

THE HUMAN EXPERIENCE OF AVALANCHE RESCUE

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Avalanches are a matter of physics. Being caught in an avalanche is a matter of personal intelligence, skill and luck (what we refer to back in our patrol as Nordic Darwinism). For the victim, survivor or rescuer involved in the site rescue, an avalanche is a personal, human experience.

Let us focus today on those people who work with you or for you. Each individual, whether victim themselves, witness, hasty search team, probeline worker, site commander, county sheriff or wilderness rescue worker, experiences the avalanche rescue event as an individual human being. How leadership and followership deal with the stress, personal risk and safety of participation, and potential death for themselves, their teammates and their recovered victims is the focus of this presentation.

The three categories of focus are risk, death and morale. Whether you are listening today as management, team leader, patrol director, patrol member, avid skier or friend, this information applies to you.

First of all, the acknowledgment of the risk of participating in avalanche rescue is very important. Stressing safety, personal TLC and personal awareness of ability, an atmosphere of clear communication that allows any member of the team to honestly decline, or leadership to so designate a member to stand down, is paramount. Avalanche rescue is risky business, and constant monitoring of team members for suitability is imperative. The lives of the team depend upon it.

Secondly, death is a very real possibility in avalanche scenarios, for rescuers as well as victims. How leadership prepares for what may be called the inevitable, and how death is dealt with inside the organization will have a profound effect on morale and the ability of leadership to prevail successfully. Your team members and staff require not only support after the fact, but acknowledged skills for coping with the possibility of death within their own ranks, in advance.

Morale then, the handling of the big picture, is extremely important. Strong communication between teams and leadership will maintain morale and allow line workers to understand their role, making them more effective overall. Periodic information as well as debriefing after the event will support, encourage and fortify the team members.

Beyond defining these terms, however, let us take the next step and proceed as well to offer practical solutions, activities, ideas and resources that are applicable at the organizational level and easily understood and practiced effectively by individual team members.

RISK-

The life of a rescue worker is filled with physical and psychological stressors. Chief among them are weather conditions, hazardous terrain, victims with severe mutilation, deceased victims, poor equipment, inadequate personnel and the necessity of setting their personal reactions aside until the job is done. When the rescuer is inexperienced, these stressors multiply in their effect.

Common, normal and reasonable short-term reactions to rescuers stress are: anger, if the weather is particularly harsh or the location is particularly harrowing; revulsion, if the victim is severely injured; nausea, heart palpitations, muscle tremors, cramping, unusual sweating, shivering, headaches and muted hearing. Loss of appetite, dehydration and sleepiness are also possible. Leadership must stay alert to these symptoms and treat them as normal. Discuss this openly with your team, to allow for the behavior, and to minimize its impact upon the team and the rescue.

Long-term, delayed reactions are also normal and may occur days, weeks or months following an event, whether precautions have been implemented or not. Those symptoms may include depression, feelings of guilt over not having done enough, flashbacks, nightmares, insomnia, grouchiness and lack of sociability. The rescuer may also experience headaches, continued nausea or loss of appetite.

When long-term symptoms persist without therapeutic intervention, post-traumatic stress disorder may occur. Left untreated, your team member may become personally ineffective, and drop out emotionally. He will often quit his job, and withdraw socially.

On the first night of class for ski patrol first aid, we teach what we think is the most important single item to remember: We call it the Five Rules of First Aid. We ask each student to raise their hand, and with their other hand grab their thumb. We have them repeat, going from one finger to the next, as we proceed, saying: Me first, me second, me third, my partner fourth, the victim fifth. The message is safety first and always.

Conscious, purposeful teambuilding will create the supportive environment necessary for the most effective result. Strong team identity is imperative, and communication crucial, when steady, reliable teams are desired. Management support that addresses the stresses and risks incumbent in the rescuer's job will minimize turnover and ensure the effectiveness of the effort put forth. Then,

when a team member is lost, the guilt, feelings of inadequacy and incompetence felt by the survivors are greatly minimized and more effectively addressed.

DEATH:

In our society, death is not a popular subject. Despite its inevitability, finality and arbitrary nature, Western society denies death to the end. Our rituals are life centered rather than life-cycle centered. We lack both the belief system to accept it and the social/ritual system to integrate it. The tools for acceptance and healthy bereavement are missing.

