Managing ourselves in behavioral emergencies in the remote setting

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The HOW of the evacuation.

Phase Change:

Stabilize and transport to definitive care.
Evacuation Protocols

Evacuation is indicated when the presentation presents a threat to safety, exceeds the responders ability to manage, or interferes with the mission of the expedition.

Evacuate urgently any presentation of suicidal thoughts with plan, self-harm, refusal to eat, bizarre thoughts or behaviors, acute confusion

Evacuate when the majority of the energy and direction of the expedition is focused on the management of an individuals presentation.
Wilderness vs Urban

Urban Context

Acute presentation

Crisis Center

Police

Emergency Department

Wilderness Context

Acute Wilderness Presentation

Tent

Hiking out

Sat Phone for help
What are common behavioral emergencies in the remote setting?

Acute or paralyzing anxiety

Hyperarousal, Dissociations, Panic, Re-experiencing associated with PTSD

Self Harm/Suicidal Ideation

Aggression/Agitation

Drama Making
What makes the wilderness a great place to have a crisis?

All Play:

- New environments can be anxiety producing
- Medication changes
- Continuous contact with peers
- Lack of distraction
- Technology withdrawal
- Silence as the unfamiliar foe
- Lack of coping skills
- Stress Induced mental health crisis
- Prior trauma
First things first - Scene Safety
Assess: How serious are the behaviors?

Behaviors

Disruptive          Destructive
Disruptive Behaviors:

- Disordered eating
- Foul language
- Anxiety attacks
- Threats of self harm
- All manner of drama
Destructive Behaviors

Threats to Safety

Physical and Verbal Aggression - threats of harming others

Verbalizing Suicidal Intent with Lethal, Available Plan

Self – Harming Behaviors

Bizarre and erratic behaviors
Building the House

- Neo-Cortex
- Neo-Mammalian / Limbic System
- Reptilian Brain / Brain Stem

- Language/Ideas
- Emotions/Feelings
- Physical Sensations

- Executive Functions
- Hormonal and Emotional Regulation
- Basic Functions
Co-regulation

Patient

“This is really bad”

Panic

Elevated Heart Rate
Elevated Resp. Rate
Sweating
Shaking

Responder

“Calm Down”

Fear

Elevated Heart Rate
Elevated Resp. Rate
Sweating
Shaking
De-escalation

“To understand what another person is saying, you must assume that it is true and try to imagine what it could be true of.”

Miller’s Law

A technique used during a potential crisis situation to attempt to prevent a person from causing harm to himself/herself or others

- Three Main Factors
  - Self control: track your own responses
  - Physical presence: use supportive body language
  - Safety: personal space and exits

Risk is not a threat

Do you have to do this right now?
De-escalation
Expert consensus.

- Respect Personal Space
- Do not be provocative
- Establish Verbal Contact
  - Be Concise
- Identify wants and feelings
- Listen closely to what the patient is saying
- Agree to what you are able
- Set clear limits (enforceable statements)
- Offer choices and optimism
- Debrief the patient and staff

Richmond, et al 2012
Addressing Suicide and Self-harm

- Appropriate concern, appropriate actions
- Mandate to pass to higher level of care
- Can be connected and straightforward
- Continuous presence
- Removing lethal means, when possible
- Participation, empathy, distraction
Responding to Destructive Behaviors

Calming yourself is the best means of calming the other.

Stabilize and rapidly Evacuate

Remove others from exposure to harm

Eliminate lethal means, when safely possible

It’s ok to hide or run as a last resort.
Communication Templates

Create YOUR program’s Template

Establish the language you will use

Practice often

Review

This is ________, calling from ________

To request ___________ (Support/Evac) for destructive behaviors:

Describe objective actions of the participant.
1.
2.
3.

I’m requesting
☐ Guidance
☐ Tactical Support
☐ Evacuation support
☐ Other

Plan:

Contingency Plan:
Program Support
Directive vs. Supportive Response

Directive

Supportive
Program Support

Planning/ Training/Rehearsal

Screening

Rehearsal

After Action (Hot Wash) FEELING

Communication Terminology (Safe or Unsafe) Destructive or Disruptive
Contact:

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Resources and References


• Managing Intense Emotions," Psychological First Aid at http://store.samhsa.gov/shin/content/NMH05-0210/NMH05-0210.pdf

• National Child Traumatic Stress Network: Psychological First Aid http://www.nctsn.org/content/psychological-first-aid
Psychological First Aid

- Safety
- Calming
- Hope
- Self/Collective Efficacy
- Connection
The way out of the woods with drama

Regulation

Avoid power Struggles

Use enforceable statements

State Expectations

Avoid participate- acting bored really can be the right thing to do.
Let everything happen to you, beauty and terror, just keep going. No feeling is final. — Rilke

Random act of kindness
Talk about something you love
Journal
Draw
Exercise
Extremes of sensation - stream crossing
Survive something (a little adversity goes a long way)
Breathing techniques - (Deep breath in - count to 4 - deep breath out)
Who sets the tone?