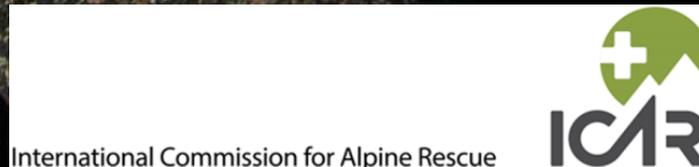


SUICIDE MISSIONS

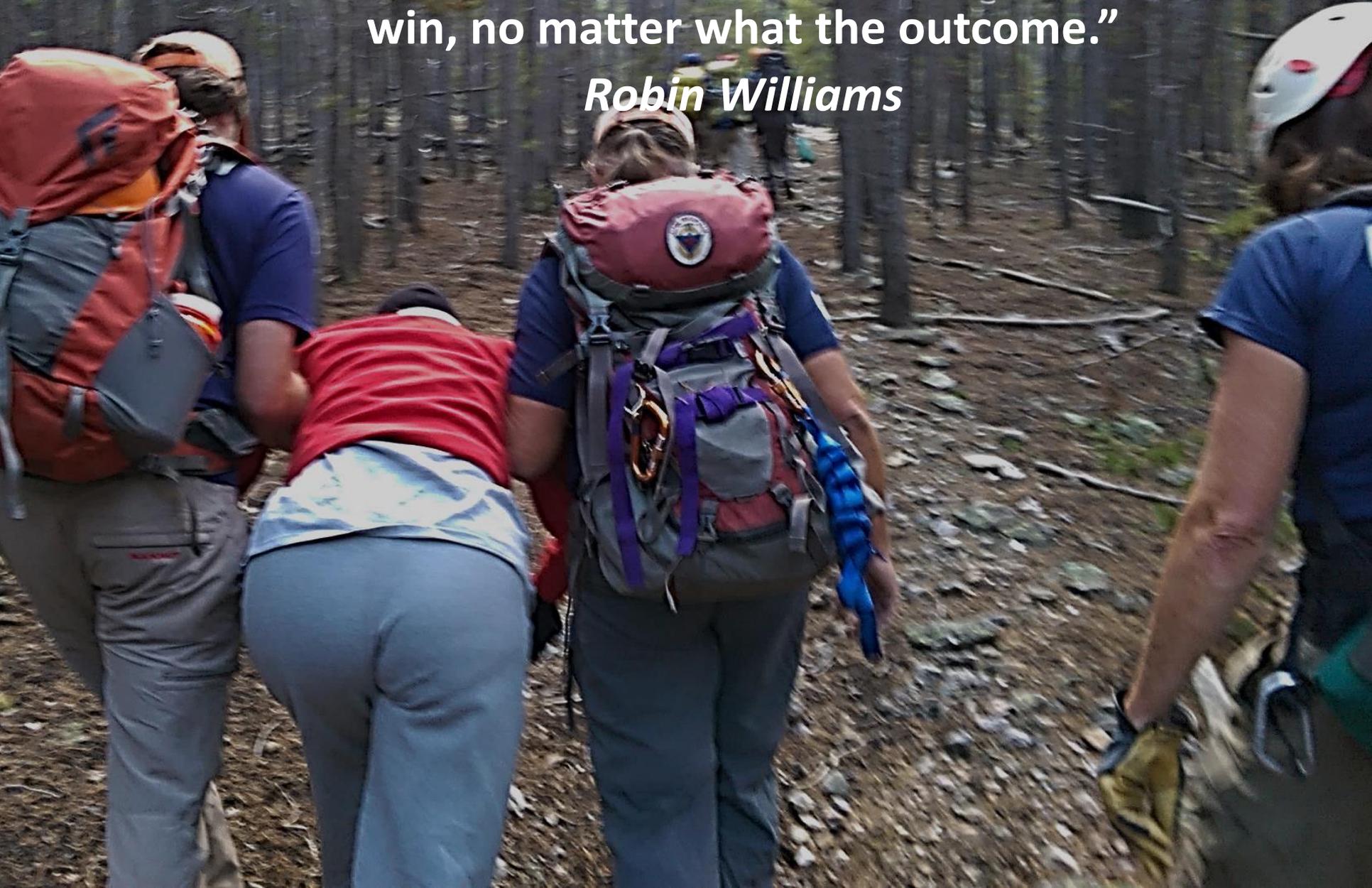
Coping with Suicide Recoveries and PTSD in the Mountain Rescue Environment

Tom Wood
Alpine Rescue Team
Evergreen, Colorado
twood@pmirope.com
Mountain Rescue Association, United States



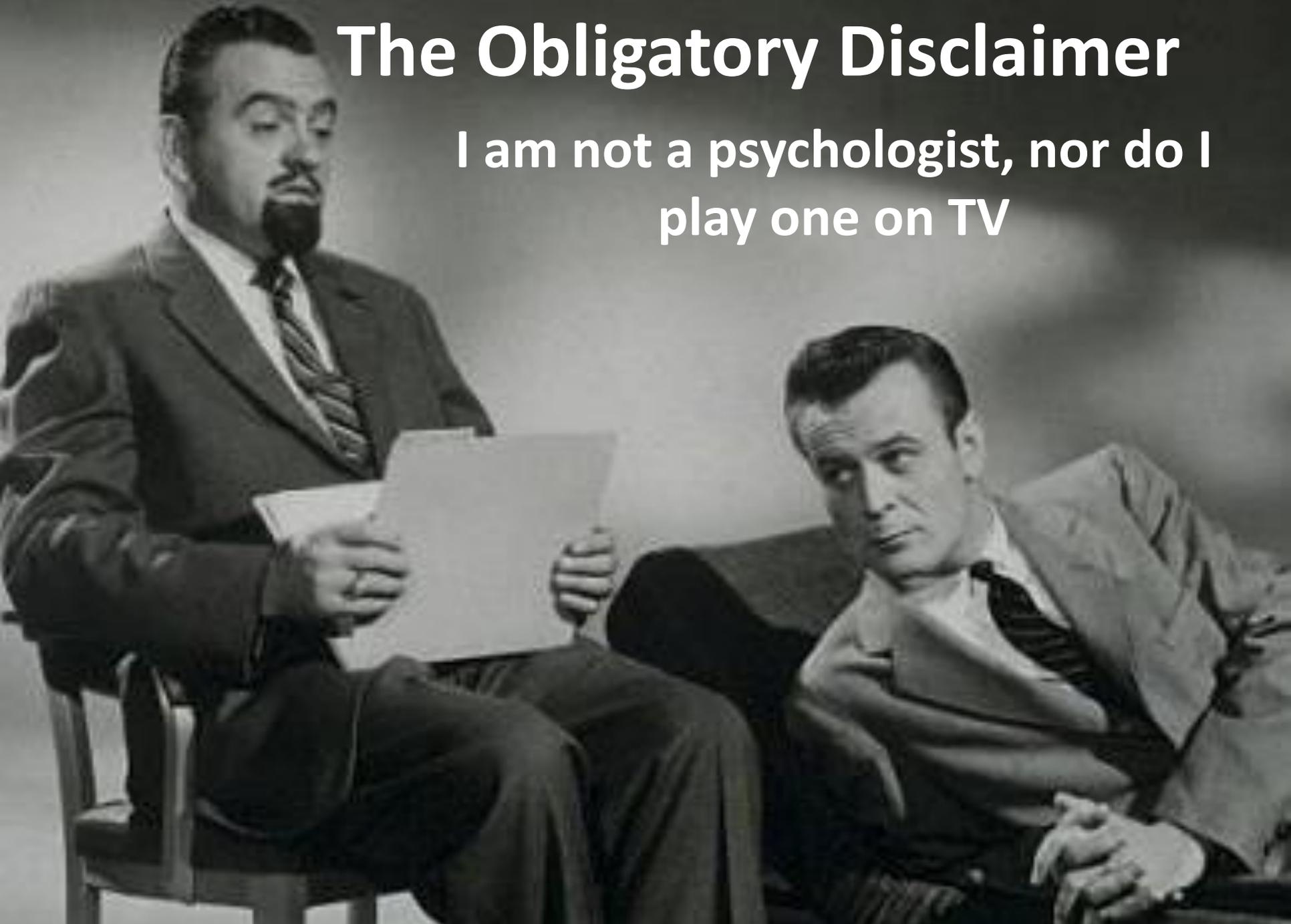
**“You treat a disease, you win, you lose.
You treat a person, I guarantee you, you'll
win, no matter what the outcome.”**

