

Search and Rescue Resiliency Team Best Practices

Responder Alliance SAR Task Force 2022 Edition

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A) Introduction

This document is meant to help encourage and give guidance to those who are interested in initiating a "resiliency team" and/or those who continue to sustain one. All of the material in this document has been developed by the Responder Alliance Search and Rescue Task Force, which is composed of a wide variety of individuals with sound SAR and resiliency experience. However, not all recommendations will work for all contexts. Be a thoughtful and caring observer of culture and apply the below points as they are most helpful.

Initiating, developing, and nurturing a "resiliency team" within a search and rescue organization can be, at times, daunting. We are frequently faced with rescuers or departments that struggle to admit that they have a need to change and are "all right." The task of change can feel lonely or resisted. However, creating healthy cultural change in and through our SAR teams is possible.

The document is arranged in a point-by-point format with little narrative. Some items are posed as question to help guide you in applying this document to your context. If you or someone in your organization would like clarity or additional information on a point, please reach out to the Responder Alliance SAR Task Force and/or the Resilience Team Coordinator and we will do our best to flush out the point.

B) Starting a Resiliency Team

- Team Selection
 - Who best represents the diverse demographics of your team?
 - Who has discretion and the trust of the team?
 - Who has the capacity for change and self-awareness?
 - Is there indication that the applicant is wanting to use this role as a chance to navigate their personal struggles?"

Confidentiality

- Most information should remain confidential
- What pieces of information must be shared (e.g., harm of self or others)?
- Develop a concise, transparent policy and abide by it
- Consult local and state regulations

• Leadership Buy-In

- Conversations with established leadership
 - With SAR team leadership/board
 - Include Sheriff's Office or other jurisdictional authority Command Staff if part of organization
- Start small
 - What activity would be most impactful?
 - What is realistic for your organization's current capacity?
 - What can be identified as the clearest need?
- Don't go alone!
 - Have a partner or two as soundboards
 - Involve leadership

Identify Resources

- Internal Resources Department/Organization-Based
 - Employee Assistance Programs (EAPs)
 - Victim's Advocates
- External Resources Community or Online
 - Mental Health Providers in community that are conversant in stressors and issues for first responders
 - Online groups for support or resource sharing
 - Resiliency Teams from neighboring SAR teams
 - Look for training and event opportunities to expand knowledge, make connections and inform leadership and/or co-workers

C) Best Practices for Onboarding and Training

- Discussion of exposure to trauma and stress injury formation during Application Process.
 - Discuss inevitable exposure to trauma and the traumatized.
 - Inform applicants about "resiliency" efforts if a team is in place or being developed
 - Inquire in a non-threatening manner about existing psychological or physical barriers to performing in SAR
 - Emphasize the importance of good mental health practices for individuals and the team in maintaining operational readiness.
 - Ask what they do to maintain good mental health
- Foundational training for trainees, team members, and resiliency team members
 - Stress injury risk factors, physical effects immediate and long term
 - Stress continuum and green choices
 - Psychological first aid for team members, subjects and families.
 - After action review (AAR)/post incident debriefs
 - o 3:3:3 and the Trauma Score Questionnaire (TSQ)
 - When to seek professional help
 - o See Appendices for Additional Resources
- Models for Periodic Team Trainings on Psychological First Aid
 - Integrated into regular "business" meetings
 - Quick informational points
 - Invitations into conversation with resiliency team
 - Have trainings that include a psychological first aid element
 - As a part of monthly or regular trainings
 - Regular trainings emphasize the importance of the topic
 - Scenario-based trainings in field
 - Role playing, medical type scenarios- be creative!
 - o Have a Full Monthly Training that focuses on Psychological First Aid
 - Integrated into regular team training
 - Once a year and scheduled
 - Promote/Share Digital Trainings Resources and Concepts through Email, Slack, Discord, etc.
 - Online resources through the Responder Alliance
 - Courses on the Mountain Rescue Association (MRA) Basecamp Website
 - Discourage anonymous interactions online

- Leadership specific trainings
 - o Identify mission types most likely to cause stress injury.
 - Identify when there is a need for After Action Review (AAR), 3:3:3, and communication with appropriate personnel.
 - o Trailhead debriefs, phase changes, opt out options.
 - Utilization of Stress Continuum in the field pre and post mission.
- Training Topics
 - o Basic psychological first aid
 - Internal psychological first aid for local team
 - See Appendix I for resources
 - External for the subjects/family/friends
 - Simple and effective communications (written or digital)
 - See Appendix I for resources
 - Stress continuum
 - Individual green choices (be inclusive)
 - Team green practices
 - Reporting team survey results
 - Current team continuum color
 - Significant shared team stressors
 - Outside speakers
 - Peer to peer training
 - Mental health professionals

