# PSYCHOLOGICAL FIRST AID: A CASE STUDY



TCSAR volunteers search debris in the big terrain of Mt Taylor's South Face. Photos courtesy TCSAR

#### BY JEN REDDY

Mt Taylor S-SE Face Avalanche SS-AR-R2-D2 1 snowboarder caught and fully buried, Fatality. Southern Teton Range Teton Pass WY 2020.04.01.

**The heart-breaking video** from a young woman filming her friend with her iPhone begins with the typical hoots and cheers of riding untracked powder but moments later turns to the shrieking yell of his name as he is carried out of sight in an avalanche. Until a few years ago, we at Teton County Search and Rescue (TCSAR), did not recognize the person filming this video as an additional patient in an avalanche rescue scenario.

We would help these bystanders back to their car and wish them well. We did not fully realize the impact of their having to drive home or go back to their hotel room with their loved one's shoes sitting on the floor of the passenger seat.

Our mission as rescuers is to do the greatest good for the greatest number, and we were failing to do that.

### CONDITIONS LEADING UP TO THE ACCIDENT.

April 1, 2020. In the previous 24 hours 11" of new snow had fallen with 1.30" SWE accompanied by 28mph SW winds with gusts of 58mph. Storm totals were ranging from 15"-18" with strong southwest to west winds. The forecasted avalanche danger was rated at Moderate for the day and the report discussion stated, "Do not travel in areas where wind loading is suspected."

Rider 1 and Rider 2 planned to tour from the Coal Creek parking lot on the west side of Teton Pass. They followed the standard approach route up the Coal Creek drainage and ascended the southeast ridge of Mt Taylor. At the summit ridge (10,350') Rider 1 and Rider 2 traversed south above the South Face, also known as the "Poop Chute," a 2800 vertical foot relief averaging 35°.

#### AVALANCHE EVENT

Rider 1 descended through the uppermost bowl stopping on a sub-ridge to watch Rider 2. On the third or fourth turn Rider 2 triggered an avalanche at approximately 10,100'. He was caught and carried out of sight from Rider 1. Rider 1 attempted a beacon signal

RESCUER STRESS CONTINUUM			
READY	REACTING	INJURED	CRITICAL
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search and was unable to locate a signal from Rider 2. Distraught, unfamiliar with the terrain, and fearing a secondary slide, Rider 1 returned to the Coal Creek parking lot for cell service to call 911 at 1505.

Teton County Search and Rescue was immediately paged for an avalanche with a known burial. Within an hour, three ground teams and a drone team were in the field. A beacon search was performed with no signal located. Teams began a probe line with no success in locating Rider 2.

A fourth team, trained in Psychological First Aid (PFA), was dispatched to specifically work with Rider 1 who was distraught and despondent. Rider 1 was deeply concerned about putting TCSAR at risk to COVID-19 and ashamed for failing to heed the repeated public warnings to recreate responsibly. She had a profound sense of feeling powerlessness and guilt at not being able to perform a companion rescue.

Operational period 1 was concluded at nightfall with all teams out of the field and Rider 1 connected with friends who would stay with her through the night. The assigned PFA team provided an operational debrief with Rider 1 and established a plan for the following day. Operational period 2 began at 0600 with a multi-agency effort. Jackson Hole Ski Patrol assisted in avalanche mitigation in the adjacent connected terrain, while two dog teams, a WYDOT Avalanche Technician, and a Bridger-Teton Avalanche Center forecaster assisted TCSAR ground teams in the field. A dog team alerted shortly after the conclusion of avalanche mitigation and Rider 2's body was recovered near the toe of the avalanche debris, approximately 2500' vertical feet below the crown. He was wearing a Pieps beacon that was recovered from his thigh pocket in the off position. The party did not perform a beacon check.

A TCSAR Psychological First Aid team contacted Rider 1 prior to start of avalanche mitigation on the morning of April 2. They continued to work with her during the recovery and transport of Rider 2 from the field, keeping her informed of the recovery process, requesting her assistance in gathering information, and reassuring her of actionable next steps. Moreover, the team reinforced that the avalanche was not her fault. This was instrumental in ensuring the immediate safety and wellbeing of Rider 1. At the conclusion of the rescue and recovery, the PFA team connected Rider 1 with a trained Trauma Counselor for continued support.

## TREATING THE NON-PHYSICALLY INJURED

TCSAR has been working to develop a standard of care and has trained in multiple forms of Psychological First Aid (PFA) for the past two years. As a team, we have created a SOAP note to document our interventions just as we would for orthopedic or medical calls.