Robin Williams



The Obligatory Disclaimer

I am not a psychologist, nor do I
play one on TV



Why I'm Here

Because I'm a 17-year member of the
Alpine Rescue Team

Because I've participated
in more than 70 recoveries

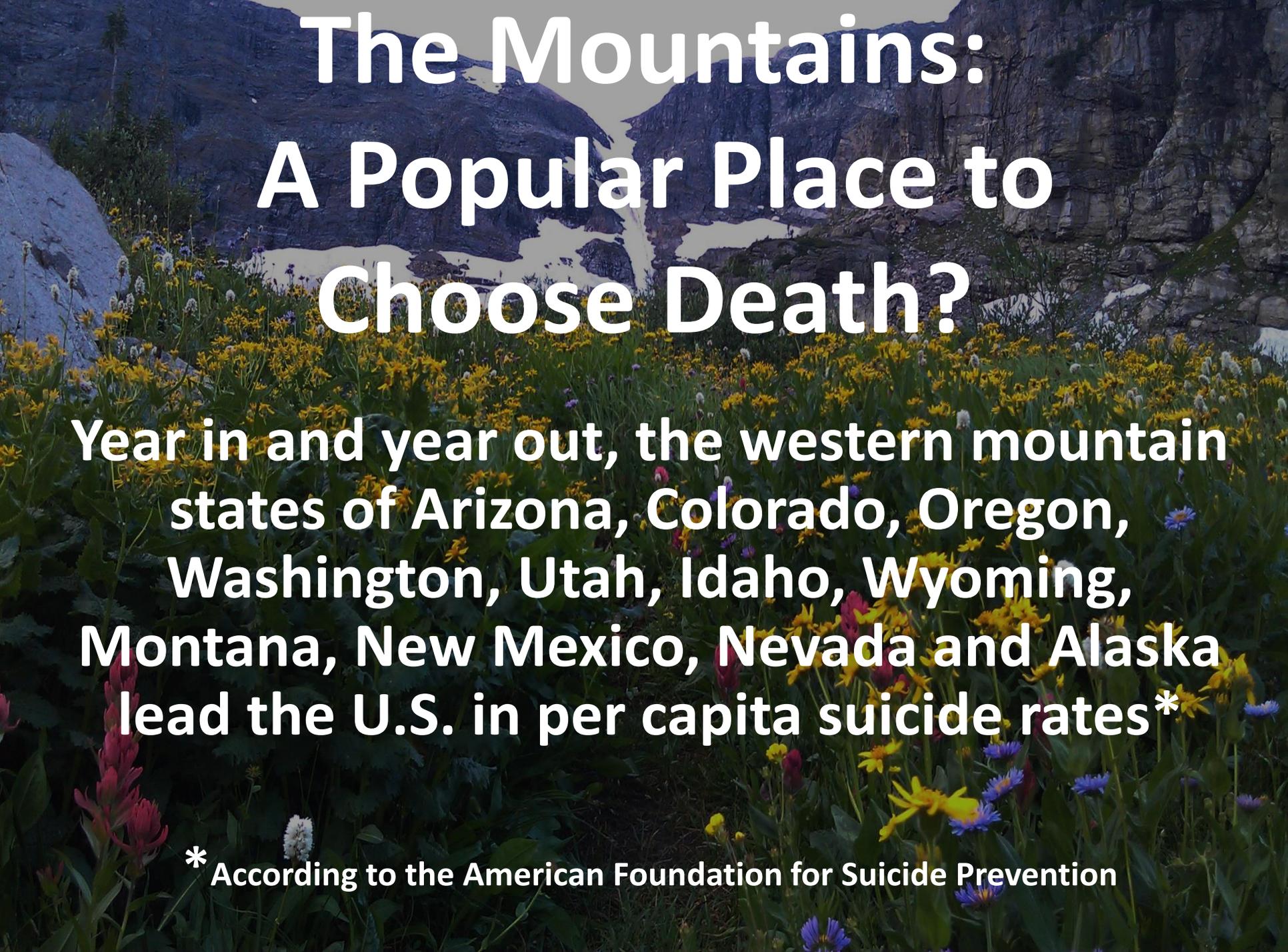
BECAUSE I'VE MADE
MISTAKES



The Mountains Are A Great Place to Live...

Western mountainous states often rated as the
happiest, healthiest in the U.S.*

*Gallup-Healthways Well Being Index



The Mountains: A Popular Place to Choose Death?

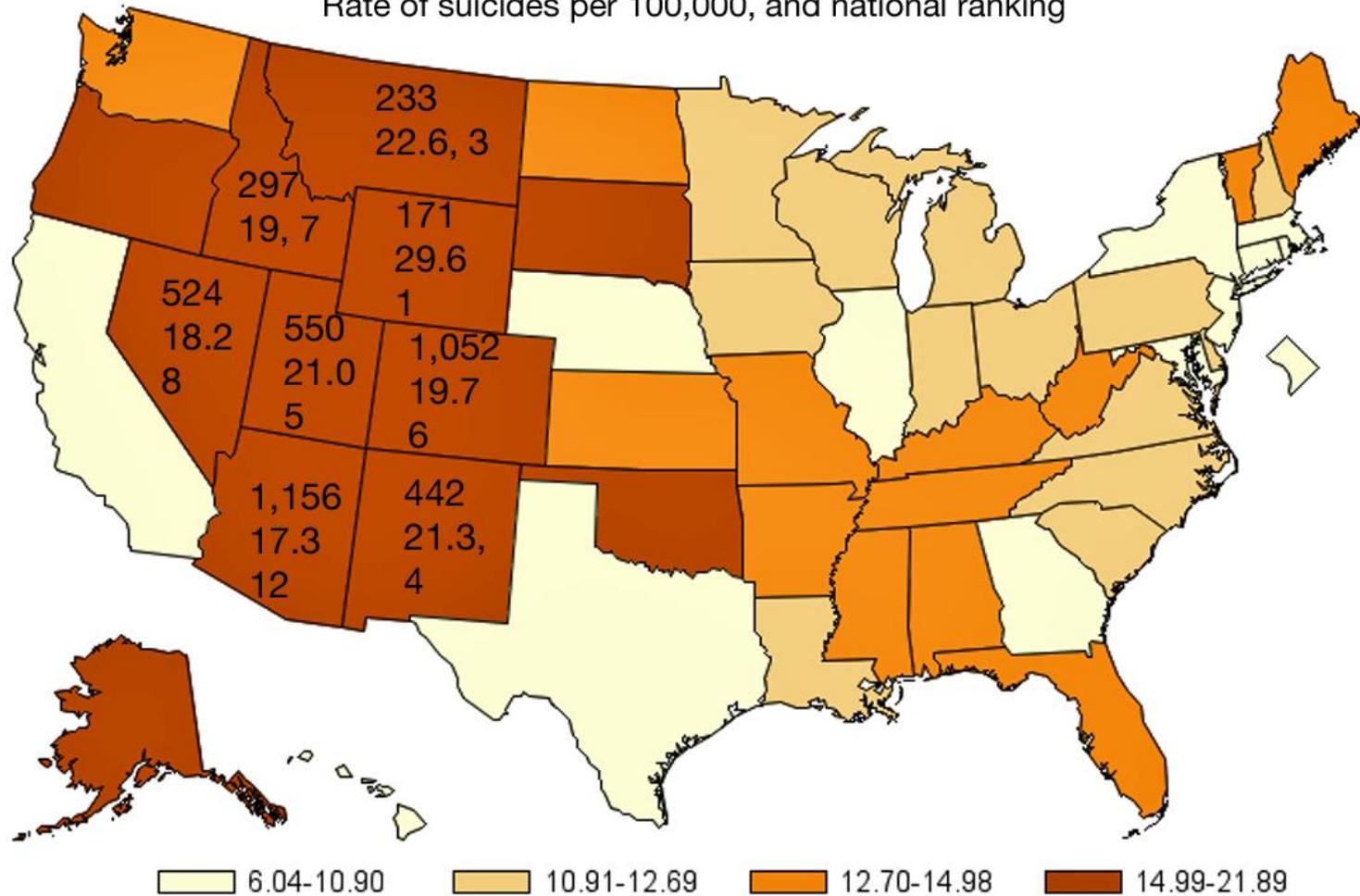
Year in and year out, the western mountain states of Arizona, Colorado, Oregon, Washington, Utah, Idaho, Wyoming, Montana, New Mexico, Nevada and Alaska lead the U.S. in per capita suicide rates*

* According to the American Foundation for Suicide Prevention

2004-2010, United States Death Rates per 100,000 Population

All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Crude Rate for United States: 11.59

In Suicide Belt States: Number of suicides in 2012,
Rate of suicides per 100,000, and national ranking



Reports for All Ages include those of unknown age.

* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk

The Low Side of that Rocky Mountain High

SNAPSHOT OF COLORADO FATALITIES IN
2014

Homicide: 172

Car and motorcycle accidents: 486

Influenza and pneumonia: 668

Diabetes: 826

Suicide: 1,058

Why?

POSSIBLE FACTORS

Altitude?

Geographic Isolation?

High rate of firearm ownership?

High rate of alcohol consumption?

Pervasive pull-yourself-up-by-your-own-
bootstraps cultural attitude?

Altitude and Suicide

Several studies, including work by Perry F. Renshaw, M.D., Ph.D., M.B.A., USTAR professor of psychiatry at the U of U and senior author on this latest study, suggest altitude is an independent risk factor for suicide, and further that depression rates also increase with altitude and may contribute to the increased suicide risk.

