doesn't show up in a physical exam.
- **Titrate Intensity:** The partner didn't ask direct questions. He let the connection surface at its own pace.
- **Understand Meaning:** "My son has the same pajamas" revealed the exact bridge between the call and his own life.
- **Name Strengths:** He performed every intervention correctly despite what this call would come to mean personally.
- **Equip Next Steps:** Naming the connection gave the partner a specific thread to follow up on, rather than a vague sense that something was wrong.

WHY THIS APPROACH HELPED

Sometimes a call becomes personal because something about the patient crosses into the responder's own life. Presence without pressure lets that connection surface in its own time.

WEBSITE TEACHING POINTS

- Repetitive, ritual-like behavior after a call is often a form of processing, not malfunction.
- Physical proximity can communicate more than words.
- The detail that makes a call personal isn't always obvious until it's named.

TAKE A MOMENT TO REFLECT *What might a coworker's behavior be communicating when their words say nothing?*

02 "I Couldn't Do Anything for Her"

THE SITUATION

A paramedic had responded to hundreds of deaths. This one was different. After an unsuccessful resuscitation, the patient's wife fell to the floor screaming as the crew stopped CPR. Two days later, he told the chaplain, "I don't keep seeing the patient. I keep hearing his wife."

THE CHALLENGE

The instinct was to explain trauma or offer a technique. I needed to find what was actually driving the distress rather than assume it was the medical event itself.

THE TRAUMA-RESPONSIVE RESPONSE

The chaplain reflected what he heard: “That really stayed with you.” Then he asked, “What about it is hardest?” The medic paused before answering, “I couldn’t do anything for her.”

PRESENCE™ in Practice

- **Pause & Prepare:** The chaplain resisted the urge to immediately normalize or explain what he was describing.
- **Regulate Self:** Calm, unhurried responses kept space open for more.
- **Engage Humanly:** Simple reflective statements, such as “that really stayed with you,” kept the conversation relational.
- **See & Sense Cues:** The detail he emphasized, the wife’s scream and not the patient, was read as the real cue.
- **Empower Choice:** He decided how much detail to share about what was hardest.
- **Normalize Responses:** The chaplain didn’t rush to reassure him the call had gone fine clinically.
- **Connect Early:** The conversation two days later was itself the connection, prompted by the medic reaching out.
- **Encourage Next Steps:** Naming “I couldn’t do anything for her” opened space for a next conversation about helplessness.

ATTUNE™ in Practice

- **Attune to State:** His focus on sound over the medical scene signaled where the real impact lived.
- **Track Stress Impact:** Helplessness toward the family, not the resuscitation itself, was the operative stressor.
- **Titrate Intensity:** One simple follow-up question, “what about it is hardest,” let him go only as deep as he was ready.
- **Understand Meaning:** “I couldn’t do anything for her” reframed the call around what he couldn’t fix, not what he did.
- **Name Strengths:** He had absorbed hundreds of difficult calls and still recognized when one didn’t fit the pattern.
- **Equip Next Steps:** Identifying the true source of distress pointed toward the right kind of follow-up support.

WHY THIS APPROACH HELPED

Helplessness can be especially difficult for people whose profession is built around doing something. What affects a responder most may not be the medical event itself.

WEBSITE TEACHING POINTS

- Ask what part of the call was hardest instead of assuming.
- The family's grief, not the clinical event, is sometimes the actual source of distress.
- Reflective listening can surface the real story faster than a direct question.

TAKE A MOMENT TO REFLECT *What happens when the person trained to help encounters something that cannot be fixed?*

03 The Frequent Caller

THE SITUATION

The tones drop. Everyone recognizes the address. A crew member mutters, "You've got to be kidding me." The senior medic notices this reaction has become more frequent.

THE CHALLENGE

Distinguishing depletion from a simple bad attitude required accountability for professional patient care alongside genuine curiosity about the cause.

