

# Worst Case Scenario:

## An Expedition Leader's Response to a Fatality



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Jerry Isaak  
Eastern Oregon University



How can outdoor leaders best respond when faced with extended care of uninjured participants in the field following a severe accident or fatality?



## OUTLINE OF THE WORKSHOP

1. Part One: Case study of Arctic expedition
2. First table group discussion (“natural, normal responses to abnormal events”)
3. Presentation of group discussion
4. Part Two: What I wish I knew then: Filling in the blanks

Worst Case Scenario: An Expedition Leader's Response to a Fatality, WRMC 2012



## OUTLINE OF THE WORKSHOP

5. Second table group discussion (action points for your organization)
6. Presentation of group discussion
7. Review original question
8. Suggested action items  
(plus possible Q & A)

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“At shortly after 7 am this morning, Chanzin Fire was attacked by a polar bear. Four are severely injured. Horatio was killed.”



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## *Journal Entry, August 6 – 2:30 am*

Day started poorly. Wet, soggy camp on a steep, rocky moraine. Weather improved and sun came out. Morale lifted and we descended a nice glacier to the snow bridge. Richard met us.

Shattering news.

Chanzin fire attacked by a polar bear at 0730 on 4 Aug. at Advanced Base Camp. 200 meters from our previous camp. 4 injured. 1 killed. Bear was shot after attacking tents. Everyone returned to base camp, where we are now.





*August 6 – 2:30 am (continued)*

I can't, don't want to, imagine what his family and friends are experiencing now.

Spike, Andy, Pat and Scott are in Tromso Hospital in stable but serious condition.

It was a day marked by a low start, followed by a high and a crashing, crushing halt.



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*August 6 – 2:30 am (continued)*

The YE's are mostly 'handling' (?) it well?

I don't know how to help them and I don't know that they fully grasp the terrible gravity of the situation.

We saw them 2 days before the attack. I think we were the last to see them. It is difficult to process right now, perhaps later too.

I'm ready to go home and be with Katie and the boys.

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# Normal

Stay busy, keep occupied

Facts

Do we stay or go home?

# Memorial Service

Games and contests



MEDIA INTRUSION

Sleep

Packing rations and equipment

Night watches

Helicopters

Midnight fires and memories





## *Journal Entry for August 9 (4 days after the attack)*

... Richard and Liz met us on the ice and gave us the news of what had happened. From that point, until we left the YE's at the Radisson at Stansted, we cared as best we could for the remaining YE's (Chanzin having been evacuated).

I felt entirely competent to care for/lead the YE's in the mountain and glacial terrain and activities, but I felt that I could not provide the care that was needed by the YE's post-event.

Pastoral, psychological and counseling is outside my training, and the leader team, myself included, were affected too. Possibly more deeply than the YE's in the immediate aftermath.



*August 9 (4 days after the attack (continued))*

... We did our best to care for the YE's and to prepare them for the days, weeks and months ahead.

Yet, as professionals in fields other than counseling etc., and not their family, it was a difficult position to be in.

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“Rescuers [outdoor leaders] should understand that their reactions, while uncomfortable, are natural, normal reactions to abnormal events.”

Tod Schimelpfenig  
WRMC 2004 Proceedings

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## 5 REACTIONS TO AN ABNORMAL EVENT

1. Perceived loss of field of competence
2. Desire to protect/provide/comfort
3. Inability to fully process the event personally
4. Concern for family/friends
5. Desire for action

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## DISCUSSION

Have you experienced a similar event? If so, what were your “natural, normal reactions”? If not, discuss how you might have reacted if you were in my position in the Arctic.





# PART TWO: WHAT I WISH I KNEW THEN: FILLING IN THE BLANKS

## Acknowledgements:

Dr. Thatcher Carter, Whitman College

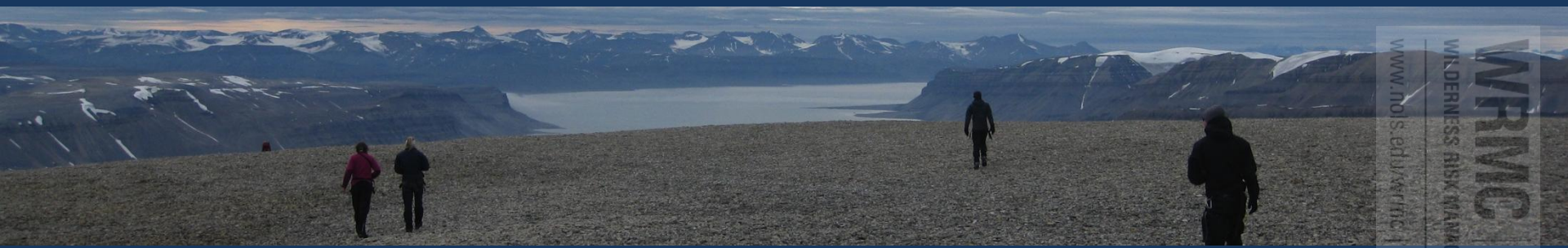
Dr. George Bonanno, Columbia University

Dr. Patricia Watson, UCLA

Dr. Melissa Brymer, UCLA

National Child Traumatic Stress Network

National Center for PTSD



# 5 REACTIONS TO AN ABNORMAL EVENT

1. Perceived loss of field of competence
  - a. *It will not have a happy ending.*
  - b. *Realize your competence as a caring human being.*