U.S. Department of Veterans Affairs

Attitudes

“The very same active lifestyle that contributes to the high levels of overall fitness in western mountain states also carries with it the built-in expectation that seeking early help for mental issues such as bipolar disorders and depression is a sign of weakness. It’s an unwritten rule that everyone should power through their problems. Alone.”

Sally Spencer Thomas, Carson J Spencer Foundation



A Health Crisis

One in five adults have a family member that completed suicide

60% of us know someone who completed a suicide

22 military veterans A DAY take their own lives*

Suicide is now the 10th leading cause of death in America

***Carson J Spencer Foundation and the Department of Veterans Affairs**



A Global Problem

Worldwide, suicide rates have increased 60% in the last half-century*

In Europe suicide rates rose by 6.5% after the 2007 financial crisis**

***U.S. Centers for Disease Control and World Health Organization (WHO)**

****Daily Mail June 2014**



**Just one suicide can impact many
other lives...**



First Responders on the Front Lines

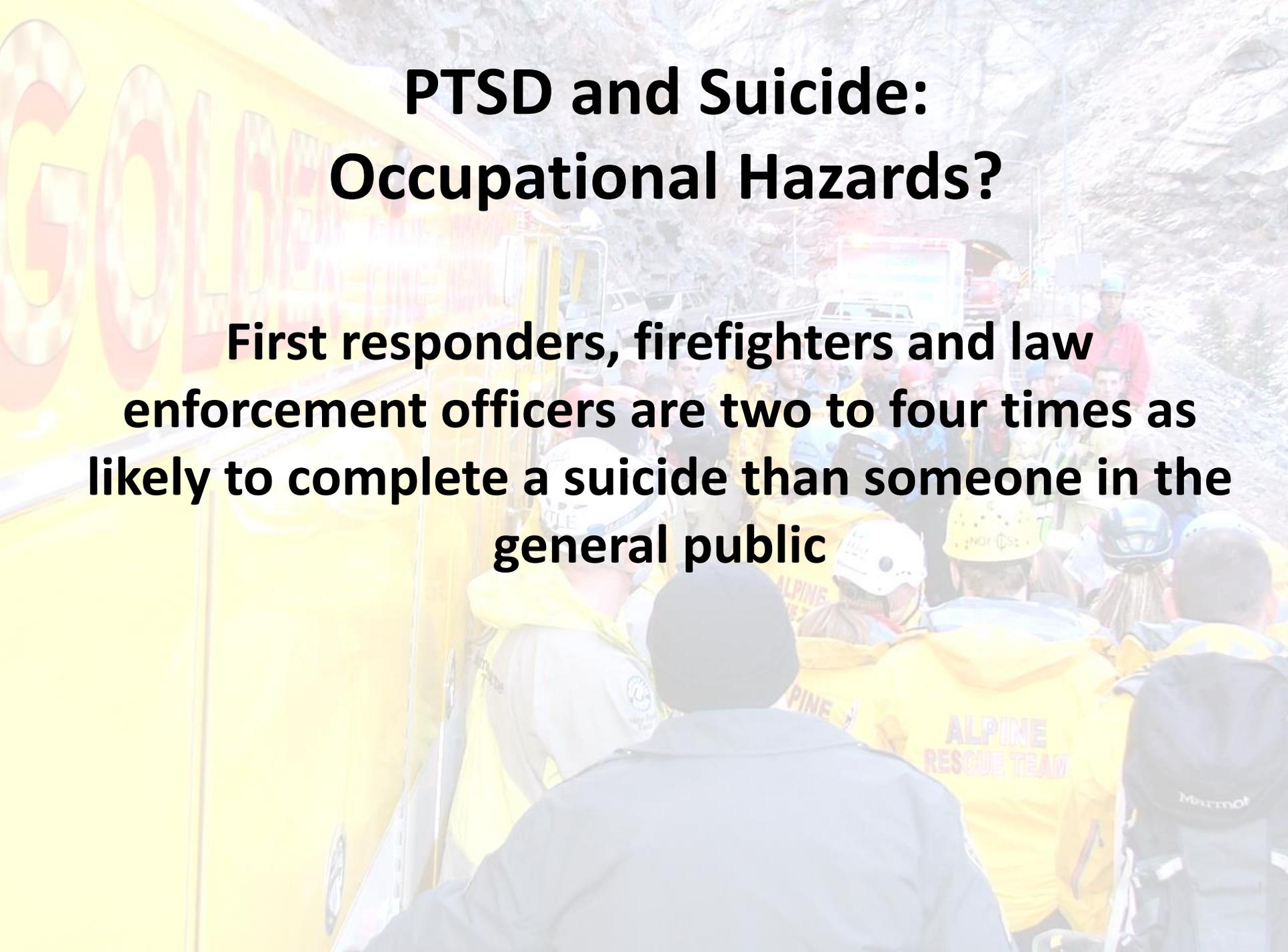
"First responders are a culture in and of themselves...Most people think first and then act. First responders are trained to act without hesitation. To do that, they can't consider their feelings. They're taught to think and not feel or they'll make a mistake and someone might die. The normal human mechanism in a crisis is to feel. But we try to keep those feelings to ourselves because otherwise we'll be perceived as weak."

Pete Volkmann, social worker and veteran of the Ossining, N.Y. Police Department (EHS Today, Alan Brown, December 17, 2003 issue)



PTSD and Suicide: Occupational Hazards?

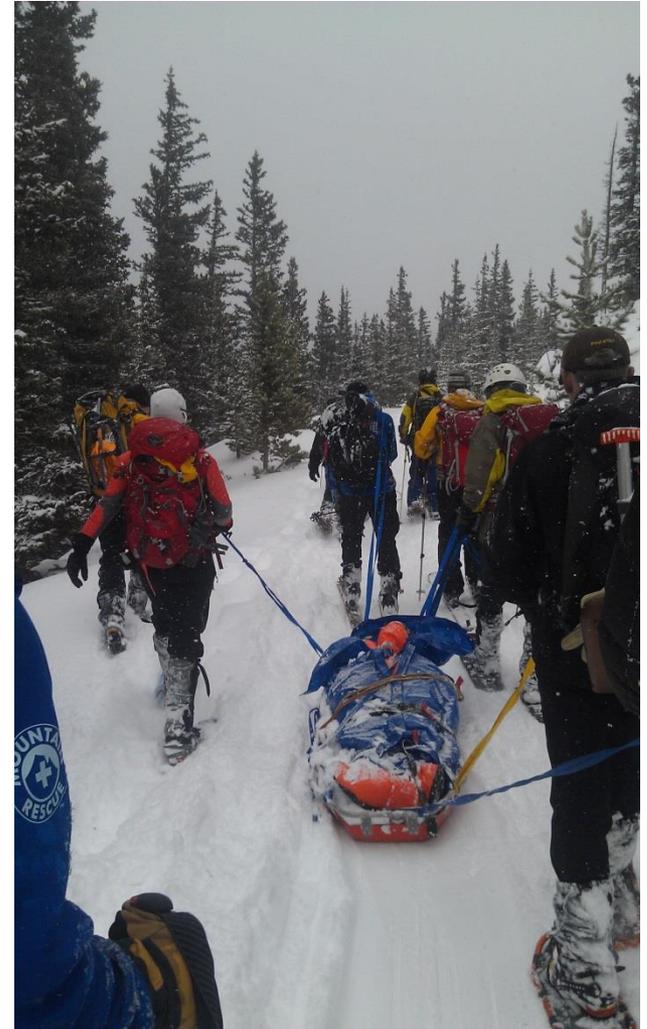
First responders, firefighters and law enforcement officers are two to four times as likely to complete a suicide than someone in the general public



What is Post Traumatic Stress Disorder (PTSD)?

Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse).

U.S. Department of Veterans Affairs



PTSD Symptoms

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
4. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest in (pre-traumatic) significant activities.
6. Feeling alienated from others (e.g., detachment or estrangement).
7. Constricted affect: persistent inability to experience positive emotions.

