

Responding to Psychological Emergencies A Quick Guide of On-River Responses

Several years ago a woman booked a rowing trip with a “brand new” company, AzRA. AzRA was so new at this time that OARS, Inc. was booking passengers for Rob Elliot to fill AzRA’s trips. On Day #3 of one of these trips a woman passenger was threatened by a male passenger. The man, it turns out, was her estranged ex-husband and he was stalking her. He had been booked by OARS, unknowingly, onto the same trip with the woman who was trying to escape him (he had found out through a mutual contact that she was taking this particular rafting trip). This man soon brandished a knife and threatened and frightened the woman—and also the AzRA guides. They tried to signal a passing overflight in the hope that it would alert NPS Headquarters and spur an evacuation flight. In the guides’ zeal to make contact, they apparently shot off flares. The camp was Nankoweap. If you have ever wondered why so many of the honey mesquites at Nankoweap show signs of having been burned, now you know why. At least one flare ignited a large local fire. The fire attracted the attention of at least one overflight. The air crew(s) alerted the NPS. The NPS landed. The guides debriefed the rangers. The rangers hauled the offending, threatening man out of the Canyon and then sent him packing—without, however, citing him for any infraction of law. This same man later badgered the OARS office for years for a refund.

This story is not unique. And, with a few changes in its particulars, it will happen again. Perhaps on a trip you will be working....

What is the best way to handle a psychological emergency?

Think about it in advance.

But what *is* a psychological emergency?

Such developments come in many guises. It is up to us to be critical observers of our clients’ psychological states in the same ways that we already monitor their states of hydration, warmth or cold, or their physical ability to navigate a Canyon hiking route. Here are some of the gestalts which should signal to us an incipient (or full blown) psychological emergency:

1. A client (or crew member) stops taking his or her prescribed psychoactive medications. He or she exhibits a very agitated state, or a delusional one, or a depressed condition or even violent behavior. Such people may also begin harassing other clients and/or crew—or worse.
2. A client (medications or not) exhibits emotional problems and functions poorly on the trip with respect to acting appropriately for the trip’s challenges, rules, and/or social interactions. Such persons may exhibit poor judgment, may intimidate other passengers (or crew), and/or may put himself/herself or others at increased risk.
3. A client reveals that the Canyon river trip is not measuring up to his/her expectations. It may be that the trip seems to them to be too hard, too hot, too cold, too enervating, too rough, and the hikes prove to be, for them, brutal punishment. Nothing is quite right. Contrarily, the trip instead may seem to a client to be too structured (for safety, etc.) or too tame for their expectations. For example, the whitewater is too easy and not non-stop.

One of the most terrifying statements a guide can overhear after the safety talk is a passenger who says to another: “They wouldn’t *let* us do this if we could get *hurt*.”

4. The clients may all seem fine—but then someone on the trip becomes seriously injured—or even dies. Yet, after the medical evacuation, the trip goes on. All people react—observably or not—in different ways to such horrible events due to a constellation of background traits and their own characters. For some people, coping with these sorts of trauma can over-tax them.

Consider a couple of basic situations:

1. A passenger reveals to you unequivocally that he/she is not having a good time on the trip. He/she is also acting inappropriately relative to the rest of the group. This person’s dissatisfaction (and he/she even may be a crew member) may be expressed in a “sneaky” way to one or two other clients or crew members in the person’s quest to seek an “ally” who will support his/her contention that the trip is a bad one or being led/operated in a bad way. Soon this person quest for validation creates divisiveness pernicious to trip quality (and perhaps safety) but remains invisible to crew members until it boils over. You ask yourself: Is this a psychological emergency?
2. A passenger merely is acting strange and not communicating with others, or instead is acting inappropriately in his/her interactions with others. This person may be behaving oddly or dangerously, and/or refuses to follow group protocols or even basic social conventions (he is, for example, flashing young women or girls, watching them as they bathe, using binoculars to do so, etc.), or he is making unwanted sexual comments to others. These females begin to feel ever more uncomfortable and unsafe. You ask yourself: *Are* they now unsafe?
3. A crew member with drug and/or alcohol problems is self-medicating to the point of exhibiting impaired performance as a reliable guide and in making safe judgments for clients. Such guides also make create schisms and serious resentment among crew members. You ask yourself: How serious is this? Does a real potential exist for someone getting hurt if you fail to act? Or instead do you just count the days left on the trip and hope for the best?

HOW DO WE RECOGNIZE SERIOUS PSYCHOLOGICAL EMERGENCIES?

What *is* serious?

“Serious” equals *dangerous*.

“Serious” may also equal (depending on the protocols of your outfitter) the threat that one person’s aberrant behavior threatens to “ruin” the trip for the other clients.

Often we recognize signs and/or seriousness of bizarre behavior a lot later (often only in hindsight) than would be best for all concerned. With any psychological emergency, however, early intervention is preferable to trying to pick up the pieces later.

