



Emotional Rescue

Alison Sheets MD

Mountain Rescue Association

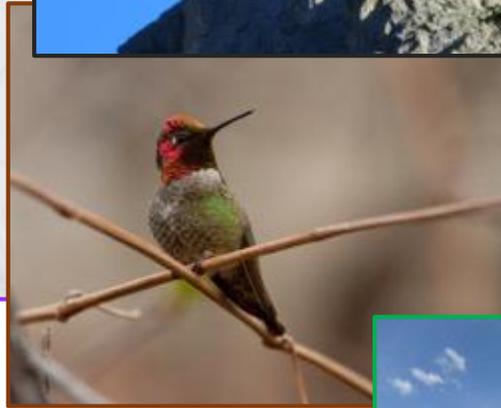
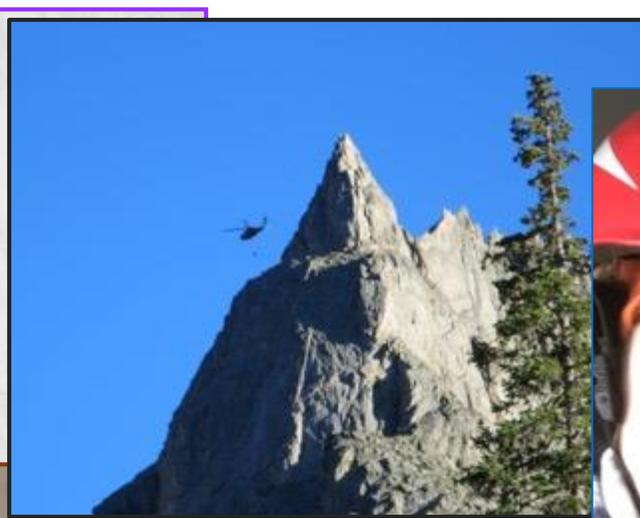
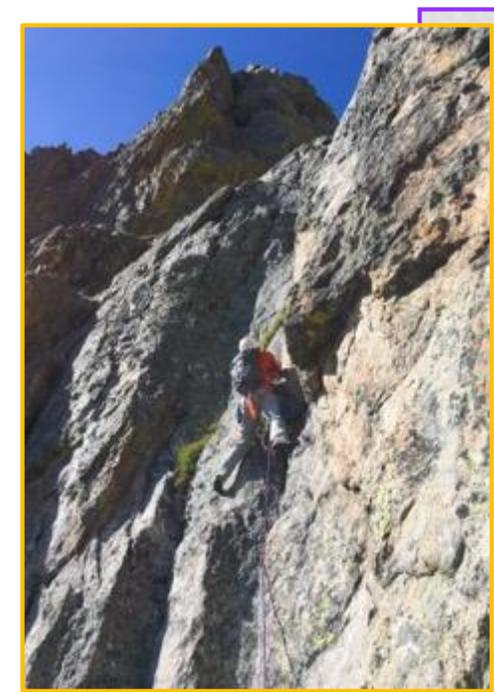
ICAR

Zakopane, Poland 2019



Dr. Alison Sheets

- Board Certified Emergency Medicine physician practicing in Boulder Colorado
- 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-

