Emotional Rescue

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ICAR
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Dr. Alison Sheets

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- ICAR MEDCOM delegate, Officer at Large, Region Chair for the Mountain Rescue Association
- Group Leader, Medical Director, Mission Leader Rocky Mountain Rescue Group
- Colorado Army National Guard Hoist Rescue Team Member
- Wilderness Medical Society Search and Rescue Committee Chair
- Previous professional Mountain Guide and Ski Patroller
- First ascensionist, movie star, birdwatcher
Call to action!

• Michael Ferrara, Mountain Rescue Aspen-“The man who saw too much”. *Outside* 2010

• Jake Urban, Teton County SAR- “The rescuer in need of saving” *REI Online* 2018
  • “What happens when a highly trained search and rescue volunteer from the Tetons sees one too many accidents in the field? It sends him into an emotional spiral he says he could barely climb out of.”

• Drew Hardesty- “Life, Death and PTSD as a Ranger in the Tetons” *Outside* 2019
  • “For some climbing rangers in Wyoming's Grand Teton National Park, every ridgeline holds the memory of a rescue, every peak a body bag. It's more than they can handle alone.”
Epidemiology-

• Suicide statistics- first responders (law, fire, ems) with twice the rate of suicide as the general population
• Suicide is now recognized as the leading occupational killer of emergency responders
• Stress injury and PTSD in first responders
  • Canadian study found high rates of PTSD (24.5%), depression (29.6%) and panic disorder (10.3%) among paramedics.
  • First responders develop these conditions much more than the general population.
• Most people will feel the effects of a stressful event—this is **normal**
  - Elevated heart rate
  - Tunnel vision
  - Poor memory formation

• Repeated exposure and particular types of exposure tend to be more impactful.
  - Known victims, teammates
  - Children, fatalities
  - Resources overwhelmed, poor leadership, unclear mission
  - Danger, environmental hazards
  - Rescuer tired, emotionally drained, injured
• When stress response continues, **physical** (neurohormonal) changes occur
  • Increased cortisol
  • Startle response, flashbacks
  • Anxiety

• Longer term symptoms can lead to PTSD
  • Panic
  • withdrawal from social interactions
  • depression, suicidality
• How do we as rescuers prepare ourselves and our teammates?
• How do we recognize “operational readiness”?
• How do we deal with the stress injured rescuer or patient?
• When do we need to get professional help?
• Does any thing really work?
Psyched for pager to go off. No “bullshit” calls.

Eager to help with extra work/cleanup.

Happy in whatever role on scene or at trailhead.

Open to new ideas, change exciting/not threatening

Sleeping well, getting exercise, healthy social interactions

Too many “bullshit calls”

Cutting corners, losing situational awareness

Something hurts, I’m responding anyway

Others aren’t pulling their weight. Stupid ideas.

Sleep problems 
cranky
substance use

Oh no, the pager is going off.

Barely meeting expectations

No recreation time in the mountains.

Easily frustrated and not interested in trainings

Family and friends detect change

Drinking to forget or feel numb.

I hate the pager.

I don’t want to respond to missions/meetings or trainings

Insomnia or Recurrent nightmares

Going through the motions without emotion. Depressed, anxious, suicidal

Alcohol or substance abuse

READY

REACTING

INJURED

ILL

Mountain Rescue Stress continuum
The 5 principles of emotional rescue
(psychological or stress first aid)

• **Safety** - remove from danger, confirm physical safety.

• **Calm** - reduce stimuli, breathing techniques, visual separation

• **Self-efficacy** - help patient re-establish control, give task

• **Connection** - involve other team members, friends, family

• **Hope** - plan for future, follow up/check in, provide mental health resources
Many teams are incorporating emotional rescue into normal daily operations

- Normalize the language and conversation around stress injuries
- Foster connection and build resilience
- Practice psychological first aid in the field
- De-escalate after stressful missions
- Check in later, call 2-3 days out
- Ask at start up of next mission, opt out option
- Have referral to professional care in place

New app - First First Responder Health
Do interventions work?  
When to get professionals involved?

- **Calm, safety, self efficacy, connection and hope** within the team are helpful at any stage and good support systems best predictor of recovery

- Critical incident stress debrief (**CISD**) - can help but **can harm**

- Cognitive behavioral therapy (**CBT**) - helps for stress injury, PTSD

- Eye Movement Desensitization and Reprocessing (**EMDR**) - effective for PTSD
Now what?

• This entire conference is about how to be better at rescuing others.

• Let’s get working on rescuing ourselves.
Thank You, Questions?