**PG-13** 

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, selfharm, 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

#### Wilderness Context

Acute presentation

Acute Wilderness Presentation





# What are common behavioral emergencies in the remote setting?



Acute or paralyzing anxiety

Hyperarousal, Dissociations, Panic, Reexperiencing associated with PTSD

Self Harm/Suicidal Ideation

Aggression/Agitation

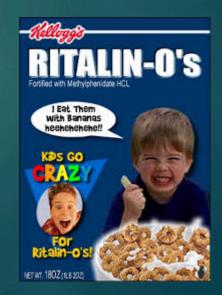
Drama Making

# 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

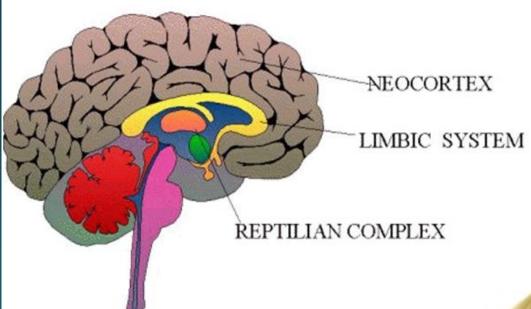
Threats to Safety

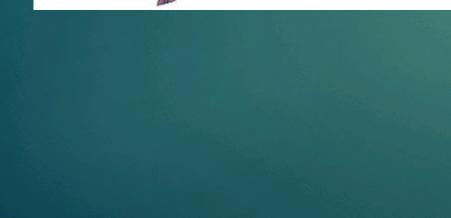
Physical and Verbal Aggression-threats of harming others

