CHANGING OUR CULTURE: CREATING A POST AVALANCHE INCIDENT SUPPORT SYSTEM

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ABSTRACT: Creating a conscientious support system for those who have been involved in avalanche incidents will greatly benefit our community of avalanche professionals and guides. Our culture of guilt/shame and the internalized fear of judgment is an enormous barrier to the honest and open sharing of personal experiences. Presently, there is no system in place enabling those who have been involved in an avalanche incident to connect with professionals specializing in therapeutic techniques that deal directly with their unique trauma and emotions. After I was caught and seriously injured in an avalanche, I received Eye Movement Desensitization and Reprocessing (EMDR) within 36 hours - this personal experience has made it apparent to me that there is a strong correlation between having specialized professional mental support immediately following an incident and being able to transform an incident from a source of guilt and shame to an opportunity for shared learning. After researching and speaking with other avalanche survivors and professionals, the uniqueness of my situation indicates that connecting people involved in avalanches to a network of professionals specializing in techniques such as EMDR would have enormous benefits to the avalanche and guiding community. By creating a strong network of support, we will continue to work towards creating a culture where the sharing of experiences is seen as an opportunity for compassionate intelligence instead of judgment.

KEYWORDS: support system, avalanche incident, trauma, shame culture

1. INTRODUCTION

On March 9, 2013 I was caught in an avalanche that resulted in a compound tibia/fibula fracture of my right leg. I was not buried when the avalanche stopped running, and my companions were able to get to me quickly to administer first aid as well as call for Search and Rescue. Within three hours of the event, emergency services had arrived in a helicopter, I was packaged and flown to the hospital and in surgery that evening. Physically, there was no question that I needed treatment, and that treatment was given readily and efficiently. Emergency services are very good at dealing with physical trauma and emergency evacuation.

I was kept in the hospital for seven days until the doctors and surgeon deemed me physically stable and able to continue caring for my injury at home. The prescriptions were written for T3s and a referral to the outpatient physiotherapy department.

At no point during my time in medical care was my mental health addressed or even discussed, despite having been involved in a traumatic event that could have easily taken my life.

Fortunately for me, within thirty-six hours of the event I was given Eye Movement Desensitization and Reprocessing (EMDR) treatment, which allowed me talk about the event objectively, instead of choking up and being rendered speechless as I had been up to that point.

I began to talk openly with friends and colleagues about my incident and was astounded to learn that many of them had had similar close calls with avalanches. When I asked if they had shared their stories or submitted incident reports, most admitted they had not felt comfortable sharing their stories because of shame, fear of judgment and/or post-traumatic stress. When I inquired further, many had had minimal to no professional mental health support or interventions, and their network of support surrounding the event was minimal.

This came as a stark contrast to what I had experienced in terms of support, and it prompted my inquiry into what the major differences in circumstances were.

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2. METHODS OF RECOVERY/TREATMENT

Talking, sharing, listening, reflecting - lots of it. I spoke with friends, family, avalanche professionals, guides, counsellors and strangers, sharing my story and listening to theirs. I did online research to find relevant articles and literature on post-avalanche incident support systems – nothing really came up. I spent a lot of time processing and reflecting on my own incident individually and with many of the other people that were involved in it with me.

There were a total of eight people in our party that went up the mountain that day and each of these people were involved in EMDR treatment within 72 hours of the incident. They also gathered together to debrief the incident and used good time to assess the risks that were there and also to share what they would do differently the next time. These conversations led me to do more online research into PTSD and EMDR, then relating it through my own experience to the idea of post-avalanche incident support.

According to Esta Porter (2014),

“EMDR is a scientifically validated protocol that is delivered to a victim of a traumatic event which allows the brain to fully process and integrate the traumatic event.

“SPECT brain scans as scans show excessive activity of four main parts of the brain that govern the response to trauma. After EMDR treatment the scans show a marked decrease in brain activity relative to the triggering invasive thoughts that indicate the “clearing of the traumatic response.” What happens in a traumatic episode is that the brain activates in survival mode and the thoughts and feelings do not process properly. This is particularly true when a life threatening or even perception of a life-threatening event compromises one’s physical body.

“The thinking and processing system in the brain shuts down and the brain concentrates on survival of the organism. Later when the individual tries to think about the event or others talk about the event, the experience of the unresolved thoughts and feelings become as real as they were when the event was taking place.

“Most people who have experienced a traumatic event report that it is like being stuck in time. There are also feelings that come up that are somatic (body) memories that are experienced outside of the actual event taking place. All of this, if left untreated, will likely sublimate and repeat itself in a haunting fashion often at the most inopportune times. If proper treatment is administered in a timely fashion, the initial thoughts and feelings that did not resolve will go into first short and then long-term memory. If treated early on, there is less chance that the individual will experience PTSD and in fact he or she will be able to, in a comfortable manner (with perhaps more appropriate care and attention to detail), return to the activity that was the source of the traumatic event.

“It should be noted that not all people respond to a traumatic event in the same way, but proper triage is important to be as sure as possible that there are no long lasting difficulties with the client. If a group of people living in a specific geographic area were to research EMDR clinicians by going to either www.emdr.org or www.emdria.com, it would be possible, and advisable to contact a qualified clinician and ask to have he or she be on standby for avalanche recovery.