THE TRAUMA-RESPONSIVE RESPONSE

Instead of lecturing, the senior medic said, "You seem more frustrated with these calls lately." The younger medic explained his reasoning: real emergencies could be waiting. The senior medic answered, "I understand. But that's not usually how you talk about patients. What's going on?" The medic eventually acknowledged exhaustion, overtime, poor sleep, and feeling emotionally empty.

PRESENCE™ in Practice

- **Pause & Prepare:** The senior medic set aside the instinct to correct the comment on the spot.
- **Regulate Self:** A calm, non-defensive tone kept the conversation from becoming a discipline talk.
- **Engage Humanly:** "You seem more frustrated lately" addressed the person, not just the remark.
- **See & Sense Cues:** He recognized this reaction was out of character for how the medic normally talked about patients.
- **Empower Choice:** He let the medic explain his reasoning before naming a concern.

- **Normalize Responses:** Frustration itself wasn't treated as a character flaw.
- **Connect Early:** Naming the pattern kept the conversation open rather than shutting it down.
- **Encourage Next Steps:** Identifying exhaustion, overtime, and poor sleep pointed toward concrete next steps.

ATTUNE™ in Practice

- **Attune to State:** Irritability was read as a symptom, not the whole story.
- **Track Stress Impact:** Overtime and poor sleep were compounding the effect of repeat, low-acuity calls.
- **Titrate Intensity:** The senior medic asked one direct but non-accusatory question rather than pushing further.
- **Understand Meaning:** Frustration with the frequent caller was standing in for a broader sense of depletion.
- **Name Strengths:** He still held professional standards for patient care even while venting.
- **Equip Next Steps:** The conversation shifted from managing a complaint to addressing the responder's actual needs.

WHY THIS APPROACH HELPED

Compassion can become harder when the person offering it has little left in reserve. Cynicism can signal depletion rather than simply a bad attitude.

WEBSITE TEACHING POINTS

- A shift in how someone talks about patients is often a cue worth naming directly.
- Curiosity, not correction, gets to the real issue faster.
- Exhaustion and poor sleep can look like an attitude problem before they're recognized as burnout.

TAKE A MOMENT TO REFLECT *When irritation becomes your normal response, what might your own body and mind be trying to tell you?*

04 "Can You Offer Yourself That Same Grace?"

THE SITUATION

A paramedic responded to a critically injured patient. Despite aggressive care, the patient died. For days, the medic reviewed the call: What if we'd gotten there sooner? What if I'd tried something different? What did I miss?

THE CHALLENGE

He understood intellectually that the outcome was likely beyond his control, but arguing him out of the guilt directly wasn't going to reach it. I needed a different way in.

THE TRAUMA-RESPONSIVE RESPONSE

A trusted peer asked, “If another medic had done exactly what you did, what would you tell them?” “That they did everything they could.” The peer waited, then asked, “Can you offer yourself even a little of that same grace?” After a silence: “That’s harder.” “I know.”

PRESENCE™ in Practice

- **Pause & Prepare:** The peer resisted arguing him out of the guilt directly.
- **Regulate Self:** Patient, unhurried pacing let the question land without pressure.
- **Engage Humanly:** The peer engaged him as someone facing a common experience, not a special case.
- **See & Sense Cues:** Repeated “what if” questions over several days were read as unresolved guilt, not simple review.
- **Empower Choice:** The peer asked a question rather than delivering a verdict.
- **Normalize Responses:** Naming that grace is harder to offer ourselves was met without judgment.
- **Connect Early:** The conversation itself modeled the compassion the medic couldn’t yet extend to himself.
- **Encourage Next Steps:** Acknowledging “that’s harder” became the honest starting point for further support.

ATTUNE™ in Practice

- **Attune to State:** Repeated self-review, days after the call, signaled guilt more than clinical debrief.
- **Track Stress Impact:** The gap between what he knew intellectually and what he felt emotionally was the real strain.
- **Titrate Intensity:** One reframing question was offered, not a lecture on how guilt works.
- **Understand Meaning:** The “what if” questions revealed a belief that a different choice could have changed the outcome.
- **Name Strengths:** He could immediately extend grace to a hypothetical colleague, showing his standards were fair, not punitive.
- **Equip Next Steps:** Naming the double standard was the first step toward eventually applying it to himself.

