

Psychological First Aid

Liz Tuohy

When I was 25, my supervisor, Lynne Wolfe, hitched a ride on a sheriff's helicopter into the Absaroka Mountains to help my NOLS course. Upon landing she gave me a hug and said something like, "We are here to help you. You are still in charge. You can tell us what to do, you can give over any responsibility or decision-making to us, but you are still the leader."

Internally, I paused. The river was vocal behind us, the slope before us too steep for the tent camp pitched there, and people circulated around us in groups, moving to a rhythm of tasks assigned or volunteered for. The night before a helicopter had picked up the body of Katy Brain, our student and travel mate for the previous 24 days. She died of a head injury after losing her footing in the South Buffalo Fork of the Snake River. The sheriff had flown in to take statements. He was generous enough to offer to bring Lynne and another NOLS employee to join us for the two-day hike out.

Looking back after 21 years, I wonder with compassion and concern how at that age I possibly managed such an intense and heartbreaking situation. I think of my young students and co-instructors and wonder the same. But by now I have talked to enough people to realize how capable humans are of stepping into situations they really haven't the capacity yet to manage.

While I paused internally, in reality, I kept moving quickly. "Thank you for coming." I gave her a briefing on what we had been doing, how our students were, and our plans. She told me what would happen once we were picked up at the trailhead. Then she started doing some of the same things we had been doing intuitively to support our students. Multiple quick check ins and updates, regular reassuring brushes on a shoulder. Simple positive feedback, reaffirming things I was doing to help our situation. Things we never would normally congratulate each other for, like moving a tent, or making a clear announcement. But in a situation in which planning a final crossing of the Buffalo Fork felt like climbing Mount Everest, these small gestures reminded us that bit by bit, we were getting closer to home, and we were doing it ourselves, with familiar work in which we were practiced.

Since Katy Brain's death, I have continued to work for NOLS. I have deep gratitude for the way the NOLS administration and community supported me and my group. And despite the good support, I worked through seven years of post-traumatic stress injury. As responders we can't prevent trauma in others, but we can help them in meaningful ways.

The methods are simple and don't require a mental health degree. Below I will outline Psychological First Aid treatment principles, illustrated with examples from my fatality experience in the Absarokas. These principles are well-regarded concepts in the mental health community and are taught by NOLS Wilderness Medicine. While the specific language of the treatment principles is more recent than the incident, they give definition to what I and my students found to be helpful. You can use these principles when working with victims and rescuers immediately after an avalanche fatality or serious incident—you will just adjust the examples to the people and situation. My intent is to give you a toolkit that you can employ with compassion and confidence.

Stress Injury

Stress occurs whenever the mind/body has to adjust to a change. Substantial increases in stress typically result in heightened physiological and emotional states. Acute Stress Disorder is a set of specific physiological and psychological trauma symptoms that are limited to one-month duration. Post-Traumatic Stress Disorder (PTSD) is diagnosed when these symptoms last more than one month. There is an association between unrelieved early symptoms (acute stress) and long-term effects or Post-Traumatic Stress Disorder (PTSD). Between 10 and 30% of people with acute stress fail to recover and develop PTSD.

Treatment Principles of Psychological First Aid

Psychological first aid (PFA) is a non-therapeutic response to a person who may need physical and emotional support immediately following an extremely stressful incident, mass violence or natural disaster. It focuses on simple pragmatic interventions that we good caregivers already do: listening, assuring safety and basic needs are met, reducing stress and helping the victim to engage with support groups.

Create a sense of safety by

- Mitigating the scene by reducing chaos and removing patients from perceived threats.
- Reflecting evidence of safety.

Examples: Lots of short updates and check-ins made the situation feel more predictable and orderly. We still needed to cross the Buffalo Fork to get home, and we did multiple briefings for the group about our plans and contingencies, in order to minimize surprises. We also showed the group on maps that our route out had no additional river crossings. Sending in additional NOLS personnel provide an extra layer of security for both students and instructors.

Create calm by

- Calming yourself first.
- Emphasizing the present, the practical, and the possible.

