

## **Acute Stress Disorder on the River**

### **By Sandy Nevills Reiff**

We at the Whale Foundation endeavor to serve the Grand Canyon guiding community in whatever capacity we can. This may be as diverse as working person to person with guides who need individual time with an impartial professional; providing access to financial planners, aiding in clarifying and resolving transitional issues through presenting the first annual Health Fair at the 2004 Spring GTS and introducing topics which may need to be immediately addressed.

My own wonderfully gratifying experience with river guides (or as I will always think of you- river runners) is when you see the relevance of more in depth examination and knowledge you take action. An exception sometimes being an effort to tough out emotional pain out alone. Our hope is we can be of assistance earlier to maximize progress and minimize the length of time people struggle with their issues.

There are three basic stages of change which need to occur for new information and behaviors to be incorporated and utilized.

The three are: Awareness  
Acceptance  
Action

Awareness that a need exists is usually on a primarily intellectual level, acceptance is when the need is moved from the head to the heart. When these two stages are examined then action can be planned and executed. A clear example of this process is with the formation of the Whale Foundation. In response to their own grief and subsequent awareness close friends of Whale's (Curtis Hanson) recognized there was no safety net for river guides struggling with depression and substance issues. They wanted guides to have more options other than taking their own life. They recognized offering choices was only a start – this needed to be backed up by professionals who specialized in the issues facing the river community.

The stage was now set for action and we began to get the word out that were here as a support system. Through the years as you have told us of your concerns we've implemented new programs; the Liaison Training program, the Kenton GRUA Scholarship program, individual counseling, as well as the health fair have been in response to your requests in response to the recent deaths on the river corridor. This article will attempt to identify and educate the community on the symptoms of Acute Stress Disorder (A.S.D.). In spite of the consummate professionalism and highly developed skills of river personnel, accidents can and do happen. It is a tribute to each of you that so few do occur when thousands of inexperienced boaters travel through the canyon.

Acute Stress Disorder is a reaction to an event we can't predict and can't control. At that point our systems may become overloaded. Although we may perform effectively and stabilize the scene as best we can, the emotional toll can be really detrimental to the guide.

In order to understand and to be able to minimize negative effects following a highly charged situation we excerpt the following information from the PTSD Workbook by Mary Beth Williams and Soili Pojiela, Ph.D's:

## Pre-event Factors

Although there are situations in which exposure to trauma is so great that these factors are less influential (e.g., surviving a major airplane disaster in which almost everyone dies), certain pre-trauma factors often influence how a person reacts to traumatic events. Among them are the following:

- previous exposure to severe adverse life events or trauma or childhood victimization, including neglect, emotional abuse, sexual abuse, physical abuse, or witnessing abuse
- earlier depression or anxiety that is not merely situational and impacts brain chemistry
- ineffective coping skills
- family instability, including a history of psychiatric disorder, numerous childhood separations, economic problems, or family violence
- family history of antisocial or criminal behavior
- early substance abuse
- trouble with authority, even in childhood, including running away from home, school suspension, academic underachievement, delinquency, fighting, or truancy
- absence of social support to help out in bad times
- multiple early losses of people, possessions, home
- gender: women seem to be twice as likely as men to develop PTSD at some time in their lives
- age: young adults under age twenty-five are more likely to develop the disorder (Friedman 2000)
- genetics: members of some families seem less able to withstand trauma than others (Meichenbaum 1994)

## Event Factors

There are also factors related to the victim during the event that contribute to the possibility of developing PTSD. These may include:

- geographic nearness to the event
- level of exposure to the event: greater exposure leads to a greater likelihood of developing PTSD
- the event's meaning to you
- age: being young at the time of the event
- being a victim of multiple traumatic incidents
- duration of the trauma
- the existence of an ongoing threat that the trauma will continue (e.g., war)
- being involved in an intentional, man-made traumatic event

- participation in an atrocity as a perpetrator or witness (an atrocity is a very brutal, shocking act; for example, purposely killing women and children)

## Post-Event Factors

The final category of PTSD risk factors include those that exist after the traumatic event. These may include:

- the absence of good social support
- not being able to do something about what happened
- indulging in self-pity while neglecting yourself
- being passive rather than active - letting things happen to you
- inability to find meaning in the suffering
- developing ASD (acute stress disorder).
- Having an immediate reaction (during the traumatic event or shortly after) that includes physiological arousal (high blood pressure, a startle reaction) and avoidant or numbing symptoms

Before you learn more about yourself and how you and others respond to traumatic events, it is important for you to have more information about the numerous possible reactions to trauma. the first of these is called a normal stress response. In times of stress, people react in a variety of ways: they may have physical reactions – their pulse may increase, they may sweat, they may

Have anxiety, fear, anger or other emotional responses; they may shut down and freeze; they may go into a rage and try to fight; or they may run from the situation. These are all normal responses. Stress that is positive is called eustress. It could involve life-saving or other positive reactions to an emergency situation; a eustress reaction would allow you to rescue yourself or someone else from danger. Negative stress is called distress. It's debilitating and may cause you to function poorly in a dangerous situation – or one that feels dangerous. Stress can impact your body, emotions, thoughts, and relationships.

Researchers believe that there may be personality traits that help a person cope with adversity. People who are high in extraversion (they seek out others) and openness, are conscientious in working toward goals, and have a sense of agreeableness (an ability to get along) are more likely to draw strength from adversity and trauma as a way to cope with what happened.

Other important factors that might impact how you react include having an internal locus of control (you are able to reward yourself for behavior and you believe that control of what happens lies with you, not with sources outside you); self-efficacy ( a sense of confidence in your own coping ability); a sense of coherence (the recognition that even seriously traumatic events are understandable, manageable, meaningful); and hardiness or strength. You may also do better in coping with traumatic events if you are motivated to do so, if you have an optimistic attitude, if you have an active coping style, and if you've successfully resolved other crises. So with this information available check your awareness of yourself and your emotions, your awareness that you may need to take action in order not to carry the stressors on into your life.

Thanks for being the great professionals you are and hope to see you down river.

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Reference – The PTSD Workbook  
New Harbinger Publications, Inc.  
2002