U.S. Department of Veterans Affairs

Recoveries Come With the Territory in Colorado

ALPINE RESCUE TEAM (ART) TOTAL FATALITIES

2009-2013: 68



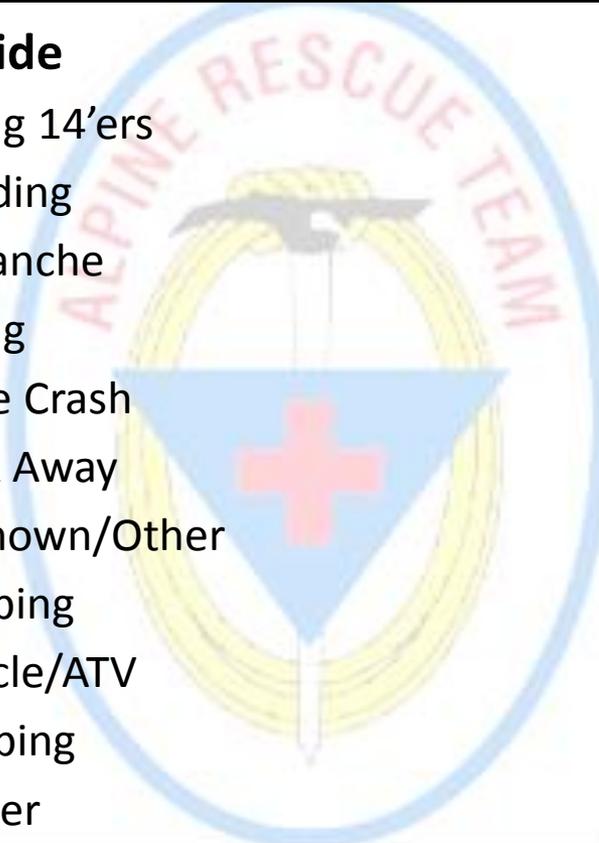
ROCKY MOUNTAIN RESCUE GROUP (RMRG)

TOTAL FATALITIES 2009-2013: 61



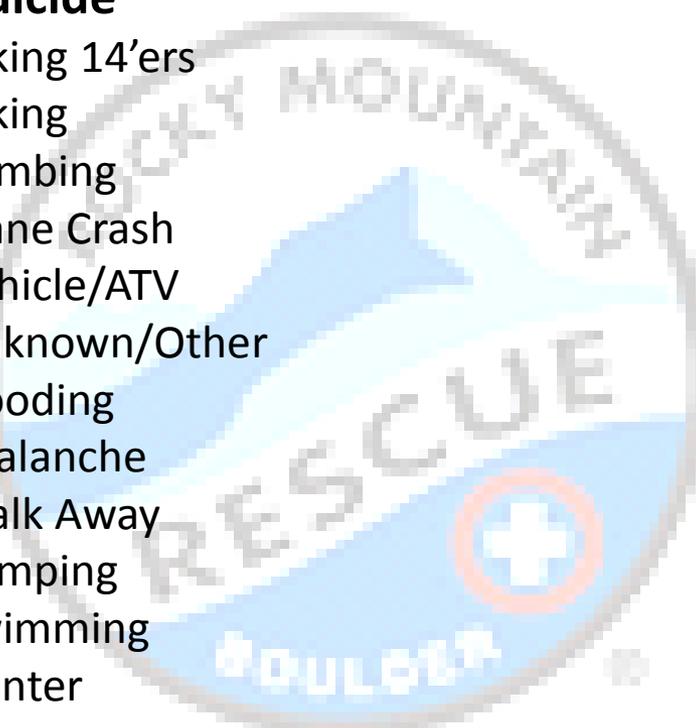
Sobering Statistics

ART FATALITIES BY ACTIVITY 2009-2013



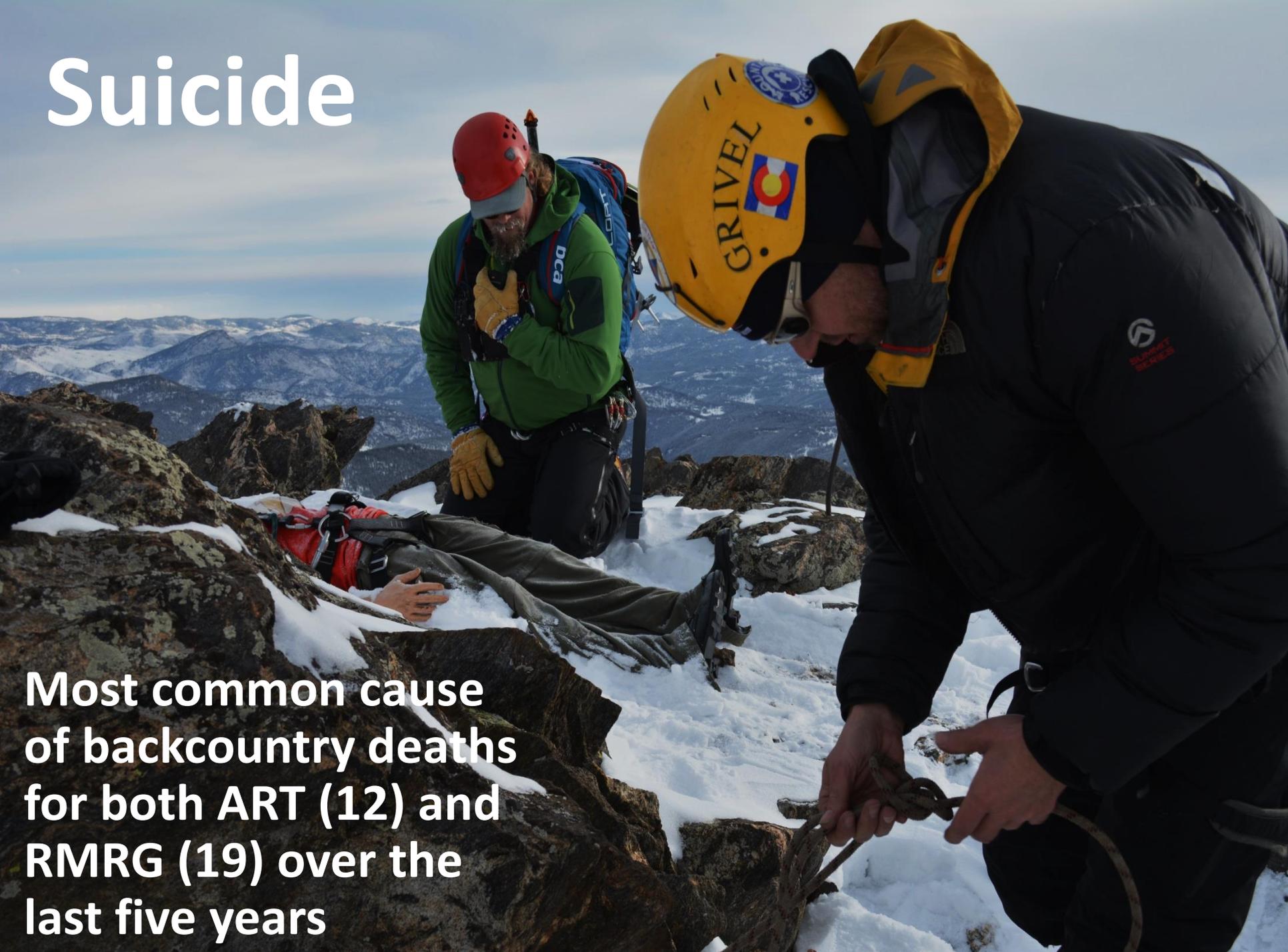
Suicide	12
Hiking 14'ers	11
Flooding	09
Avalanche	08
Hiking	06
Plane Crash	05
Walk Away	05
Unknown/Other	05
Climbing	02
Vehicle/ATV	02
Camping	01
Hunter	01
Swimming	0

RMRG FATALITIES BY ACTIVITY 2009-2013



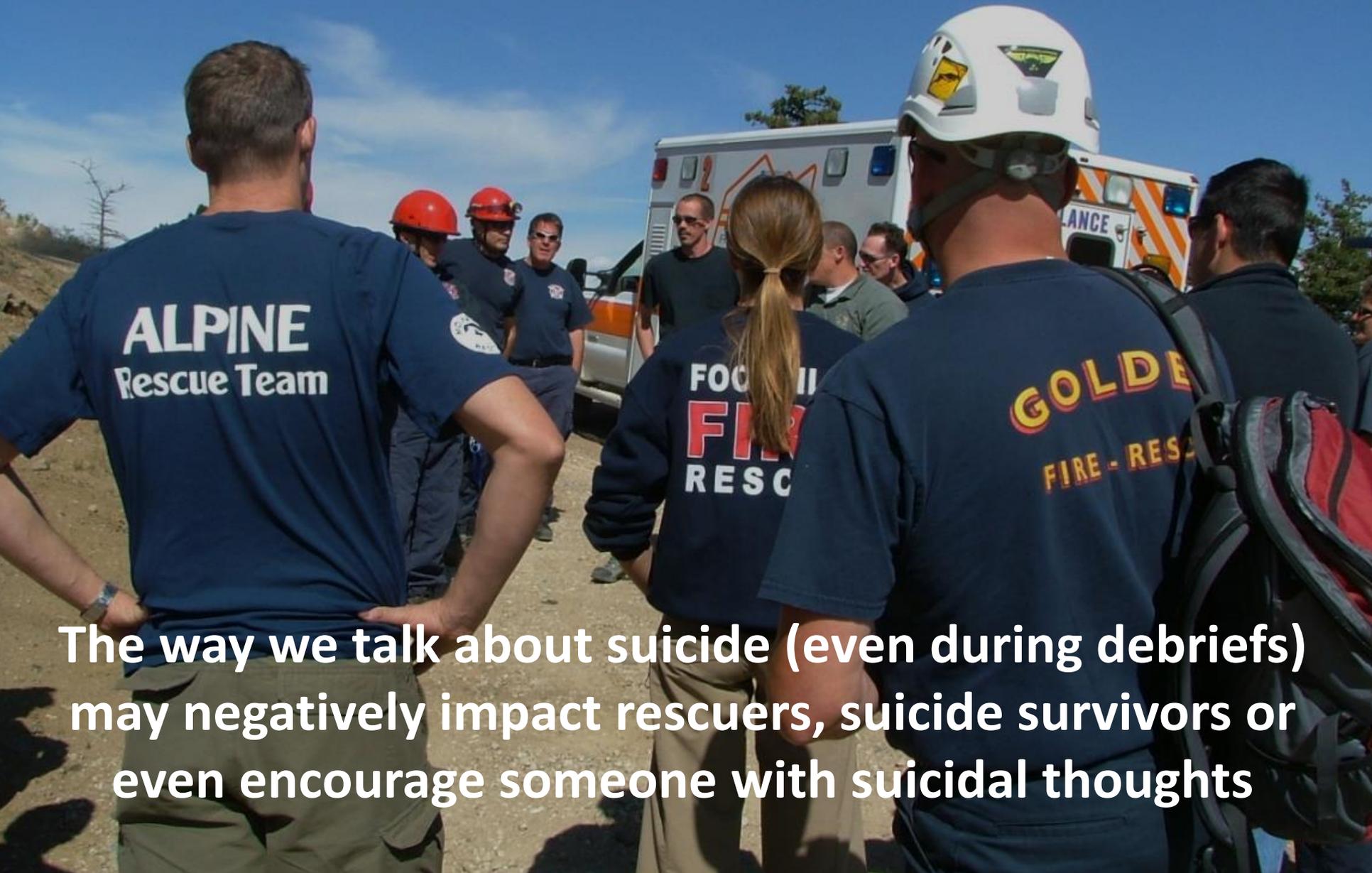
Suicide	19
Hiking 14'ers	10
Hiking	09
Climbing	05
Plane Crash	05
Vehicle/ATV	05
Unknown/Other	02
Flooding	02
Avalanche	01
Walk Away	01
Camping	01
Swimming	01
Hunter	0

