Ways to Not (or Maybe Ways To) Induce Emotional Trauma in Your Trauma Support Team!

A highly scientific, totally evidence-based field guide from your Trauma Support Team Committee!!

(Assisted by AI…and all the things they know!)

Veterinary Trauma Support Teams run on resilience, caffeine, and the shared understanding that "I'll be there in a minute" is often measured in clinical time, not calendar time. In the spirit of real-world conversations across veterinary teams navigating staffing shortages, burnout, and increasing clinical demand—we offer the following lighthearted guide to what helps… and what very much does not.

"Help is coming": Actually send it

Trauma-inducing version: "I'll help in a second" followed by mysteriously disappearing into the ether like a hospital ghost.

Healing version: Jumping in immediately-draw up medications, clean the table, reset the room, restock supplies, or grabbing a leash like it is your assigned destiny.

Listening: Real and True Listening

Trauma-inducing version: Waiting for your turn to speak while mentally preparing your response.

Healing version: Hearing your teammate say, "I'm drowning", "I am worried about this patient", or "I need a quick break" and responding with *"Got it. I'm here."*

Email: The Silent Burnout Accelerator

Trauma-inducing version: "Per my last email…" followed by silence and escalating frustration.

Healing version: Answering the actual question the first time. Revolutionary, but effective.

Acknowledgment: Not Just for Charts and Labs

Trauma-inducing version: Ideas presented then quietly adopted six months later under a different name.

Healing version: Acknowledging contributions in real time: "That's a great idea.", "That helped a lot.", or "You just saved us all 30 minutes of chaos."

Empathy: Not a Buzzword, an Action

Trauma-inducing version: "That sounds hard," while already walking away.

Healing version: Stepping into the moment—and into the mess—and helping anyway you can.

Teamwork: The Myth vs. The Reality

Trauma-inducing version: "I would help but I have to _____."

Healing version: Jumping in without waiting for permission, assignment, or a formal invitation from the universe. Or just saying "I can't help at the moment but will as soon as I am free."

Recognition: Beyond Pizza-Based Appreciation Systems

Trauma-inducing version: "We appreciate you!" delivered once a year alongside cold pizza and warm soda.

Healing version: Consistent, specific recognition: "You handled that chaos beautifully.", "I saw how you supported that team member/client/doctor/etc.", "You made a real difference for that patient."

Bonus: Recognizing effort before burnout requires a PTO request form.

Staffing Reality Check

Trauma-inducing version: Running a 3-person workload with 1.5 people and calling it "efficiency."

Healing version: Acknowledging capacity limits, advocating for appropriate staffing and backup, and resisting the normalization of "we'll just make it work" as a staffing strategy.

Final Thoughts: Recreating a team "Gold Standard"

See the need. Move toward it. Ask: *"What do you need right now?"*. Not later. Not after charts. Right now.

Trauma support teams don't need perfection. They need presence, participation, and people willing to clean the cage without being asked twice. And yes… they still accept pizza. Just don't make it the entire support strategy, maybe throw in some fidget toys and stickers!