The skills we need for comprehension, comfort, support and recovery are buried and masked by "rugged individualism." Our cultural message is "snap out of it," "get over it," "live with it," "boys don't cry," "just get back to work," "time heals all wounds."

As unskilled support asked to help a survivor, you may feel helpless or powerless to contribute comfort. Feeling clumsy, awkward or out of place, silence many times fills in the hollow space between you and your bereaved counterpart. The silence is deafening, and it sends a message, whether you like it or not, that you do not care.

The first step in learning what to do and how to help is to understand the grief process. There are general stages which most survivors pass through as they integrate the information. Not everyone experiences every stage, nor is there a necessary time limit on each stage. Some survivors complete within weeks, while others may take a year.

The first stage of grief in cases of sudden death is shock. The person is in a state of disbelief. They may appear dazed, overwhelmed and unable to comprehend. The body's self-protection mechanisms have moved in to create time and space between the survivor and the incident.

Once the shock wears off, usually a few days, the second stage activates: denial. The person may be restless, agitated, purposeless and fixated on the possessions of the deceased. Focusing on the possessions or characteristics of the deceased, they confirm the life of the lost one.

Depression sets in next, a period of emotional disorganization. The realization that the deceased is not coming back finally sinks in. Withdrawal from daily routine and social contacts are the big clues. The burden of loss and the feeling of hopelessness will set in.

Soon to follow is anger. The anger is generally directed at the deceased, the doctors, the rescuers, God or the survivor herself.

Thankfully, following the anger period, acceptance is discovered. Life starts to get back to normal. Discussions of the future begin to take place. You will begin to recognize the "old self" of the person and begin to interact again as before.

Recognizing these stages will assist you in helping your colleague. Here's how to help.

1. Be willing to listen. The sooner the survivor can release their feelings, the sooner the impact of those feelings can be significantly reduced while still fresh in the mind and not clouded by time and subsequent emotional reactions. While listening, do not judge, try to solve, try to fix or make it all better, or discount the feelings of the speaker. Listen. You cannot make it all better. Just listen.

2. Avoid empty phrases that come from your own silence or awkwardness. Empty phrases are trite and discounting, and send the message that you do not care.

3. "This must be terribly hard for you" is a good opening line to allow the aggrieved to express it. One must experience grief in order to work through it. Assist in that process. Establish eye contact when possible, mirror conversation to establish and demonstrate your genuine attentiveness and comprehension. Then, be completely accepting and non-judgmental of the person's reactions.

4. Let them cry. Look beyond your personal discomfort, judgment or embarrassment around emotional release and let them process. Avoid changing the subject, or distracting them. Trite, truncating behaviors will only serve to send the grief-stricken person emotionally underground to dwell alone and in silence.

5. Be there. Your physical presence and open ear are the most important. Your attitude and caring actions speak much louder than any thinly disguised phrases of discomfort. Just stay there.

6. Even if you have never personally experienced a loss, you can help your friend. Avoid the saying, "I know how you feel" because you really do not. You are, however, present for the grief, and you are a definite means of moving through and beyond it. Admit you might not know exactly what to do. Your confession will add richly to the result, by sending the message that you care.

Aside from your emotional support, here are some things To Do.

1. Support you friend with help at home. Mow their lawn, bring over a dinner, offer baby sitting or housing for visiting relatives. Make sure their car has gas and oil. Do laundry, cleaning or shopping. The more the home seems normal, the easier it is to integrate the loss.

2. Grief is not a private family matter. That belief is an outcropping of cultural denial of death. Most folks do not need time alone to work things out. Solitude prolongs the grief process. Being alone is generally the last thing

needed. Make yourself available. Key here is: do not wait to be asked. Show up. Drop over. Bring pizza. Survivors lack self-extrication skills.

3. If a gesture is declined, receive it as a temporary decline. It is not a final response. You are dealing with a process. Ask again. Show up again.

4. Remember to talk about the deceased. Talk about their life. Recall good memories. There is good value in a wake.

MORALE:

At best, rescue work is a thankless job that takes a high degree of morale for the best positive outcome of the participants. Maintaining functional, highly trained teams is critical to that outcome.

When the team works a rescue where bereaved survivors are present, the training goes into effect. We are all familiar with sight management protocols. It's done by the book, and the book is solid. The gear is packed up, the survivors are loaded and gone, and then what? That empty feeling from a job well done, but people died anyway. There is real potential here for members of the team to suffer mild grief symptoms.