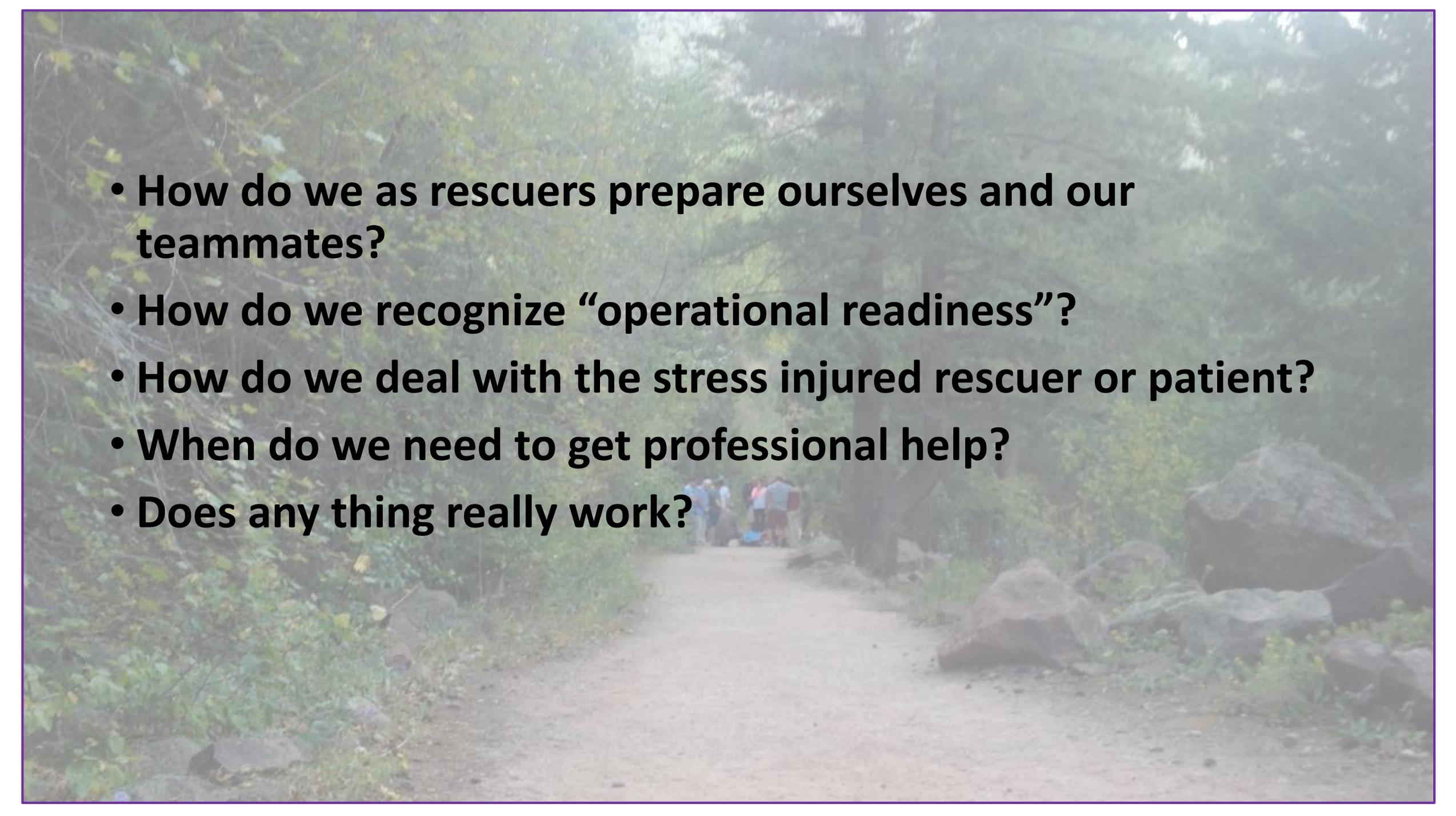
- Suicide statistics- first responders (law, fire, ems) with twice the rate of suicide as the general population
- Suicide is now recognized as the *leading occupational killer of emergency responders*
- Stress injury and PTSD in first responders
 - Canadian study found high rates of PTSD (24.5%), depression (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

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- A photograph of a dirt path winding through a forest. The path is light-colored and leads towards a group of people in the distance. The trees are dense and green, and there are large rocks on the right side of the path. The overall scene is slightly hazy or overcast.
- **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?**

READY

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

REACTING

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

INJURED

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.

ILL

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*

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

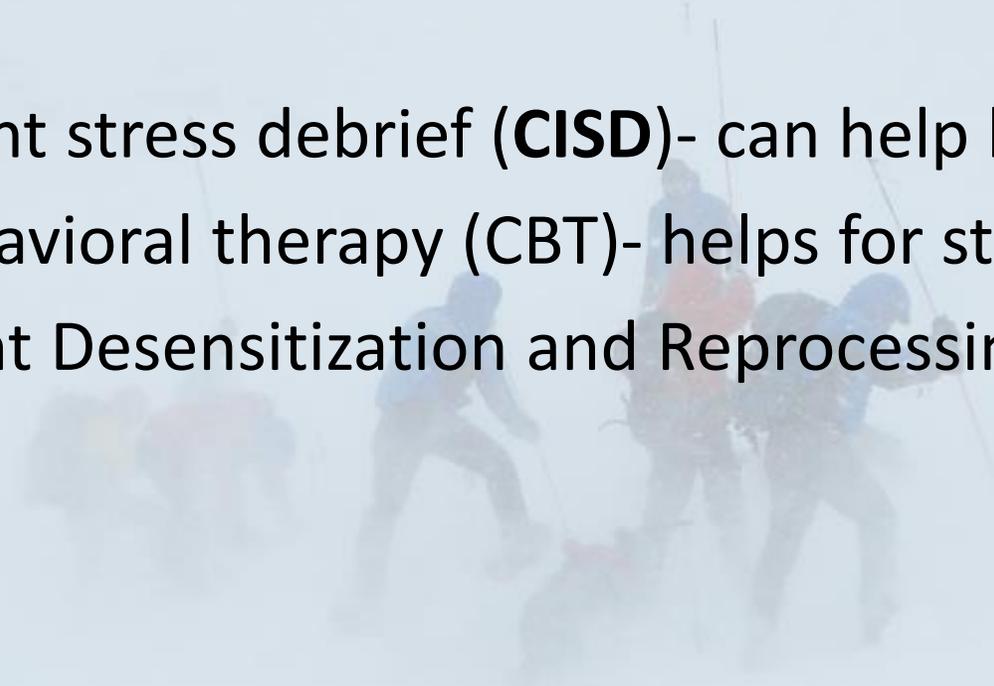
- Normalize the language and conversation around stress injuries
- Foster connection and build resilience
- Practice psychological first aid in the field
- De-escalate after stressful missions
- Check in later, call 2-3 days out
- Ask at start up of next mission, opt out option
- Have referral to professional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