WHY THIS APPROACH HELPED

A responder can understand intellectually that an outcome was beyond their control while still carrying it emotionally. Reframing questions can reach guilt that argument cannot.

WEBSITE TEACHING POINTS

- Ask what they’d tell a colleague in the same situation.
- Guilt often persists even after responsibility has been clearly ruled out.
- Compassion for oneself is frequently the hardest form to offer.

TAKE A MOMENT TO REFLECT *Why can compassion be easier to give our partners than ourselves?*

05 The Call That Looked Too Much Like Home

THE SITUATION

A crew responded to an older adult who had fallen. The patient was frightened, confused, and calling for his daughter. After the transport, the EMT became unusually quiet.

THE CHALLENGE

Nothing about the call looked dramatic from the outside. I needed to recognize that an ordinary-seeming call can still carry personal weight tied to the responder's own life.

THE TRAUMA-RESPONSIVE RESPONSE

His partner asked, "You good?" "Yeah." A few minutes later: "He reminded me of my dad." Knowing his father had recently become seriously ill, the partner didn't change the subject. He said, "That had to hit close to home." They sat quietly for a moment before returning to service.

PRESENCE™ in Practice

- **Pause & Prepare:** The partner didn't push past the first "yeah" and let a second opening happen naturally.
- **Regulate Self:** A calm, unhurried tone left room for the real comment to surface.
- **Engage Humanly:** "That had to hit close to home" responded to him as a son, not just a coworker.
- **See & Sense Cues:** Unusual quietness after an otherwise routine call was read as the signal.
- **Empower Choice:** He wasn't pressed to explain further than he chose to.
- **Normalize Responses:** The connection to his father was met without surprise or minimizing.
- **Connect Early:** Sitting quietly together was itself the support offered.
- **Encourage Next Steps:** They returned to service together, with the door left open for later.

ATTUNE™ in Practice

- **Attune to State:** Quietness after a low-acuity call was itself out of pattern and worth noticing.
- **Track Stress Impact:** The partner's own knowledge of his father's illness gave real context to the reaction.
- **Titrate Intensity:** The conversation stayed brief, matched to what he'd offered.
- **Understand Meaning:** "He reminded me of my dad" named exactly why this ordinary call had landed hard.
- **Name Strengths:** He was self-aware enough to name the connection himself.
- **Equip Next Steps:** Quiet time together before returning to service allowed him to reset before the next call.

WHY THIS APPROACH HELPED

Responders don't arrive at calls as blank slates. They bring their own relationships, memories, losses, and stories with them, and any call can become personal.

WEBSITE TEACHING POINTS

- Not every hard call looks dramatic from the outside.
- A partner's outside knowledge of someone's life can add crucial context.

- A brief pause before the next call can be enough.

TAKE A MOMENT TO REFLECT *Which calls affect us because of what happened, and which affect us because of what they remind us of?*

06 "Don't Tell Anybody I'm Struggling"

THE SITUATION

A seasoned paramedic quietly approached the chaplain after shift and asked to talk, wanting assurance it would stay between them. He disclosed sleep trouble, drinking more than he used to, and his wife saying he was angry all the time, but he didn't want anyone thinking he couldn't do his job.

THE CHALLENGE

I needed to be honest about the real limits of confidentiality before the conversation went further, without letting that honesty close the door he had just opened.

THE TRAUMA-RESPONSIVE RESPONSE

The chaplain explained confidentiality and its appropriate limits before the conversation continued. After the disclosure, he said, "Asking for support doesn't erase everything you've done well for twenty years." The medic looked down: "I just don't know where to start." "We can start right here."