Obvious signs of an imminent or current psychological emergency include (but are not limited to) a person who:

1. makes suicidal threats—either vague or direct;
2. threatens another person on the trip;
3. stalks another person on the trip;
4. attacks another person on the trip;
5. takes inordinate risks with his/her own safety (thereby flaunting the T.L.'s and Park's safety rules) or takes risks with the safety of someone else on the trip;
6. exhibits severe mood swings and at times seems out of touch with reality;
7. stops taking his/her prescribed psychoactive medications and begins to exhibit significant changes in mood and attitude;
8. acts delusional;
9. after acting inappropriately to trip rules or safety guidelines and then, when informed of correct or safe behavior, he/she *fails to* modify his/her behavior appropriately.

A crew having a trip member manifesting any of the above signs should initiate contact with NPS Dispatch and ask for an evacuation.

Less obvious signs of an imminent or current psychological emergency include (but again are not limited to) a person who:

1. is drinking heavily and is belligerent or inappropriate with others.
2. is clearly depressed but reveals no inclination of possible suicide. He/she may be sad, angry, negative, and/or is not exhibiting reasonable self care and safety.
3. is acting strange or odd and is clearly unhappy (especially with the trip?). He/she may be negatively affecting the experiences of the rest of the group. This person may also be actively and perhaps deviously creating serious divisions between other members of the trip, including crew.

Evacuation Considerations:

1. Obvious Evacuation: To stay on the trip would be unsafe. In short, making this person safe during the river trip is beyond the abilities of the crew. (These include the first 9 situations listed above.)
2. Possible Evacuation: Person evinces subtle cues or clues that make you wish you could simply evacuate him/her (“Scotty, beam him up”). But you—and the rest of your crew—cannot decide whether an evac is warranted or instead would be an over-reaction. (These include the last 3 situations mentioned above—plus others.)
3. Risking No Evacuation: Person stays on the trip but only with constant special care and monitoring. Is such care possible given crew size and abilities?

One of the biggest problems a guide or T.L. faces in making these sorts of decisions is that, while all of us are required to pass wilderness first aid courses and many have also taken EMT and other courses which elucidate our approaches and techniques for assessing physical signs and symptoms which may be dangerous to our clients medically, very few of us are trained to

accurately assess psychological problems and make prognoses on their potentially serious manifestations. Worse, just how “serious” these serious manifestations can become is often not only invisible to us but also possibly unimaginable.

Most of us have been faced with making decisions about evacuating an injured or sick person. Sometimes the injury or illness may have seemed relatively minor. I (Michael) had a client who slipped on the loose, steep bank below the Throne Room and broke his wrist moderately. This, the most common type of injury that river runners experience, admittedly is not life threatening in itself. Other than risking complications arising from not having the wrist promptly set and treated, this person could have safely stayed for five more days on, say, a bus tour. But, I asked myself, how is he going to hold on in Upset Rapid? In Lava Falls? Can he walk around them safely with that wrist? And who am I to risk his wrist—or his life? Why does OARS pay me the “big bucks” to be T.L.?

Only for my judgment. I advised him that his wrist—and the function of his hand—were worth far more than another five days of a 13-day trip. Furthermore, I informed him that his safety was now imperiled by his inability to hold onto the boat during big whitewater. He reluctantly opted to helicopter out.

The point of this story has nothing to do with a wrist injury and everything to do with our trying to “know” the unknowable consequences of allowing a person who is experiencing a psychological emergency to remain on your river trip. Who will get hurt and how badly due to mishandling a developing psychological emergency whose warning signs were clear is truly impossible to predict in a specific way. But *not* responding appropriately via careful decision-making to a situation like this is not an option. You must act.

Aside from all of the considerations mentioned above in which you will be called upon to exercise your own best judgment regarding what to do about an apparent or obvious psychological emergency, you need to elicit a clear-cut set of protocols from your outfitter about where he/she draws the line on evacuating versus retaining clients and crew members who are manifesting signs of a psychological emergency.

What, specifically, should we do when trying to analyze a psychological emergency?

1. Ask for a meeting of all crew (except the “problem” crew member, if such is the case), and discuss exactly what you think you are witnessing. If you are calling the meeting, consider using SAR Coordinator Ken Phillips’ formula:
 - a. Here’s what I think we face.
 - b. Here’s what I think we should do.
 - c. Here’s why.
 - d. Here’s what I think we should keep our eye on.
 - e. Now talk to me.
2. Encourage everyone to talk about everything germane that they have witnessed or heard. No crew member should ever withhold any information about the problem person.

3. Interview clients to determine their thoughts and feelings about how uncomfortable they are about the problem person. Don't kid yourself that your talking to clients about a problem person is going to draw more attention to the problem: they already *know*.
4. Make a crew plan to attempt to address or "correct" the problem person's behavioral manifestations. Every functional crew member should know exactly what he/she should be doing. Set a time to meet again soon and review the efficacy of your plan.
5. Meet again and review the situation. Either re-discuss on-river options for retaining the person with problems or instead initiate contact with NPS Dispatch.
6. Whatever you do, and whatever you decide, take all measures in ensure your safety and that of your fellow trip members.

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