#### TRAUMATIC EXPOSURE PROTOCOL

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3 DAYS POST INCIDENT Stress Continuum Check-in Normalization/Education Leverage GREEN Choices (make a plan) Self & Partner Awareness (Support Return to Baseline) Life Stressors Check-in	3 WEEKS POST INCIDENT Complete TSQ Scores > 6 = increase risk of	<b>3 MONTHS</b> POST INCIDENT Stress Continuum Check-in Revisit Plan to return to Green Baseline Offer Resources and Connection Offer Further check-ins if requested.	
	stress injury development Provide Resources for Professional Help Stress Continuum Check-in Increase Self-Awareness of Stress Injury		
	Revisit Plan to return to Green Baseline	LAURA MCGLADREY   RESPONDERALLIANCE.COM	

This normalization of psychological care has helped to destigmatize traumatic stress injury and fostered a culture of caring for the whole person. This approach has been implemented as both an outward facing care for patients and an inward facing practice of checking in with team members following particularly difficult missions.

#### PSYCHOLOGICAL FIRST AID

The clinical definition of Psychological First Aid is "an evidence-formed modular approach to help in the immediate aftermath of disaster, terrorism or other significant traumatic event" (National Child Traumatic Stress Network, *Psychological First Aid Manual*). In this context Trauma can be defined as "a stimulus that overwhelms one's capacity to integrate it." (McGladrey, 2020) The individual exposed to trauma experiences the normal fight, flight, freeze response but never receives the "All Clear" signal that the threat has ended, so they become stuck in the fight, flight, freeze response.

#### WHAT TO LOOK FOR ON SCENE

- The person with the 1000m stare.
- Checked out or disassociated.
- Inability to think clearly.
- Disoriented and confused.
- Not following directions or answering questions clearly.
- May even have shock-like symptoms of being cold and clammy.

#### MECHANISM OF TRAUMATIC STRESS INJURY

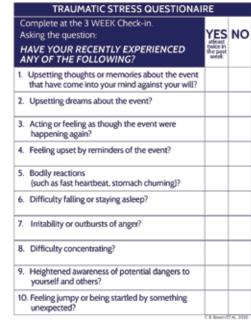
Not all rescues or accidents will result in a traumatic stress Injury, however there are several correlated mechanisms that increase the potential for traumatic exposure. They are as follows:

- Family contact during accident or rescue.
- Close personal connection to the victim.
- Duty to act.
- Helplessness.
- Extremes of exposure.
  - Ex. Multiple victims, particularly gruesome injuries, natural disasters, acts of violence.
- Overwhelmed/ stressed out by daily life. Reduced coping capacity.
- Incidents involving kids.
- Complexity of incident.
  - Ex. challenging to access the victim, multi-agency efforts, no comms.
- Outside stress.
  - Ex. Remoteness, weather, darkness, bystanders, media presence.
- First time exposure.

#### PROVIDING PSYCHOLOGICAL FIRST AID

The key words in this term are "First Aid." First Responders do not need to be clinical psychologists to provide PFA. The following five steps can be considered as the A.B.C.D.E. (Airway, Breathing, Circulation, Disability, Exposure) of PFA.

Five components to providing Psychological First Aid.



#### 1. Safety

Shield the patient from negative details of the event and rescue. Give accurate information. Provide for their basic needs of food, water, and shelter from the elements.

#### 2. Calm

Model calm behavior. Decrease their arousal. Give positive feedback. Support calm breathing. Guided Box Breathing Model calm breathing as the rescuer.

#### 3. Connection

Connect with the patient.

Simple as using their name repeatedly when you address them.

Connect the patient with others.

Friends, family, or trauma counselors Keep the patient engaged in the mission.

#### 4. Self-Efficacy (Combat Helplessness)

Assign a task to the patient.

Ex. Ask them to help dig a platform for a helicopter LZ or carry the litter. Emphasize the patient's role in the rescue, tell them what they did right.

#### 5. Hope

Hope is NOT empty optimism that no matter what they do or do not do it will all be okay.

Hope is giving them agency, that their ACTIONS will have meaningful outcomes.

Reflect on specific, accurate, positive facts, and predictable realistic next steps.

This framework informs the patient care that TCSAR provides on scene. Local non-religious affiliated chaplains and a network of professional mental health providers trained in trauma therapy can provide a higher level of care if indicated.

#### TURNING PFA INWARD

First Responders are not immune to Traumatic Stress Injuries and studies indicate that the repeated subacute exposure to potentially traumatic events greatly reduces the capacity to effectively cope with future traumatic exposure. In cooperation with several regional organizations including the Jackson Hole Ski Patrol, Fire/EMS, Police and Sheriff Offices, Grand Teton National Park, and the US Forest Service, TCSAR has created a peer support initiative to provide a resource for those first responders who experience traumatic stress injuries on the job. The core of this initiative is the 3-3-3 Protocol which allows for a simple screening of trauma exposure and identifying red flags indicating a need for referral to a trauma specialist.

#### EXPANDING THE STANDARD OF CARE

Rescuers have been conditioned to focus attention on those injured or killed in an avalanche, but we are leaving the partners and potentially fellow rescuers untreated by these traumatic exposures. If our objective as First Responders is to do the greatest good for the greatest number, then we must broaden the standard of care to include basic Psychological First Aid. Following the five simple steps of establishing safety, promoting calm, fostering connection, creating self-efficacy, and communicating hope, First Responders can help facilitate the "All Clear" signal in a patient and reduce the impacts of Traumatic Stress Injury.