PRESENCE™ in Practice

- **Pause & Prepare:** The chaplain didn't rush past the confidentiality question to get to the "real" conversation.
- **Regulate Self:** A steady, non-alarmed tone kept the disclosure from feeling like a crisis intervention.
- **Engage Humanly:** The chaplain responded to twenty years of service, not just the current struggle.
- **See & Sense Cues:** The request for secrecy itself signaled fear of judgment or career consequence.
- **Empower Choice:** The medic chose what to disclose and when, within honestly stated boundaries.
- **Normalize Responses:** Sleep trouble, drinking more, and irritability at home were met without alarm or lecture.
- **Connect Early:** "We can start right here" offered an immediate, low-barrier first step.
- **Encourage Next Steps:** The conversation itself became the beginning of a plan, not just a disclosure.

ATTUNE™ in Practice

- **Attune to State:** The request for confidentiality before disclosure signaled real fear, not simple caution.
- **Track Stress Impact:** Sleep, alcohol use, and irritability at home were named together as compounding signs.
- **Titrate Intensity:** The chaplain let him set the pace after the confidentiality boundaries were made clear.

- **Understand Meaning:** "I don't need everybody thinking I can't do my job" revealed the real fear underneath the request.
- **Name Strengths:** Twenty years of service were explicitly named and affirmed.
- **Equip Next Steps:** "We can start right here" gave him an immediate, concrete first step rather than a referral to figure out later.

WHY THIS APPROACH HELPED

Sometimes the greatest barrier to help isn't the absence of resources. It's believing that needing those resources means weakness.

WEBSITE TEACHING POINTS

- Be honest about confidentiality limits before the real conversation starts.
- Fear of career consequences is often the actual barrier to seeking help.
- Affirm someone's track record before addressing their current struggle.

TAKE A MOMENT TO REFLECT *What can peer-support teams do to make seeking help feel like a normal part of readiness rather than an admission of failure?*

07 The Partner Who Wasn't Acting Like Himself

THE SITUATION

Two EMTs had worked together for years. One began getting unusually quiet: no jokes, no conversations over breakfast, spending downtime alone scrolling on his phone.

THE CHALLENGE

I needed to distinguish normal fatigue from something more, without demanding disclosure before he was ready to offer it.

THE TRAUMA-RESPONSIVE RESPONSE

His partner finally sat across from him: "You've been quiet lately." "Just tired." "Okay." He didn't interrogate him, and added, "You don't owe me an explanation. I just want you to know I've noticed, and I care about you." Several shifts later, his partner finally talked: problems at home, financial pressure, too much overtime, and one call he hadn't been able to get out of his mind.

PRESENCE™ in Practice

- **Pause & Prepare:** The partner didn't press past the first brief answer.
- **Regulate Self:** Accepting "just tired" without suspicion kept the moment low-pressure.
- **Engage Humanly:** "I care about you" was said plainly, without conditions attached.

- **See & Sense Cues:** The absence of jokes and increased phone-scrolling were read together as a pattern shift.
- **Empower Choice:** "You don't owe me an explanation" made clear disclosure wasn't required.
- **Normalize Responses:** Quietness wasn't treated as a problem needing an immediate fix.
- **Connect Early:** Naming that he'd noticed, without demanding anything back, kept the door open.
- **Encourage Next Steps:** The invitation stood open across several shifts until he was ready.

ATTUNE™ in Practice

- **Attune to State:** The shift from jokes and conversation to isolation was the real signal, more than any single comment.
- **Track Stress Impact:** Financial pressure, overtime, and one specific call were compounding, not separate, issues.
- **Titrate Intensity:** The first conversation stayed brief and low-pressure, allowing trust to build over multiple shifts.
- **Understand Meaning:** Quiet withdrawal was communicating something before words caught up to it.
- **Name Strengths:** He kept showing up and doing the job even while carrying all of this.
- **Equip Next Steps:** By the time he talked, there was already a foundation of trust to build on.

WHY THIS APPROACH HELPED

Trust sometimes develops between the first invitation and the second conversation. Noticing without requiring disclosure protects the relationship long enough for trust to grow.

WEBSITE TEACHING POINTS

- Accept a brief answer without suspicion, but keep noticing.
- "You don't owe me an explanation" can open more doors than a direct question.
- Trust can take more than one conversation to build.