“In the Nelson, BC area, the local people who either run backcountry skiing companies or simply local folks who are out in the backcountry are either aware of such services or know how to engage with such services. It makes sense to have that connection in advance of an event so that the triage and treatment can go smoothly and efficiently with little problem. Clinicians say... an ounce of prevention is really worth a pound of cure!” Esta Porter, PhD, Certified EMDR clinician and consultant.

3. RESULTS OF TREATMENT

The feelings that overwhelmed me initially were fear, guilt and shame at the fact that I had actually triggered and had been caught in an avalanche. I was deemed to be the most experienced person in the group and as such was the lead and the person who largely made decisions. I thought that I had failed catastrophically, that I would forever be “blacklisted” (if such a list even exists) within the avalanche and guiding industries. I had been exposed already to how some people in the avalanche and guiding industries spoke about ‘other people’s’ accidents with a tone of criticism and negative judgment. Now I was one of those ‘other people’ and the shame was intense. Surprisingly, I was very willing to talk about my incident and in fact was very motivated to share my story with a wider audience at the encouragement of friends and mentors.

In a Sportgevity.com article “Changing the Culture of Shame” (2013) the culture of guilt and
shame surrounding avalanche incidents is addressed in that it “…hinders society’s ability to look openly at the underlying forces that led to the accident in the first place, and it can discourage those involved in the avalanche from speaking up and sharing their side of the story.”

Bruce Tremper’s response to this reality is to create a space free of judgment for people to share the details of their incidents:

“At the Utah Avalanche Center, we have a strict policy to not criticize the decisions of people who tell us about their incidents… we feel that it’s extremely counterproductive to be a Monday morning quarterback.”

Tremper acknowledges that there is a pervasive tendency within our culture to criticize and shame those involved in avalanche incidents and actively discourages this culture within the Utah Avalanche Centre.

I attribute my desire to share my experience to my incredible support network of friends, mentors and the EMDR work that allowed me to process the event efficiently and effectively. Seeing the incident as an opportunity for growth and learning as opposed to one of guilt and shame allowed me to share my story more publicly. In posts following a submission I made to backcountryskiingcanada.com, it was apparent that this sharing was appreciated:

“Thanks very much for relating your firsthand experience. It’s a great service to those not there to be able to hear these stories and see the photos too” – 2wheeler

“Thanks for sharing your story. It is really rare to see such an honest appraisal of an accident. Kudos to you” – lurker

“We here at Backcountry Skiing Canada also want to thank you “Madoalpine” for your courage to post this information. Far too many people that are caught in similar situations just ignore the opportunity to let others learn from the situation. It sure would be nice if every incident like this had a discussion around it so people could ask questions, make comments and learn.” – admin

When I look at what was different in my recovery structure and timeline compared to others who have experienced similar avalanche traumas, the glaringly obvious point is that I had EMDR within thirty-six hours, which allowed me to start talking about and sharing my experience with others. According to Dr. Esta Porter, this twenty-four to thirty-six hour window is the ‘golden hour’ for trauma intervention and prevention of Post-Traumatic Stress Disorder. In 2010 and 2013, the World Health Organization created guidelines and recommendations for people exposed to trauma which included psychological first aid, stress management, positive coping methods and the mobilization of social support (WHO Geneva 2013).

4. RECOMMENDATIONS

Based on my own experience, and the guidelines set out by the World Health Organization, I would strongly encourage and support the creation of a more definitive ‘psychological first aid’ protocol and support system for people involved in avalanche incidents. Especially in the avalanche and guiding industry where workers have a higher likelihood of being exposed to a traumatic avalanche incident, this support system would be of immense benefit.

For most effective results, this system should be comprised of mental health practitioners specializing in traumatic events recovery and treatment methods. They would be on-call and able to meet with victims within 72 hours of the avalanche incident, thereby setting in motion the ability for those involved to start dealing with the event in a constructive way.

Suggested Template for Action:

- Identify mental health professionals within an appropriate radius of major backcountry areas and/or operations that are able to triage and treat victims of avalanche incident trauma.
- Create on-call agreement with these professionals, setting the response time at no more than thirty-six hours post-incident.
- Set up pre-season a familiarization tour for these mental health professionals so they may better understand (to some extent) the context within which these avalanche incidents may occur.
- Consider creating a partnership with other First Responder/Rescue services in the area, so that in the event of a major avalanche incident, there is an immediate communication with the ‘psychological first aid’ team.
The mental health professional who attends must have specific information on where to meet the contact for the avalanche work. And be sure to coach the professional to have a “ready bag” so that when he/she is called out he/she does not have to think about what to pack to take along. The mental health professional will need to understand that this work is not a 9 a.m. to 5 p.m. event and that treatment will most likely take place outside of an office setting, likely on scene, such as a backcountry lodge or hut or maybe hospital. Good thermal clothing is obligatory!

SUMMARY

Given that avalanche incidents will continue to occur, it would be prudent for communities/organizations supporting the avalanche and guiding industries to create a protocol and policy offering timely support to those involved in avalanche incidents. Building relationships of support and consciously creating a culture of non-judgment will allow those involved in avalanche incidents to more effectively share and process their experience and trauma.

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REFERENCES


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