Examples: We ascribed to the "one hour at a time" model. Thinking forward even a full day contained too much unknown, so we focused on what we would need to do for the next hour. We used kind voices and eye contact, said please and thank you, and took deep breaths together. We gave each other hugs and stopped to cry when we needed to, validating every feeling as it came up. And then we calmly continued the task at hand.



This photograph of the course practicing river crossing in the Absarokas first appeared in an article entitled "Going Back In," by Andrew McCarthy, in *Adventure Magazine* August/September 2009. Photo Liz Tuohy

Create self and collective efficacy by

- Involving the person in problem-solving, self-care, and rescue—Asking people what else they can do and what they should not do.
- Recognizing and reminding people of existing strengths.

Examples: Our students moved our camp to Katy’s body while we waited for evacuation support, and proceeded to cook and make hot drinks seemingly nonstop for the next two days. In doing so they were able to stay busy and provide both comfort and nourishment to our group. It can be an easy mistake to “help” people by doing basic tasks for them while they sit and watch. Don’t rob them of small, meaningful distractions. If needed, help them break the tasks down into smaller steps. Similarly, one of the most powerful gifts Lynne gave me was continued leadership – with the option for help. On the way out, we had to decide between two route options. I asked her to decide. She chose, the route worked well, and I was able to let go of one more responsibility.

Create connection by

- Building an on-scene relationship.
- Helping people contact friends, family, loved ones (including pets).

Examples: On our hike out, Lynne led our students in deciding that we would best honor Katy by giving remembrance to the entire month-long experience. We stopped regularly to voice memories—funny pooping stories, frustrating post-holing stories, beautiful moments, regretful disagreements, and in doing so shared our emotions and solidified relationships in new ways.

Create hope by

- Reflecting specific, accurate, positive facts and predictable, realistic steps.
- Personally maintaining and communicating hope

Examples: Hope doesn’t mean saying that things will be okay, but might look like taking a pause to notice a small thing that disrupts the notion that nothing is okay. We stopped to watch sunsets and bears. We kept using the same funny voices we had used throughout our expedition, learning that somehow laughing and tragedy can exist at the same time.

In summary, psychological first aid is a set of simple interventions that any wilderness recreationist can use. Thanks for watching out for each other. I write this with empathy for people whose lives have been thrown by stress injuries, and appreciation for the people who have been helpful along the way. I hope this curriculum helps.

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Any Given Day

Elizabeth Lamphere

Ian: Hey, Bubbee: I think we should start a foundation to benefit the children of avalanche victims.

Me (shifting uneasily): That's a great idea.

Ian: Yeah....

An unexpected death is never met without resistance. We spend our time making hopefully good decisions about our health and well-being so we may live longer, and attempt to put off the inevitable. When an untimely death occurs, a tragic death, a death way too soon, we take pause. This pause can come on any given day. As recent events already this season have shown, the aftereffects of an avalanche trauma are relentless and can lead to the worst of outcomes.

My partner, like so many other fathers, brothers, husbands, and wives before him, was taken in an avalanche in 2013. He was an avid skier and backcountry enthusiast. Our business together was selling glueless climbing skins. His passing when our daughter was nearly nine months old was my worst nightmare come true. The short-term shocks and long term issues precipitated by his death for me are simply magnified over time when reflected in my daughter’s eyes.

Initially the focus was on survival. How do I keep my breast milk flowing, make money, and take care of this tiny creature? How do I put the image of Ian suffocating out of my head? How do I attempt to keep myself healthy for my daughter? How many times can I run through my last week with Ian? How do I hold Madelyn and not sob? How do I get rid of the sinking feeling in my soul? There was not a lot of conscious thought that I can recall during this initial time period of six months. As time passes, I remember a few more tidbits of conversations and faces during that time. The mind does a brilliant job of protecting you from yourself when it has to. Within three days of the avalanche, family and friends had arrived into Denver and we took over a hotel. It was as if once the confirmation of death happened, a chain of events began that was unstoppable and never ending.