Jen Reddy is a Jackson, Wyoming-based illustrator, avalanche educator, and member of Teton County SAR. A founding member of the Teton Interagency Peer



Support (TIPS) program, Jen has helped to foster the culture shift within the first responder community to identify and address traumatic stress injuries. Her art and illustrations can be found at JenReddyInk.com.



### RESCUE

## PAUSING TO REMEMBER

BY LAURA MCGLADREY

**We gathered last week,** 60 of us from all over the country, rescuers, patrollers, responders, forecasters, nurses, guides, to talk about strengthening community resources in a time of grief and loss, in a conversation between Drew Hardesty and me. This came as we near the one-year milepost of COVID in our lives, and in the wake of the many calls I've gotten this season to support communities, rescuers, and companions in this year's avalanche season.

Drew told us that when Utah Avalanche Center reviewed the Wilson Glade Avalanche online, a thousand people showed up. We need these gatherings; we know that grief and loss and meaning were meant to be shared. You can find a transcript of the review at the Utah Avalanche Center, blog entry from March 4, 2021.

We knew going into the season that this was going to be a tough year. The usual things that help us love our jobs; watching the snowpack, comradery, the normal ebb and flow of the winter season, were all in short supply. We added to this new complexity; changing COVID restrictions, masked faces, eviction from shared patrol shacks, or gathering after a patrol day, and challenging, to say the least, conditions. Add to this the nearly constant news of another avalanche, another inbound fatality.

As we have an emerging understanding of the impact of acute stress on chronic stressors, we could predict that many would find themselves exhausted, depleted, and just making it through. For those of us who lost someone or something during the last year, we've lost our rituals of gathering by a bonfire, scotch by a fire, meals at each other's houses, all places where grief and loss find their natural place in us.

So we gathered to connect and remember. To call out the phenomenon of delayed grief, to tell a few stories of what we'd seen and lost, and to look toward our collective resources, first and foremost, each other. We named that, for many of us who have lost someone in an avalanche at the same time we've been rescuing, the real grief won't likely hit until after the season, when many of us are off to the next adventures. We talked about reaching out to each other on purpose, long after the first waves of grief had passed; being a community that keeps the rituals we cherish going, even in some untraditional ways, because of how much it all matters.

Finally, we shared resources that are emerging; an intentional way of checking in on each other and supporting each other. We shared a commitment to being elders in the community. If we have lost, we become willing to reach out to each other, to listen and share silence. We remembered, together, that there are those in our community who will just be starting to grieve these losses when the COVID numbers recede.

Drew, as only Drew can, shared his writings and invited us into a place of silence, gratitude, and the hush and weight of so much of what the avalanche community has lived this season. I'll let his words speak to what we can do in times like these.

#### MAKING SENSE OF THE WILSON GLADE TRAGEDY

#### by Drew Hardesty

Six people are deeply buried in an avalanche in the Wilson Glade. One was caught but held onto a tree, safe but not sound. Three of the six burials are from a completely independent party; strangers he never knew until now. He acquires the first signal, digs, and allows the first stranger to live. He acquires the second signal, digs, and allows the second stranger to live. Now the third signal. He digs to find his wife. She's blue. Pulseless. Not breathing. CPR for thirty minutes and she's not coming back. He leaves her to dig up three other deep burials. They're not coming back either.

So. How do we make sense of these things in life and death? How can we come to understand tragedy or, worst of all, indifference from God\* and the natural world entire? It may be that we can never fully understand events and outcomes. Norman Maclean, in the telling of his brother's death in *A River Runs Through It*, writes that we can love completely without complete understanding. The key is only that we love at all. This alone helps us, if not to understand, then to continue to move through this world. We can also be grateful for that which we have and for that which we had.

For now, squeeze one another, friends. Hug your children, your loved ones. Hug the trees, ski the snow. Go make a difference in this world. (We all got a second chance at life...) That's what our contemporary Job said despite the tears and the anguish.

\*Post script: It is in stories like these that I am often reminded of the Book of Job in the Old Testament. You'll recall that everything (health, family, wealth) was taken from him by God and he suffered the great injustices of the world. Job shook his fist at the Old Man and demanded to understand, How Can This Be Justice? God appeared as a whirlwind...but didn't answer the question.

RESOURCES: https://www.responderalliance.com https://americanalpineclub.org/grieffund https://amga.com/the-rise-project http://soar4life.org/ https://soundcloud.com/user-23585762/the-avalanche-hour-

ntps://sounacioua.com/user-25585/62/ine-avaianche-nourpodcast-episode-52-laura-mcgladrey/s-UklTDJ8QMve LauraMcGladreyhasinstructed for NOLS WildernessMedicinefor 20 years and isa NursePractitioner with dualcertification. She is the Stress and



Resilience advisor for Portland Mountain Rescue, Colorado Outward Bound, and Eldora Ski Patrol.



The new **RECCO SAR Helicopter Detector:** an evolution in RECCO technology from avalanche rescue to year-round search and rescue.