New app- First First Responder Health



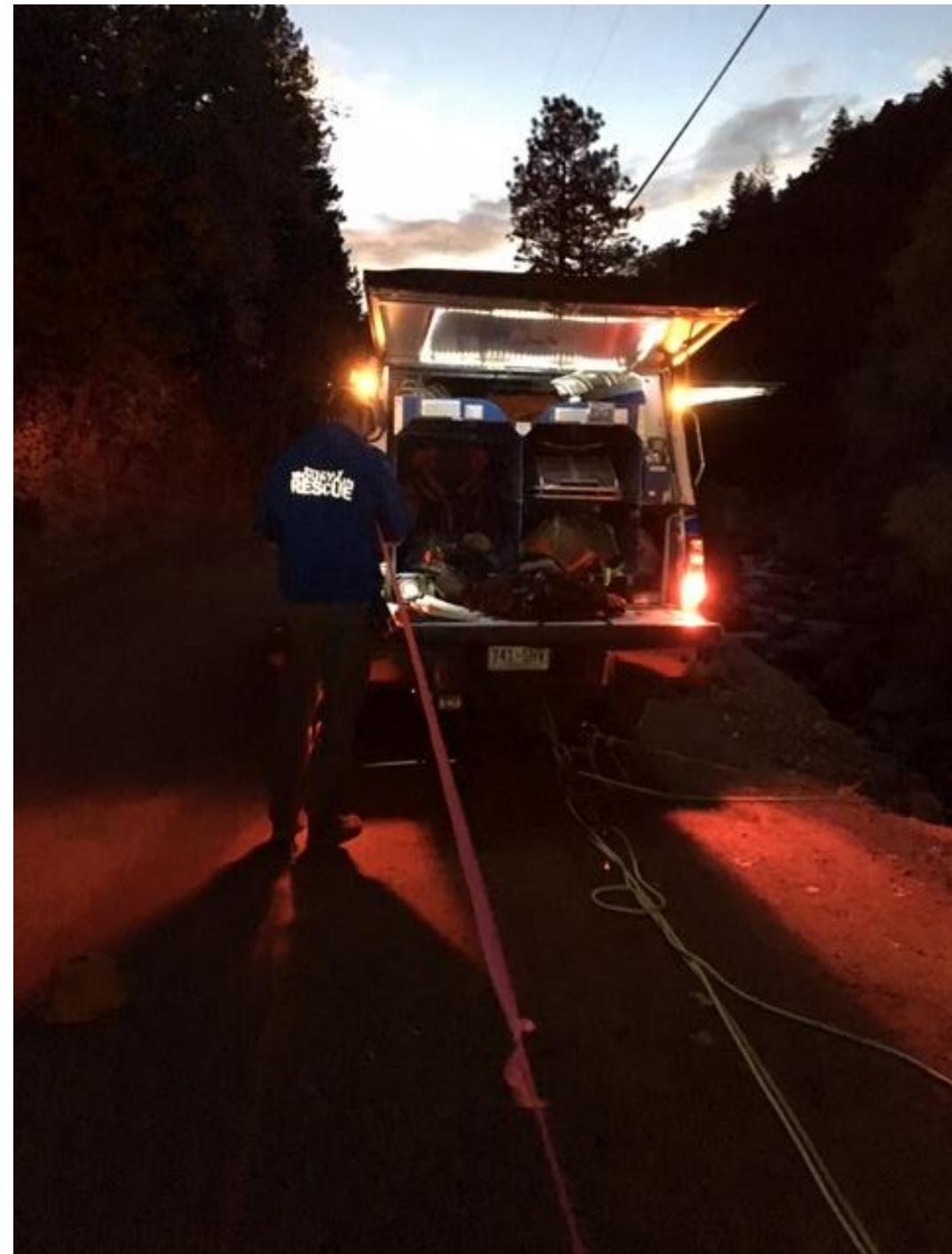
Do interventions work?

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
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Now what?

- This entire conference is about how to be better at rescuing others.
- Let's get working on rescuing ourselves.



Thank You, Questions?