Suicide



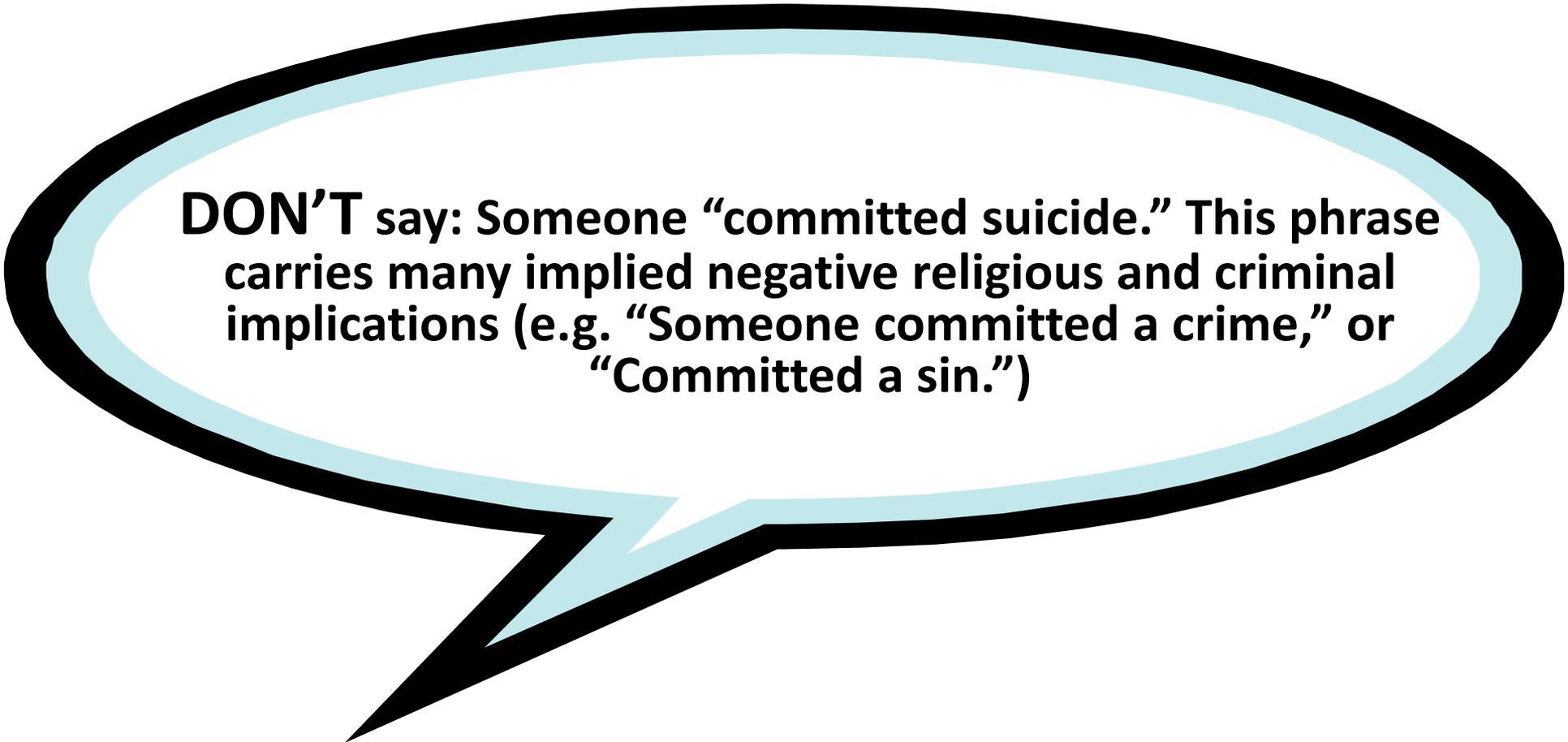
Most common cause
of backcountry deaths
for both ART (12) and
RMRG (19) over the
last five years

Talk the Talk



The way we talk about suicide (even during debriefs) may negatively impact rescuers, suicide survivors or even encourage someone with suicidal thoughts

Sticks and Stones: More Than Just Semantics



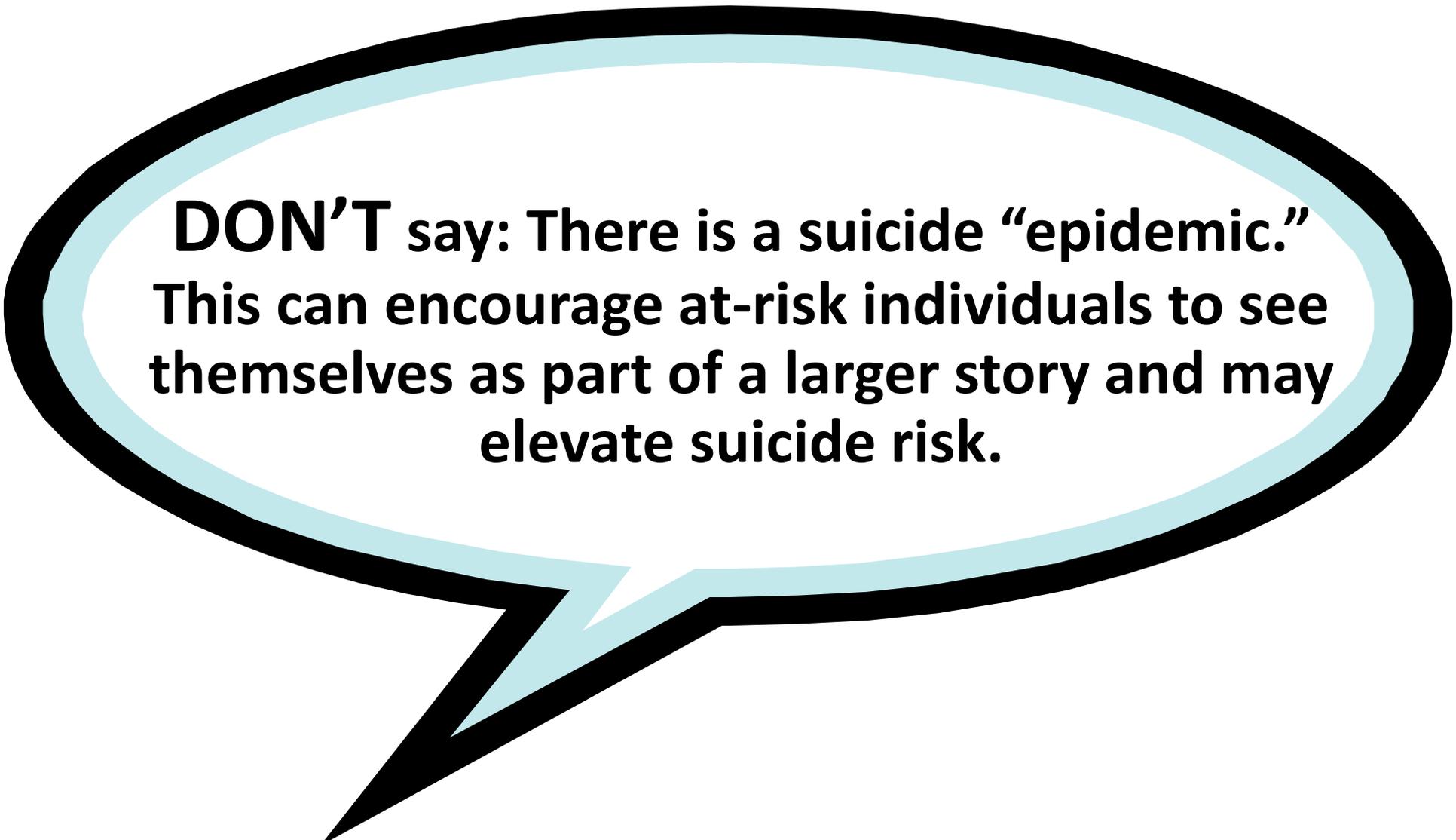
DON'T say: Someone “committed suicide.” This phrase carries many implied negative religious and criminal implications (e.g. “Someone committed a crime,” or “Committed a sin.”)