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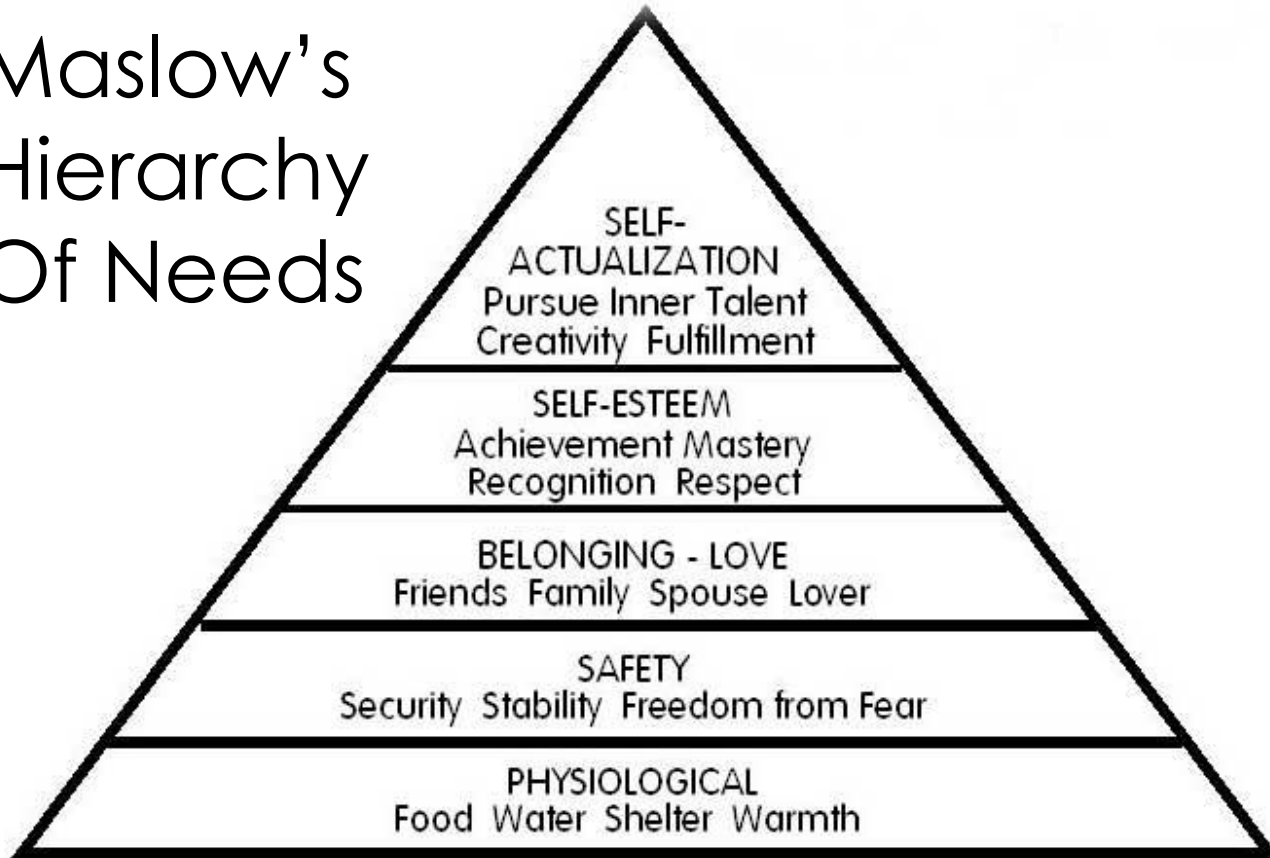


## 2. Desire to protect/provide/comfort

### a. *Maslow's hierarchy of needs*



# Maslow's Hierarchy Of Needs



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- 
2. Desire to protect/provide/comfort
    - a. *Maslow's hierarchy of needs*
    - b. *Psychological First Aid (PFA)*

## *Psychological First Aid (PFA)*

- Promote safety
- Attend to practical needs
- Enhance coping (resilience)
- Stabilize survivors
- Connect survivors with additional resources





## PRINCIPLES OF INTERVENTION

- A. Promote a sense of safety
- B. Promote calming
- C. Promote sense of self-efficacy (community)
- D. Promote connectedness
- E. Instill hope

*(Hobfall et al., 2007)*



### 3. Inability to fully process the event personally

*a. Research on resilience*

*b. Put on hold*

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## 4. Concern for family/friends

*a. Have a plan*

*b. Work the plan*

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## 5. Desire for action

a. *Maslow's Hierarchy of Needs*

b. *Psychological First Aid*

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# DISCUSSION

Thinking back to the first discussion, in your own experience, what do you know now that you wish you knew then? How might our collective responses practically impact your organization?

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## SUGGESTED ACTION ITEMS

1. Include at least a discussion of psychological first aid during staff first aid training. If relevant, include a psychological first aid checklist in medical kits and emergency response plans



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## SUGGESTED ACTION ITEMS

2. During training, present a “worst case scenario” to the staff in your organization and discuss the possible “normal, natural reactions to an abnormal event”.

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## SUGGESTED ACTION ITEMS

3. Make sure your field staff are aware of the incident response procedures that will be followed by the office in relation to contacting family members or emergency contacts.

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## ONLINE RESOURCES

*Psychological First Aid Field Operations Guide*

<http://www.nctsn.org/content/psychological-first-aid>

*Johns Hopkins Public Health Preparedness Programs*

<http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/PFA.html>



# Questions and comments

Jerry Isaak  
gisaak@eou.edu

[www.eou.edu/outdoor](http://www.eou.edu/outdoor)

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