TAKE A MOMENT TO REFLECT *Can you offer support without requiring someone to accept it immediately?*

08 "The Family Was Angry at Us"

THE SITUATION

A crew worked an unsuccessful cardiac arrest. After resuscitation efforts ended, a family member became furious: "You didn't do enough! You gave up on him!" The medic knew the crew had provided appropriate care, but the words stayed with her.

THE CHALLENGE

I needed to honor her real hurt without dismissing the family's grief, and without excusing the impact of what was said just because the anger was understandable.

THE TRAUMA-RESPONSIVE RESPONSE

She told her supervisor, "I know they were grieving, but it still got to me." He answered, "Of course it did. Understanding where someone's anger came from doesn't mean it didn't hurt." They discussed the call and what the family was experiencing without dismissing what she had experienced.

PRESENCE™ in Practice

- **Pause & Prepare:** The supervisor didn't rush to explain the family's grief before acknowledging her hurt.
- **Regulate Self:** A steady, validating tone avoided minimizing either party's experience.
- **Engage Humanly:** The conversation addressed her as a person who'd been hurt, not just a professional debriefing a call.
- **See & Sense Cues:** Her need to preface the disclosure with "I know they were grieving" signaled she expected to be dismissed.
- **Empower Choice:** She set the terms of how much detail to revisit.
- **Normalize Responses:** "Of course it did" validated the impact directly, without qualification.
- **Connect Early:** The conversation happened the same day, while the hurt was still fresh.
- **Encourage Next Steps:** Discussing both the family's experience and her own gave her a fuller picture to carry forward.

ATTUNE™ in Practice

- **Attune to State:** Her need to justify her own reaction in advance signaled anticipated dismissal.
- **Track Stress Impact:** Harsh words from a grieving family land differently than clinical criticism, even when unfounded.
- **Titrate Intensity:** The supervisor didn't force a full debrief of the call before addressing her feelings first.
- **Understand Meaning:** "It still got to me" was named and honored as legitimate, not overridden by context.
- **Name Strengths:** She could hold two truths at once, understanding the family's grief while naming her own hurt.
- **Equip Next Steps:** The conversation modeled that both perspectives could be held without one canceling the other.

WHY THIS APPROACH HELPED

Understanding another person's pain does not require pretending their words had no effect. Compassion for the family and compassion for the responder can coexist.

WEBSITE TEACHING POINTS

- Validate impact directly, without qualifying it against someone else's grief.
- Don't require a responder to justify their own hurt.
- Two truths can be held at once: the family's grief and the responder's pain.

TAKE A MOMENT TO REFLECT *How can we remain compassionate toward grieving families without ignoring the emotional impact on responders?*

09 The Quiet Ride Back

THE SITUATION

The crew cleared a difficult call. The ambulance was unusually quiet on the way back. One partner finally said, “That one sucked.” “Yeah.” Silence again. “You want to talk about it?” “Not yet.” “Okay.”

THE CHALLENGE

The instinct was to turn the hard call into a formal debrief. I needed to match the moment instead of filling it.

THE TRAUMA-RESPONSIVE RESPONSE

They kept driving. A few minutes later: “Coffee?” “Definitely.” Nothing profound happened. No formal intervention, no perfect words, just two partners who knew something difficult had happened and neither had to pretend otherwise.

PRESENCE™ in Practice

- **Pause & Prepare:** Neither partner rushed to fill the silence with a plan or a lesson.
- **Regulate Self:** The calm, ordinary tone of “coffee?” kept the moment from becoming heavier than it needed to be.
- **Engage Humanly:** “That one sucked” was allowed to stand as the whole assessment, without more required.
- **See & Sense Cues:** The quiet in the cab was read accurately as shared processing, not avoidance.
- **Empower Choice:** “You want to talk about it?” left the answer entirely up to him.
- **Normalize Responses:** “Not yet” was accepted at face value, without follow-up pressure.
- **Connect Early:** Staying in the cab together was itself the connection.
- **Encourage Next Steps:** Coffee afterward gave the conversation a place to continue later, if needed.