Sticks and Stones



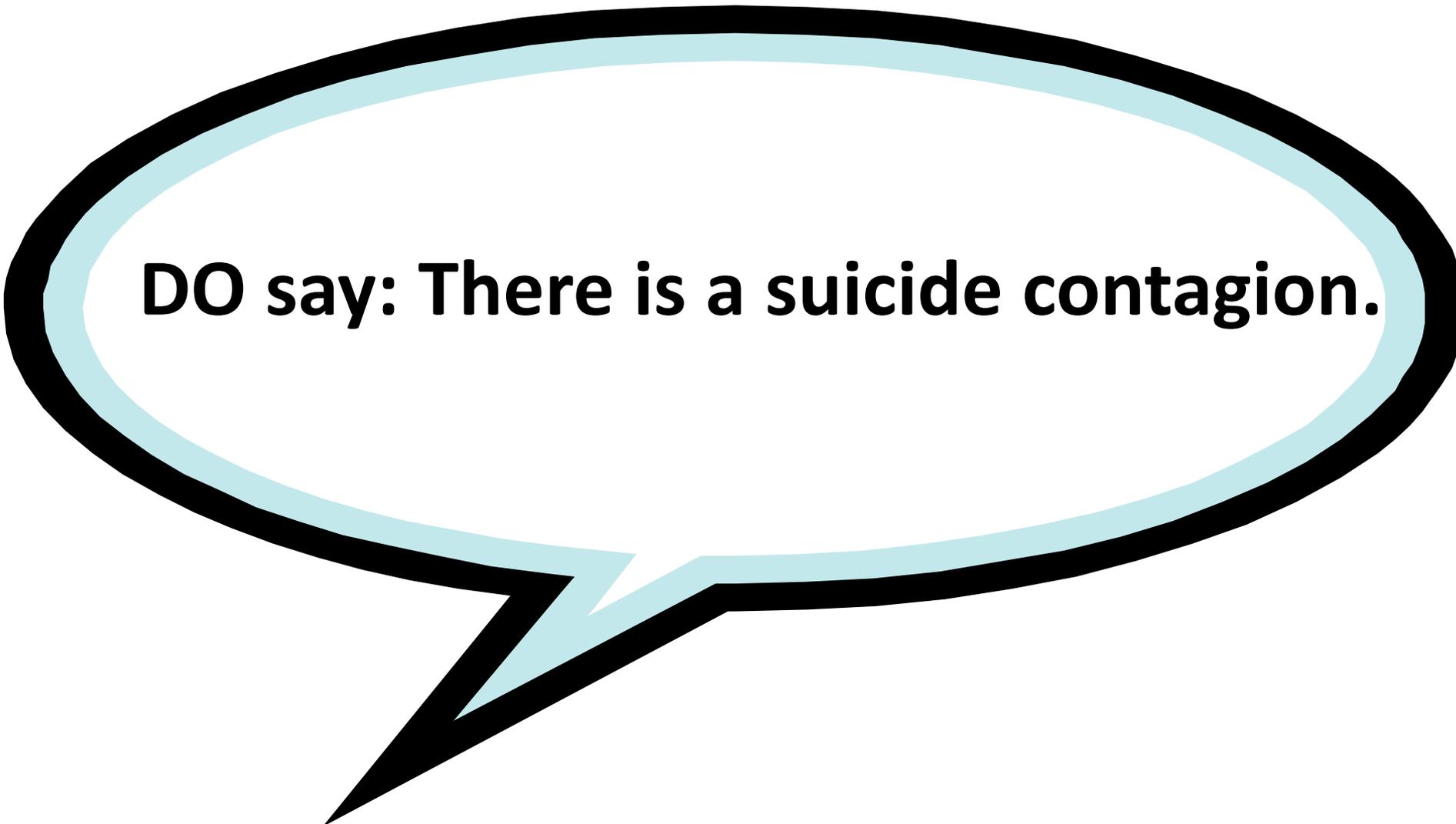
DO say: "Someone completed a suicide."

Sticks and Stones



DON'T say: There is a suicide “epidemic.”
This can encourage at-risk individuals to see themselves as part of a larger story and may elevate suicide risk.

Sticks and Stones

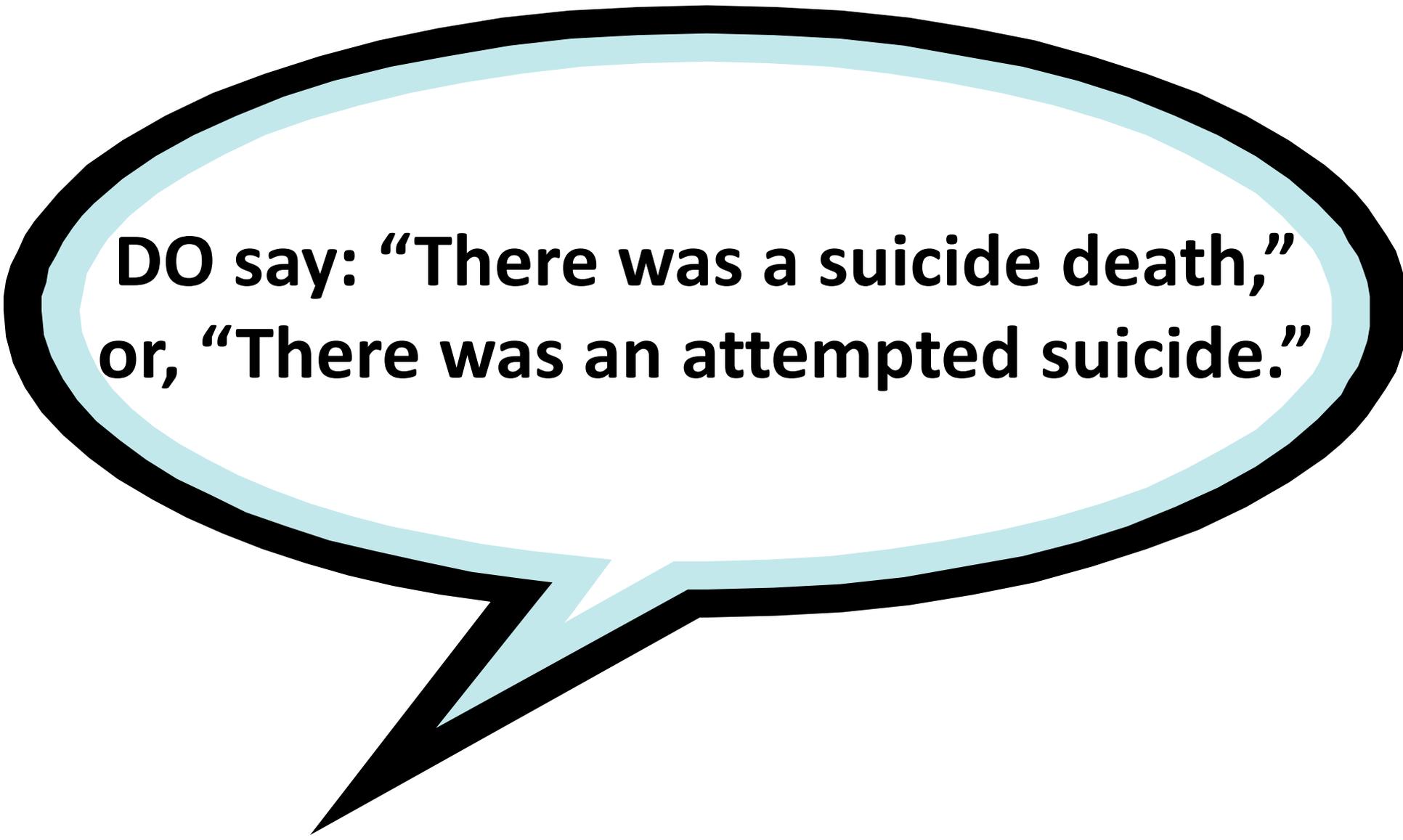


DO say: There is a suicide contagion.

