

**Behavior Issues that can and do happen in the field...  
Are you ready???**

By Sky Gray

In Jed Williamson's Matrix he refers to objective and subjective hazards that contribute to the accident dynamic.

The same model can assist organizations in taking a closer look at how to assess behavioral hazards that can occur on both therapeutic and non-therapeutic courses.

**Objective Hazards:** Are usually quantifiable and can be worked with based on the experience of the student and the instructor:

Moving Water

Cold

Illness

Weather

Lightning

Terrain

(These coupled with behavior related objective hazards can create a higher potential for incidents if they go unnoticed or ignored.)

**Behavioral Subjective Hazards:** are the expressions of our humanness.

Erratic Behavior

Assumptions

Fatigue

Poor Communications

Poor Conflict Resolution Skills

Poor Expedition Behavior

Stress

Health Status/Previous Behavior Problems/Issues

Wilderness Risk Management  
Conference Proceedings



## **Unsafe Conditions**

- Insufficient screenings of students
- Poorly trained staff, or staff who are not trained to deal with both complex and minor behavior issues that may arise
- No emergency response plan for a behavior related evacuation and or intervention.

## **Unsafe Acts**

- Staff inaction, e.g. not sure how to react, so ignore or deny that there is a problem
- Unrealistic expectations placed on student who is clearly in a fatigued state and/or having a difficult time managing his/her emotions within reasonable measures
- Inadequate supervision and/or intervention
- No debrief after incident has taken place

## **Judgment Error Due to**

- Lack of training
- Inadequate evaluation of behavioral condition of student, e.g. paying attention to red flags, isolation, withdrawal, aggression etc.
- No policy or procedure to assist staff in making sound decisions and/or judgments based on the presenting issue

## Examples of situations that have been reported

→ Stress induced coping mechanism break down which can result in any number of psychological issues, including but not limited to the following:

- Suicidal gestures or attempts
- Drug use
- Recently on or off of psychotropic meds
- Running away
- Restraints
- Violence towards others, including assault
- Eating disorders
- Sexual harassment towards another student
- Sexual assault of another student
- Difficulty sleeping
- Flashbacks
- Dissociation, etc

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**Instructor Response and Impact:**

Do you report behavioral incidents?

How do you interpret motivational / clinical events?

Are you eager to give accounts during debriefs of what occurred, or do you tend to fear reprisal?

Do you need to feel adequately trained to work with the expanding complexity of client needs and profiles?

Are there things that still bother you, long after the incident has passed?

**Program and administrative support:**

Are you engaged in thorough debriefs following an incident?

Are they designed to promote learning as well as support?

Is there administrative support in defining what to report?

Do you receive clinical supervision of any kind, i.e. group supervision, clinical consultation, individual?

Are there critical incident stress debriefings held when an extraordinary problem occurs, i.e. suicide attempt, death, severe violence or injury, whole group rebellion?

What do you recommend to the profession and programs to aid in the continued growth of instructors?

What do you recommend to the profession and programs to aid in the continued growth and well being of participants?

How can practitioners better support one another both within programs and the profession at large? i.e. what about e-mail and chat rooms to develop ongoing dialogue with professionals across the country, as well as in your community?