D) Best Practices in the Field

- Shift change/Phase shift Changeover in mission when it shifts from rescue to recovery or from rescue to rest of world
 - Deliberately change the tempo of the operation and rescuer mindset
 - o Clearly identifiable transitional language and/or ritual
 - o Reevaluate Operational Plan and/or GAR (green, amber, red) model
 - Give teammates the opportunity to opt-out of recovery operations
 - Allow withdrawal from mission, or
 - Assign other roles (communications, etc.)
 - Ensure that senior leadership models this option
 - Make space to respect/honor the dead
 - Moment of silence
 - Keep a person with the deceased
 - Shield from onlookers
 - Abide by coroner/medical examiner's rules

E) Best Practices Post-Mission

- Post-mission debrief after every mission
 - At the trailhead or at the headquarters
 - o Include all agencies involved as able
 - o Pause for deceased- "moment of silence"
 - o Personal phase change to get back to normal life, ritual-
 - Breathing techniques, change of clothing, silent scream
 - o Determine if a more formal AAR is needed, and if so,
 - Communicate so it happens within 48 hours.
 - Only involved persons should be invited.
- Resilience team should initiate 3:3:3 conversations when stress injuries are identified or suspected or anytime with fatality or high stress mission.
 - Resiliency team should determine how contacts made
 - Confidentiality a must
 - Trauma Screening Questionnaire at three weeks
 - Have referrals predetermined

F) More/Advanced Practices to Consider

- Periodic social functions
 - Intended to build connections
 - Not for training
 - Not for lectures
 - Not for review of incidents/missions
 - Quarterly social events
 - Family integrated
 - Food and activities as permitted
 - Recognize organic events that already exist within teams
 - Help promote and encourage
 - Utilize existing social structures
- Repeatable Reactive Events
 - Develop specific events for specific stressors
 - Informal hikes to areas of significant missions
 - Informal Conversations about Recoveries
 - "Lunchtime chat" about recent recovery missions
 - Bring in resiliency or senior team members to address it
- Exit interviews
 - Speak with all members who are actively exiting the team, have become less active, or have decreased mission response
 - Be accommodating to the exiting member's schedule
 - Can be formal or informal depending upon the team and situation
 - Social check-ins serve an important purpose
 - Listen for SAR-related issues
 - Burn-out from stress/exposure (e.g., mission stress, depletion stress, and/or traumatic stress)
 - Disgruntled with leadership or practices
 - Lack of time for training or missions
 - Listen for life-related issues
 - Life changes (work, home, family, moving)
 - Consider mental health referrals if SAR significant stressor is behind life change

G) Appendices

Appendix I - Definitions:

After Action Review (AAR) - A structured review or de-briefs for analyzing what happened, why it happened, and how it can be done better by the participants and those responsible for the project or event. See Appendix IV for a template.

Potentially Traumatizing Events (PTEs) - Events that have a high potential of having a significant impact on an individual's or team's well-being and can produce stress injuries.

Psychological First Aid (PFA) - PFA is an initial intervention with the goal to promote safety, stabilize persons involved in a traumatic event, and connect them to resources.

Resilience – The capacity of an individual or group of individuals to remain in or return to a healthy state after a difficult event or series of events.

Resiliency Team – A dedicated group of individuals who work to support sound psychological first aid and resiliency practices within a search and rescue organization.

Stress Continuum – A four-stage color-coordinated system that helps identify behaviors that impact operational readiness – https://www.responderalliance.com/stress-continuum

Psychological Trauma - A stimulus that overwhelms one's capacity to integrate it and produces injury.

Traumatic Stress Questionnaire (TSQ) – An instrument to identify who is progressing well, and who may need additional help. It is utilized three to four weeks after an impactful event. - https://www.responderalliance.com/333-protocol

3:3:3 – An operational approach to recognizing and mitigating the predictable nature of acute stress on individuals and teams. Check-ins occur at three days, three weeks, and three months after an impactful event. -

https://www.responderalliance.com/333-protocol

Appendix II – Visual Tools

RESPONDER STRESS CONTINUUM

READY	REACTING	INJURED	CRITICAL
Sense Of Mission Spiritually & Emotionally Healthy Physically Healthy Emotionally Available Healthy Sleep Gratitude Vitality Room For Complexity	Sleep Loss Change In Attitude Criticism Avoidance Loss Of Interest Distance From Others Short Fuse Cutting Corners Loss Of Creativity Lack Of Motivation Fatigue	Sleep Issues Emotional Numbness Burnout Nightmares Disengaged Exhausted Physical Symptoms Feeling Trapped Relationships Suffering Isolation	Insomnia Hopelessness Anxiety & Panic Depression Intrusive Thoughts Feeling Lost Or Out Of Control Blame Hiding Out Broken Relationships Thoughts Of Suicide