Sticks and Stones

DON'T say: A suicide attempt was “successful,” “unsuccessful” or “failed” when speaking of suicide. It’s hazardous to suggest that non-fatal suicide attempts represent “failure,” or that completed suicides are “successful.”

Sticks and Stones



**DO say: “There was a suicide death,”
or, “There was an attempted suicide.”**

Rescuers Most At Risk

White Males

Age (15 to 34) and (65+)

**Previous exposure to
suicide (self, family or on
recoveries)**

**No spouse or significant
other**

**Exhibits signs of Post-
Traumatic Stress Disorder
(PTSD)**



TRIGGERS

A photograph showing a woman with curly hair, wearing a blue long-sleeved shirt, being held from behind by another woman wearing a green tank top. The woman in blue has a pained or distressed expression, with her eyes closed and mouth open. The woman in green is looking towards the left. The background is a plain, light-colored wall.

Intense Life and Death Situations

Triggers: Trauma/Sudden Fame

New York: Three firefighters who helped rescue 9-11 victims killed themselves within a year

Oklahoma City: A police sergeant who rescued four victims at the bombed Federal building completed suicide

Texas: A paramedic who helped rescue baby Jessica McClure from a well later took his life



We can label our rescue gear...



MBS (Minimum Breaking Strength)

SWL (Safe Working Load)

...But we can't label our rescuers

**MBS (Mental Breaking Strength)
SWL (Sane Working Load)**



Recovery Tips for Rescuers

#1: Get rid of the “Suck-it-up-or-quit-I’m-a-tough-guy-this-kind-of-thing-comes-with-the-territory” mentality



Recovery Tips for Rescuers

#2: Get an Advocate (a person trained to help others with emotional issues after a traumatic experience, usually called by law enforcement) on scene ASAP



Recovery Tips for Rescuers

#3: Limit Exposure: Don't assume everyone is ok with performing a recovery. Ask more than once if anyone wants to sit this one out.



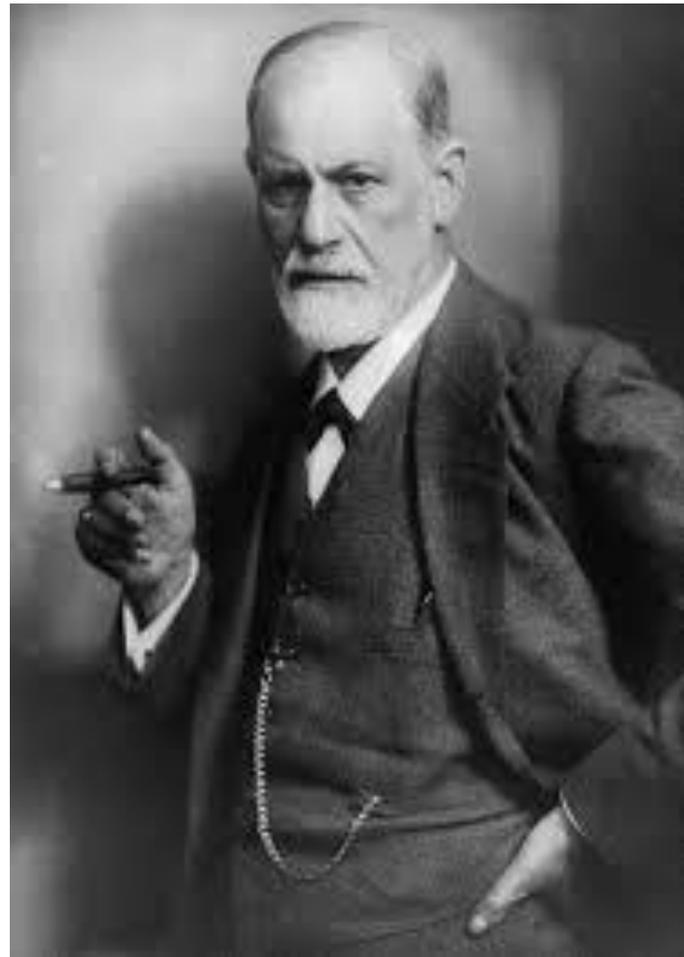
Recovery Tips for Rescuers

#4: Be supportive if someone bows out of a recovery



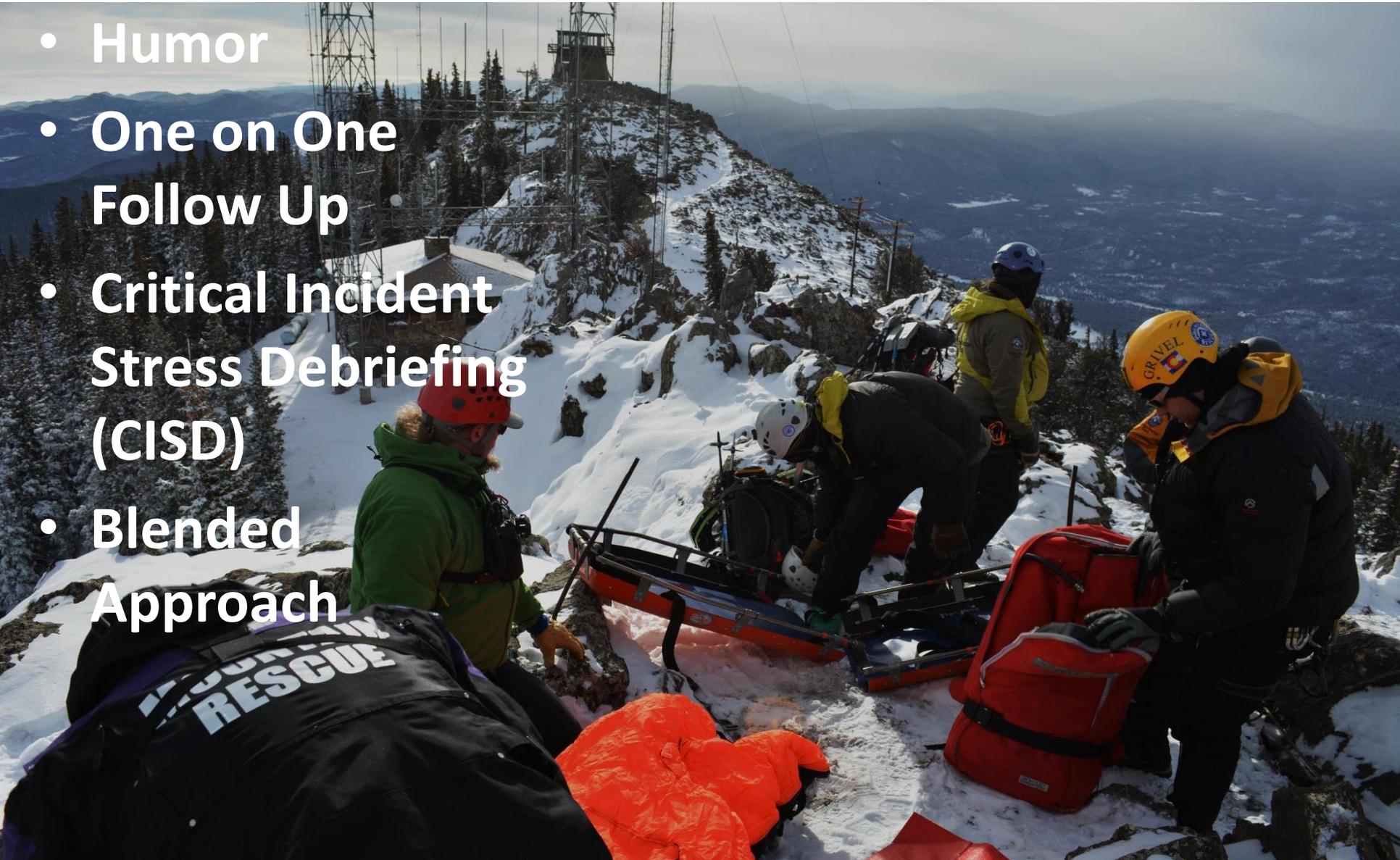
Recovery Tips for Rescuers

#5: REMEMBER: You don't have to be a trained clinical psychologist to provide assistance for a rescuer's mental health after a traumatic experience. Being human is enough.