ATTUNE™ in Practice

- **Attune to State:** Quiet, not distress, was the accurate read of where he was.
- **Track Stress Impact:** The call was named as hard without minimizing or over-processing it.
- **Titrate Intensity:** Readiness, not the drive time, set the pace of the conversation.
- **Understand Meaning:** “Not yet” meant later, not never, and was treated that way.
- **Name Strengths:** Both partners could sit with discomfort without needing to resolve it immediately.
- **Equip Next Steps:** Coffee became the next, lower-pressure opportunity to talk if he chose to.

WHY THIS APPROACH HELPED

Trauma-responsive support doesn't require turning every difficult call into an emotional debrief. Sometimes it means coffee and company.

WEBSITE TEACHING POINTS

- Not every hard call needs a formal conversation.
- "Not yet" is a real answer, not a refusal.
- Ordinary rituals, like coffee, can carry real support.

TAKE A MOMENT TO REFLECT *Are you comfortable enough with silence to let another person decide when they're ready?*

10 "You Don't Have to Be the Medic at Home"

THE SITUATION

A paramedic finished a brutal 24-hour shift: multiple critical calls, comforted families, rapid decisions, responsibility carried all night. She arrived home exhausted. Her spouse asked, "Rough shift?" She answered automatically, "I'm fine." Then stopped: "Actually…yeah."

THE CHALLENGE

Competence all shift doesn't simply switch off at the front door. I needed to give her permission to stop performing without demanding she explain the shift first.

THE TRAUMA-RESPONSIVE RESPONSE

Her spouse didn't ask for details: "Okay. You want to talk, eat, shower, sleep, or just sit for a while?" She exhaled: "Can we just sit?" "Absolutely." For twenty minutes, nobody tried to fix anything.

PRESENCE™ in Practice

- **Pause & Prepare:** Her spouse didn't press for the story behind "rough shift."
- **Regulate Self:** A calm, unhurried tone at the door signaled there was no urgency to perform anything.
- **Engage Humanly:** Offering real choices treated her as a whole person, not just a returning professional.
- **See & Sense Cues:** The pause before "actually…yeah" was heard as more significant than the words themselves.
- **Empower Choice:** She chose exactly what she needed: talk, eat, shower, sleep, or sit.
- **Normalize Responses:** "I'm fine" followed by a correction was accepted without comment.
- **Connect Early:** Simply being met at the door, without demands, was itself the connection.
- **Encourage Next Steps:** Naming the menu of options made it easier to ask for what she needed again next time.

ATTUNE™ in Practice

- **Attune to State:** The pause before her correction signaled exhaustion beneath the automatic answer.
- **Track Stress Impact:** A full 24-hour shift of critical calls and constant responsibility doesn't end at the front door.
- **Titrate Intensity:** Sitting quietly, not talking through the shift, matched exactly what she asked for.
- **Understand Meaning:** "Can we just sit" meant she needed presence without performance, not distraction or advice.
- **Name Strengths:** She was able to name what she needed once given real options.
- **Equip Next Steps:** Twenty minutes of simply sitting became the reset she needed before anything else that night.

WHY THIS APPROACH HELPED

EMS professionals spend their shifts caring for other people. Home should not always require them to continue being the strong one.

WEBSITE TEACHING POINTS

- Offer real choices instead of assuming what recovery looks like.
- A pause before someone's answer is often more honest than the answer itself.
- Sometimes presence without performance is the whole intervention.

TAKE A MOMENT TO REFLECT *Where in your life are you allowed to simply be a person instead of the person responsible for everyone else?*

A NOTE ON THESE STORIES

These stories are fictional and composite illustrations built to teach trauma-responsive principles for an EMS context. They do not provide medical, psychological, or legal advice. Supportive practices should be used with informed consent, within the practitioner's training and scope, and alongside appropriate emergency, medical, behavioral health, supervisory, or spiritual-care resources when indicated.

HEALING BEGINS WITH PRESENCE™