ADAPTED FROM COMBAT AND OPERATIONAL STRESS FIRST AID BY LAURA MCGLADREY | RESPONDERALLIANCE.COM

TRAUMATIC EXPOSURE PROTOCOL

- POTENTIALLY TRAUMATIZING EVENT (PTE) CRITERIA —

- FAMILY CONTACT
- PERSONAL CONNECTION OR EMPLOYEE INVOLVEMENT
- DUTY TO ACT
- MISSION INJURY/HELPLESSNESS
- EXTREMES OF EXPOSURE
- OVERWHELMED/DEPLETION
- INCIDENTS INVOLVING CHILDREN
- COMPLEXITY OF INCIDENT
- FIRST TIME EXPOSURE

3-3-3 EXPOSURE PROTOCOL					
3 DAYS POST INCIDENT	3 WEEKS POST INCIDENT	3 MONTHS POST INCIDENT			
Stress Continuum Check-in Normalization/Education Leverage GREEN Choices (make a plan) Self & Partner Awareness (Support Return to Baseline) Life Stressors Check-in	Complete TSQ Scores > 6 = increase risk of stress injury development Provide Resources for Professional Help Stress Continuum Check-in Increase Self-Awareness of Stress Injury	Stress Continuum Check-in Revisit Plan to return to Green Baseline Offer Resources and Connection Offer Further check-ins if requested.			
	Revisit Plan to return to Green Baseline	LAURA MCGLADREY RESPONDERALLIANCE.COM			

TRAUMATIC STRESS QUESTIONAIRE

COMPLETE AT THE 3 WEEK CHECK-IN. ASKING THE QUESTION: HAVE YOUR RECENTLY EXPERIENCED ANY OF THE FOLLOWING?

(AT LEAST TWICE IN THE PAST WEEK)	YES	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will?		
2. Upsetting dreams about the event?		
3. Acting or feeeling as through the event were happening again?		
4. Feeling upset by reminders of the event?		
5. Bodily reactions (such as fast heartbeat, stomach churning)?		
6. Difficulty falling or staying asleep?		
7. Irritability or outbursts of anger?		
8. Difficulty concentrating?		
9. Heightened awareness of potential dangers to yourself and others?		
10. Feeling jumpy or being startled by something unexpected?		

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Appendix III - Online Resources

Psychological First Aid for Teammates (Fire and Emergency Medical Services) - https://static1.squarespace.com/static/601d859f6690083c71ae8ca2/t/60d3a240016b1 266483970ec/1624482406172/Fire EMS SFA Manual.pdf

Psychological First Aid for subjects/family/friends: https://www.responderalliance.com/psychological-first-aid

Resiliency Team Training - https://www.responderalliance.com/training-events

United States Marine Corp Combat and Operational Stress Control Program (Seminal work in the area of psychological first aid):

https://www.fitness.marines.mil/Portals/211/Docs/Spiritual%20Fitness/MCO%205351_.1.pdf

Appendix IV – After Action Review Template

After Action Reviews (AAR's) are used in a variety of industries and settings. Below is one example of questions that can help structure an AAR. If other questions seem consistently pertinent to a team, they can be added. Remember to keep the overall rubric simple and open, so that it can be applied to the vast majority, if not all, of incidents.

- 1. What was our mission?
- 2. What went well?
- 3. What could have gone better?
- 4. What might we have differently?
- 5. Who needs to know?

Special Thanks to the 2021-2022 Responder Alliance Search and Rescue Task Force for the development of this document:

Aaron Parmet, Adam Barnhart, Alison Sheets, Amy Allbritton, Andreas Schmitt-Sody, Art Fortini, Cathy Kelley, Dani Snyder, Dean Knapp, Emily Nauman, Greg Shaffron, Hannah Gorman, Jenn Reddy, Jodie Jeffers, Joshua Kirk, Julia Stouber, Kristen Alvarez, Marcel Rodriguez, Moose Mutlow, Nick Constantine, Pearce Bessinger, Sage Miller, Sallie Shatz, Shawna Stephens