A similar situation is present when the team works a rescue and a member of the team is killed in the process. The same protocols are followed. The book is still solid. And then what? That helpless feeling of a job done by the book, but a team member died anyway. Likely a great percentage of the team members will exhibit signs of grief, self-doubt, and self-blame.

The team is in shock and denial. Having to face the spouse and family of the deceased only adds to the turmoil. The most effective strategy is to contact a Crisis Intervention Stress Debriefing team. In the short term, it will address the death and allow the team to function. In the long term, it is far more expedient that recruiting and training new people.

PREVENTATIVE MEASURES:

What can be done now, to train your team to deal with death, either for bereaved survivors or teammate loss? There are many strategy activities that can be accomplished within the team. Other training can be obtained from management and communication professionals, psychologists, Crisis Intervention Stress Debriefing organizations, or programs run through your local Mental Health Department, Federal Disaster Relief Office or the National Safety Council.

First of all, in the wake of a crisis, the process of debriefing is of utmost importance. Best held 24-48 hours after the event, "the debriefing is an open discussion of feelings or emotions experienced by members of the team." A professional debriefing counselor, or uninvolved party not connected with the

organization is the best person to lead the session. The actual rescue critique must be postponed until this session has been held, to allow each individual to bring his or her experience and feelings out into the open.

“The discussion must be entirely non-judgmental: no one is to be criticized. Emotions are not right or wrong, correct or incorrect, proper or improper; they are feelings that have developed involuntarily, need to be recognized...Other members of the group usually have experienced similar feelings.

Discussing emotions openly ensures that the rescuers' feelings are not repressed and that emotions do not remain split from actions. Considering the potential problems that may result from ignoring those feelings, a timely, complete emotional debriefing is essential after a difficult rescue.” (Salvesen, et al.)

There are a number of preventative measures you can also take, framed as training, which will increase the effectiveness of your team in helping others and in understanding the process when it happens to them.

1. Practice listening. Learn how to listen. Develop the skill of undivided attention. This may be done as groups of two persons, role-playing from a scenario script. If you become stuck thinking up useful scenarios, ask for help from your First Aid staff. They make up practice scenarios all the time.

2. Practice writing a sympathy card to the spouse of a teammate. Share the card's contents with the group, get better ideas and try again. This can be practiced in a large group setting, or with smaller groups of two to six.

3. Practice the “Wake” Exercise. Take turns having a mini-wake for a team member. Sitting in a circle, take turns speaking about the person, her good points, favorite stories about her, and what you will miss most about her. Then select one word about her that you could give to her spouse as a gift of memory.

4. The Risk Management Exercise: Practice being honest about your strength, health or mental well-being. Also be honest about areas of sensitivity, such as an elevated anxiety around recovering children. Know and be open about your personal limitations and strengths. This is best done in a group of six or more people, so each individual in turn experiences speaking about their strengths and liabilities in the presence of those they are most likely to really have to discuss an issue with later.

5. The Management Exercise: Involve top management in the listening practicals, to open pathways of communication perhaps not previously recognized. Chain of command works best when staff is not afraid to speak the truth up the chain. Involve staff and management together, intermixed in small groups (and as off the record as possible). Stay mindful that this is not a personality experience. Stay on topic. Use one of the previously suggested exercises in this experience.

6. Contact your local Crisis Intervention Stress Debriefing team, and become familiar with their services. These teams are generally found within local Mental Health organizations, and are not advertised separately.

7. You may discover that there is no such debriefing team, and you may encourage your local Mental Health office, Sheriff's Department or Fire Department to sponsor one.

8. Designate and form a core group within your rescue organization that acts as a crisis intervention team. Have at least one person on that team who does not regularly staff a rescue team. Encourage that group to liaison with a Crisis Intervention Stress Debriefing team for support.

IN SUMMARY:

Rescue teams experience stress, risk and occasionally death at the hands of their jobs. It is crucial that these issues receive acknowledgment. It is vital to the health and safety of the teams that preventative training be included within their complete occupational training program.

A crisis intervention plan belongs within operating protocols, as another reliable tool upon which to call. In this way, you can offer a physical and psychologically supportive framework for your comrades, team members and employees within which to effectively perform rescue work.

Safety is always first, for the body and for the mind.

I thank you for your attention, and will accept questions at this time.

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The National Victim Center: 1-800-FYI-CALL

Your Local County Mental Health Office: See Yellow Pages under "Crisis,"
"Mental Health," County Services.