



Essentials: Traumatic Stress Injuries – Immediate and Long-Term Aid

IT'S EARLY SEASON on El Cap. A climber looks up to see his partner peel off the rock and fly past him. When the climber rappels down, his fallen partner is barely responsive. Yosemite Search and Rescue arrives soon and evacuates the fallen climber. They lead the uninjured climber to the ground. The partner survives the fall and recovers from the injuries, returning to climbing. However, two years later, the “uninjured” climber still can't bring himself to get back out on the rock. In fact, he's quietly sold off his gear and has bought a mountain bike.

STRESS INJURY FORMATION

There is growing recognition of traumatic stress injuries in climbers, mountaineers, and rescuers who experience overwhelming events such as the death of a climbing partner or a near miss in an avalanche. When a climber watches a partner rappel off the end of the rope, their own life is forever changed.

Critical incidents and near misses share similar characteristics that overwhelm one's response system, establish a connection to the injured person, or create a profound sense of helplessness. While attention tends to focus on the physically injured in an accident, the partner who witnessed the event may struggle to return to the sport, long after the injured person has made a physical recovery.

The physiological response to stress is both normal and expected, and helps one cope with a threat. Stress injuries are formed when the brain's limbic system, which is responsible for our survival, is overwhelmed or feels out of control. This can take place even after the stimulus has passed, inducing a state of constant arousal that leads to a significant impact on function and relationships, as well as long-term physical and mental health.

Organizations such as the American Alpine Club, Outward Bound, NOLS Wilderness Medicine, and the Mountain Rescue Association (MRA) are now discussing stress injuries as a wilderness injury type. NOLS Wilderness Medicine even teaches stress injury alongside head, chest, and spine injuries, emphasizing this as an injury type with significant impact to the wilderness rescuer.

ASSESSMENT

Social withdrawal, substance abuse, hyper-vigilance, flashbacks, and anxiety are known to be associated with one type of stress injury, commonly referred to as “post-traumatic stress disorder” (PTSD). However, the more subtle or earlier signs of stress injury formation are rarely discussed. Choosing to stop participating in the activities we once loved, a short temper, loss of confidence, or avoidance of assisting with a rescue are among the changes associated with exposure to traumatic events.

Various outdoor and rescue organizations are now using a tool called the Stress Continuum to better assist their members in understanding stress injuries. The Stress Continuum was first used by the Marine Corps and has been adapted for use by climbing organizations and individuals to assess how climbers will fare after witnessing overwhelming events. People experiencing feelings in the middle of the continuum, such as cynicism, lack of interest, and a short temper, may be reacting to a critical incident and will be less likely to return to vibrant climbing experiences. The goal of the model is

earlier recognition of injury formation, allowing for early mitigation rather than waiting for the development of PTSD.

TREATMENT

Psychological first aid (PFA) is now included in many wilderness medicine curricula. PFA recognizes the need to decrease arousal immediately following significant events (see chart on this page). It is a simple, pragmatic intervention designed to enhance the components of resiliency and mitigate the initial stress response: re-creating a sense of **safety**, communicating a sense of **calm**, encouraging social support and building **connection**, re-establishing a sense of **self-efficacy**, and creating **hope** for realistic and accurate steps ahead.

Treatment of a stress injury that develops after an incident begins with awareness and recognition. Use of the Stress Continuum allows for an early warning system in high-exposure roles, such as extreme alpinism and helicopter rescue. Many organizations now invest in practices known to mitigate stress states, such as connection, engagement, post-incident support, and support of a vibrant life outside of climbing.

For individual climbers, personality changes, decreased desire or fear when climbing, difficulty concentrating, isolation, or reckless climbing can all be indicators that one was impacted and would benefit from more support. Support in this setting may include recognizing there has been a change, sharing what's happening with people who "get it," or working with a trauma therapist who "speaks climber." This injury type can absolutely be supported when recognized.

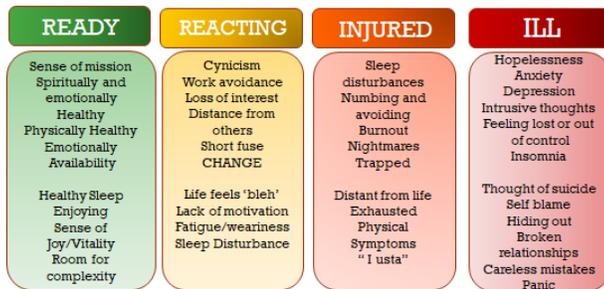
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The AAC is developing a program called the Climbing Grief Fund that aims to help climbers who have experienced traumatic episodes or loss. Information and updates are at americanalpineclub.org/climbing-grief-fund. Other resources related to stress injury are at responderalliance.com, samhsa.gov, and ptsd.va.gov.

Images

PSYCHOLOGICAL FIRST AID (PFA)
SAFETY <ul style="list-style-type: none"> Stabilize the scene Use language of safety ("Now that you are safe...") Protect partner(s) from more stress
CALM <ul style="list-style-type: none"> Demonstrate calm, empathetic listening Alleviate connected anxiety ("Your partner is safe, now let's take care of you")
ENGAGEMENT <ul style="list-style-type: none"> Involve partners in problem solving Assign a job
CONNECTION <ul style="list-style-type: none"> Build on-scene relationship Use partner and rescuer names Connect partners with family, friends, loved ones, pets ASAP
HOPE <ul style="list-style-type: none"> Keep positive ("We got this") Offer chronological steps of rescue Be future oriented

CLIMBER STRESS CONTINUUM



McCluskey 2019

Adapted by Laura McGladrey from COSFA stress continuum

A sample stress continuum.

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