PTS, ASR, ASD, CPTS, WSDTT, … a mind-boggling number of acronyms relating to mental states.
By Eli Cookson

As a psychotherapist I deal with many of them, but the most impressive thing remains that, when that happens, I am in the presence of a TRAUMA that has wreaked havoc in someone's life.

Regardless of how you want to call it and abbreviate it. If you, like me, watched the movie "American Sniper", true story about U.S. Navy SEAL Chris Kyle, you may think that stress arising from the experience of traumatic events affects only war veterans or civilians involved in catastrophic accidents, measured according to the intensity of the event. So untrue.

In one of my roles, such as of psychological 1st responder, I have been involved in many situations that we may all agree to call tragic: from debriefing a yacht crew following the sudden death of a young crew member, to helping others to overcome the shock of witnessing a freak accident while manoeuvring, which cost one of their crew body mutilation. Or dealing with the guest who caused the accident whilst driving the wave runner, still unable to sleep and victim of panic attacks. Or the chef walking back to the yacht late at night and falling off the gangplank. And many others, all widely removed from any war related situation or catastrophe.

All of them, both the victims as well as the rescuers, were exposed to adverse events that were perceived in different ways according to the person. Some would walk away without a scratch (physical or psychological), perhaps even increasing their resilience, whilst others would turn the adversity into stress and develop an acute response to it.

Do we label those who walk away unscathed as 'having a thick skin?' I'm not sure, but the fact is that what the eyes saw and experienced will trace a difficult and peculiar path in the future. Unless a 1st aid intervention both physical and psychological are put immediately in place.

When we shout, "ALL HANDS ON DECK", we normally refer to as having physically everybody ready for action in a definite space and a clear task. And in case of an emergency, this would be the procedure to follow: assessment of the damage and collaterals, action upon the assessment with resorting to 1st aid procedure like CPR, tourniquet if haemorrhage, and so on, alerting the emergency units, ambulance, etc. This is the right course of action to provide any physical first aid.

Subsequently, people like me are then called upon for debriefing, offering psychological support, but in most cases, we appear on the scene well after the event, certainly after 6 hours have passed, perhaps even a few days later. In such circumstances, the risk of incurring syndromes like post traumatic stress, flashbacks, nightmares and more, is at its highest.

The most important factor to save victims and rescuers from developing any psychological side effect is to intervene within 6 hours from the emergency. But most of the time it is not possible, unless already present at the scene.

So why not use those WHO ARE already on the scene, then?? The Israeli army put together a protocol called Yahalom that helps victims and rescuers to cut by half the risk of developing a psychological adverse effect. This protocol is now extended to schools, emergency units, health department, police and has found its way into the US and German army; France is starting only now to apply it in some places, like Fire dept., Police and Train Transport SNCF.

The concept is a very easy though a counter intuitive one, and it allows to de-shock oneself or someone else in 90 seconds. The procedure is very much comparable to a First Aid action such as stopping an artery from bleeding to death. It requires creativity (the tourniquet can be made out of a stocking, or a belt) and resilience (the capacity to work under extreme conditions), a far cry from the setup of an aseptic operating theatre where we no longer talk of 1st Aid intervention, but of skilled surgery.

We will still need the debriefing the following day which by then will be comparable to performing the surgery from the spotless operating room.

When facing adversity, the main point is to learn the cause and effects and to draw a line between communicating in an emotional or cognitive way.

If we communicate emotionally to ourselves or others, we promote assistance and dependency,whereas if we communicate in a cognitive way, we promote resilience and independence. That is all that it takes to halve the chances for a person to develop the ravaging effects of a PTSD or any other syndrome, if this is done within 6 hours.

In state of emergency, this is why it is important to understand the significance of calling a 1st responder (performing from "the comfort and instruments of an operating theatre"), but also to understand that the real work is done in situ during the 1st Aid intervention (performed "on the battlefield"), provided there is someone to perform it.

A friend of mine sustained 45% burns on his body trying to protect himself from a potential danger. The percentage could have been much less if the person that was with him had not frozen in front of the horrific scene, remaining incapable of dialling the emergency number or throwing a bucket of water at him!

If six people are involved in an adverse event as witnesses or rescuers, it is likely that one of them will freeze in his tracks to become one more victim to assist.

This is not helpful when we need "ALL HANDS ON DECK": not only the hands are needed but functional brains too.

A course especially developed for the yachting industry, inspired by the Israeli protocol, is now available to train those who inevitably will be on the scene: you and them. The development of the program is structured over one day, with theory, applications, role-play and simulating real-life situations until the protocol is fully integrated.

To know more or book a course, contact Eli Cookson at
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Video link:
https://youtu.be/a3-RkI8j6zY
Video link:
https://youtu.be/NQEW0-AkxrM

Eli started her training in 2006 at the Institute of Counselling in Glasgow where she specialised in Couples and Family issues, Grief and Bereavement, and Post Traumatic Stress Disorders.

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Eli works in private practice, as a 1st responder, trainer and public speaker.