Post Recovery Coping Strategies (short term)

- Humor
- One on One Follow Up
- Critical Incident Stress Debriefing (CISD)
- Blended Approach



Gallows Humor

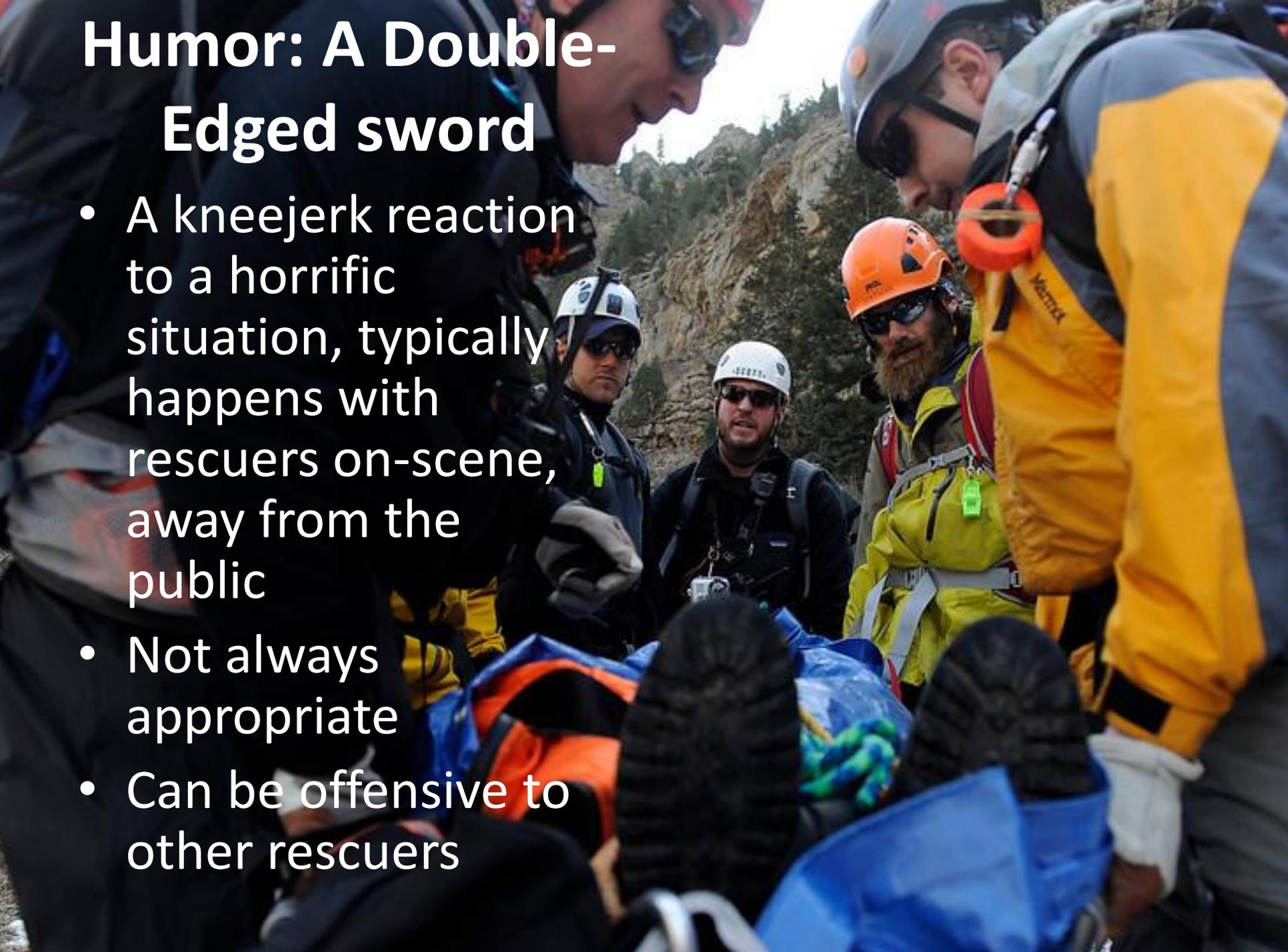
“Humor is our way of defending ourselves from life's absurdities by thinking absurdly about them.”

Lewis Mumford



Humor: A Double-Edged sword

- A kneejerk reaction to a horrific situation, typically happens with rescuers on-scene, away from the public
- Not always appropriate
- Can be offensive to other rescuers



One on One Follow Up



- Initiated by team mates or team leaders
- Usually employed selectively to targeted individuals
 - Initiation can be stalled by fear of, “Saying the wrong thing”

Critical Incident Stress Debriefing (CISD)

- Part of the Critical Incident Stress Management (CISM) program
- Used for emergency responders after a traumatic call



Critical Incident Stress Debriefing (CISD)

Peer driven, with mental health professional
present

Success of CISD debatable



Blended Approach



(brought to you by the letter **E**)



- **E**mphasize the importance of a resource list, and don't be afraid to use it
- **E**xecute a small, informal group pow-wow with rescuers who physically participated in a recovery
- **E**stablish protocols for team leader outreach, with emphasis on reaching out and just listening (de-emphasize trying to, "Say the right thing")

Blended Approach



(brought to you by the letter **E**)



- **E**ducate ALL rescuers on PTSD warning sign recognition
- **E**mpower fellow rescuers to act as first line of defense against the effects of PTSD after a recovery
- **E**ncourage continued vigilance amongst rescuers for several weeks after a traumatic mission

10 Suicide Warning Signs



- 1. Always talking or thinking about death**
- 2. Clinical depression -- deep sadness, loss of interest, trouble sleeping and eating -- that gets worse**
- 3. Having a "death wish," tempting fate by taking risks that could lead to death, such as driving fast or running red lights**

10 Suicide Warning Signs



4. Losing interest in things one used to care about
5. Making comments about being hopeless, helpless, or worthless
6. Putting affairs in order, tying up loose ends, changing a will
7. Saying things like "it would be better if I wasn't here" or "I want out"

10 Suicide Warning Signs



8. Sudden, unexpected switch from being very sad to being very calm or appearing to be happy

9. Talking about suicide or killing one's self

10. Visiting or calling people to say goodbye



International Commission for Alpine Rescue



10 Action Steps for Dealing with the Aftermath of a Suicide* (modified for the rescue environment)



***By The Workplace
Postvention Task Force of
the American Association
of Suicidology**

**The Workplace Task Force
of the National Action
Alliance for Suicide
Prevention**

**The Carson J Spencer
Foundation**

The Crisis Care Network



IMMEDIATE: Acute Phase

- 1. Coordinate: Contain the crisis.**
- 2. Notify: Protect and respect the privacy rights of the deceased and their loved ones during death notification.**
- 3. Communicate: Reduce the potential for contagion.**
- 4. Support: Offer practical assistance to family and rescuers.**



SHORT-TERM: Recovery Phase

- 5. Link: Identify and link impacted rescuers to additional support resources and refer those most affected to professional mental health services.**
- 6. Comfort: Support, comfort, and promote healthy grieving of the rescuers who have been impacted by a loss.**
- 7. Restore: Restore equilibrium and optimal functioning on your rescue team.**
- 8. Lead: By example, build and sustain trust and confidence in organizational leadership.**



LONGER-TERM: Reconstructing Phase

- 9. Honor: Prepare for anniversary reactions and other milestone dates.**
- 10. Sustain: Transition postvention back to suicide awareness and prevention.**

Why I'm Here: Epilogue

#1: In 2006, the Alpine Rescue Team responded to 8 consecutive suicide recoveries in 12 weeks. We were unprepared for the fallout from these calls.



Why I'm Here: Epilogue

#2: In the past, my rescue team failed to recognize (and therefore help) rescuers who struggled with PTSD and the aftermath of recoveries.



Why I'm Here: Epilogue

#3: I've responded to more suicide recoveries than I care to count, and I feel that something good should come out of all that tragedy...



Why I'm Here: Epilogue

#4: I've had exactly three situations in my personal life (outside of my involvement with mountain rescue) when I've dealt with someone contemplating or attempting suicide. I mishandled all three situations miserably, and don't want others to repeat my mistakes.



Tom's Soapbox

We would have no problem giving **PHYSICAL** first aid to a rescuer if they were injured during a recovery. By that same token, we should be ready, willing and able to provide **PSYCHOLOGICAL** first aid to a rescuer after a recovery as well.



**“Don’t ask just once if
someone needs help.
Keep asking.”**

International Commission for Alpine Rescue



Sally Spencer-Thomas, Carson J Spencer Foundation

Suicide Information and Resource List:

National Suicide Prevention Lifeline 1-800-273-TALK
(8255)

Suicide Bereavement Support:

www.suicidology.org/suicide_survivors.com

Screen for Depression, Anger, Substance Abuse &
Anxiety: www.ManTherapy.org

10 Action Steps for Dealing with the Aftermath of
Suicide:

www.carsonjspencer.org/ManagersGuidebook.pdf

Workplace Suicide Prevention Resource Directory:
[www.ActionAllianceForSuicidePrevention.org/taskfor
ce/workplace/cspp.com](http://www.ActionAllianceForSuicidePrevention.org/taskforce/workplace/cspp.com)

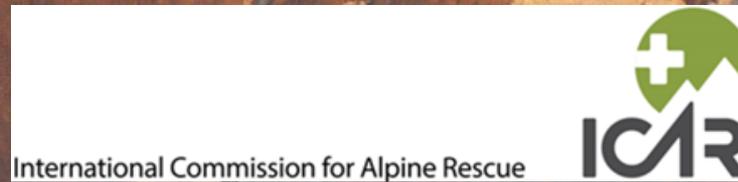


Acknowledgements

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