Verbalizing Suicidal Intent with Lethal, Available Plan

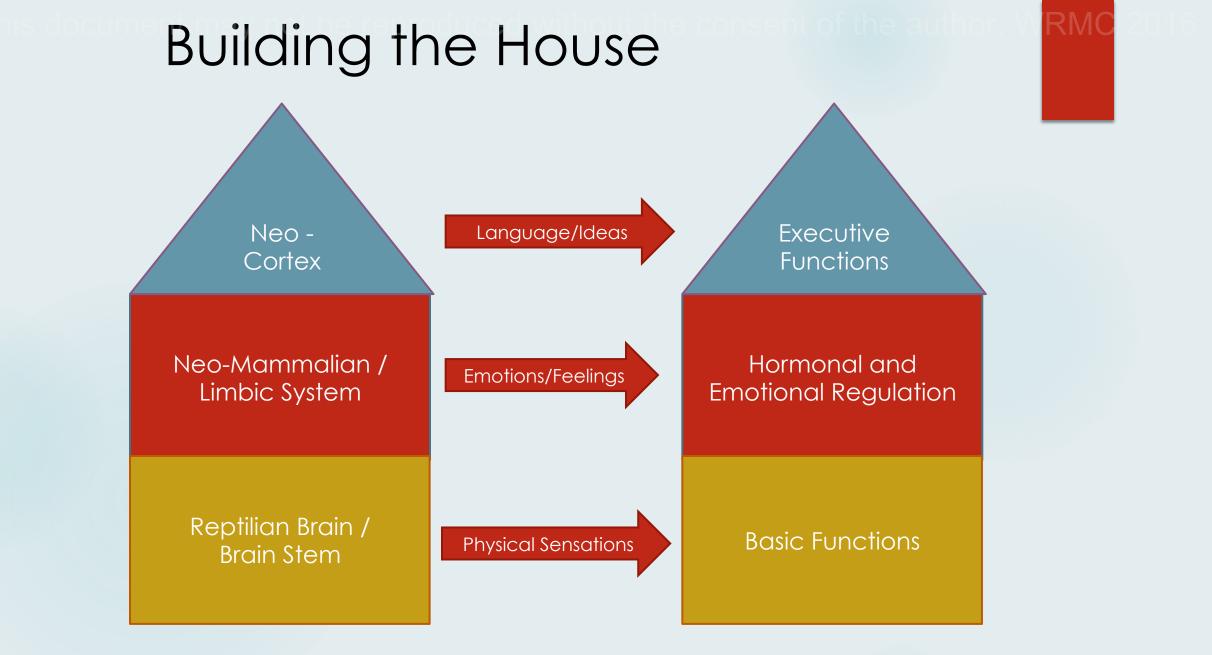
Self – Harming Behaviors

Bizarre and erratic behaviors

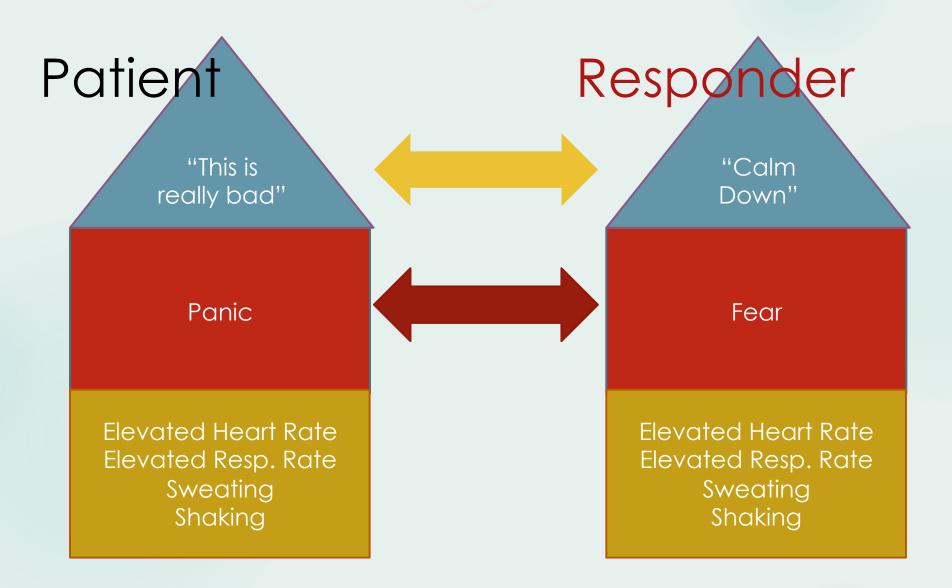












# De-escalation

"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



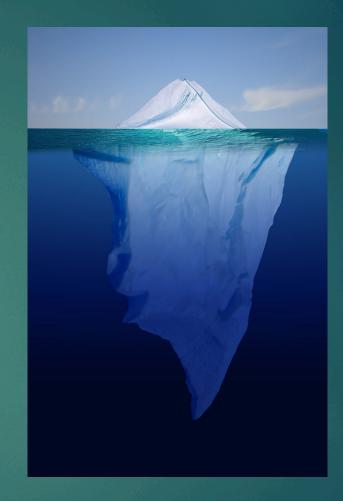
## Program Support

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

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- Managing Intense Emotions," Psychological First Aid at <u>http://store.samhsa.gov/shin/content/NMH05-0210/NMH05-0210.pdf</u>
- National Child Traumatic Stress Network: Psychological First AiD <u>http://www.nctsn.org/content/psychological-first-aid</u>

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### 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.

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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)

Let everything Happen to you, Beauty and terror, Just keep going. No feeling is final.

Rilke

#### **Coping Skills Bingo**

get help	music	pop bubble wrap	exercise	write a story or poem
sing	stress ball	yoga	10 deep breaths	read
play outside	draw	FREE SPACE	paint	talk to someone
watch a movie	talk to a friend	eat healthy	do something different	friends
walk away	do something kind	Go for a walk	sleep	play a game

myfreebingocards.com

#### GOOD FOR YOU. MEDITATION IS. Set a timer for 10 min Close your eye Bring your awaren Slowly inhale through a nose, Focus your mine on the sound of your reath. Exhale thro Every time your min vanders, bring vos to your breath When the timer rin open your eyes slow Keep a daily journa and write down how meditation makes you fe It might be challenging at first. But don't give up! With steady practice, **COLOR YODA!** you'll soon be able to meditate just

### Coping Skills Wilderness Style

### Who sets the tone?

Participant

Responder

Program Support