

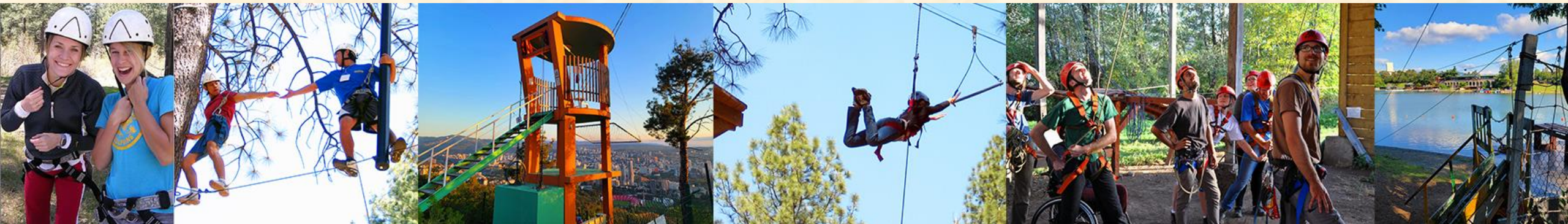
Psychological Risk Management

ACCT International Conference, Feb 21-25, 2024

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Principal Concepts



Psychological safety:
when people feel
comfortable being
themselves



Psychological risk
management: reducing
risk of psychological
harm so far as is
reasonably practicable



Build conditions so
people find kindness
is more beneficial to
them than disrespect



In the field: set
expectations,
provide support to
meet expectations,
consequences for
misbehavior



Administrative: marketing
and sales practices, HR
practices, SOPs, incident
procedures



Address long-term
mental health impacts
after critical incident:
training & resources



Psychological first
response: separate from
threats, provide support,
make a plan

What Do You Do?

1. During group introductions, a participant says, “Challenge courses don’t care about pronouns, so I don’t care about pronouns. My pronoun is Roger.”
2. A participant asks to descend part way through the challenge course. On the ground, they begin crying, saying being alone on the high element brought up how lonely they are in life. They don’t want to continue.
3. A group evacuates from a challenge course during a storm, but one participant is hit by lightning, and is pronounced dead at the hospital. You have the group for four more hours.



Cautions



This workshop does not confer expert skills

Recognize the limits of your capabilities:

- Stay within the bounds of your training
- Understand when more advanced care is necessary
- Evacuate or take other steps to help connect persons with suitable care



Basic Concepts: Psychological Safety

A condition in which group members feel they will be treated respectfully, and where they will not be embarrassed, punished or rejected for speaking up.

In a psychologically safe space, people feel comfortable being themselves.

Characteristics of a psychologically safe environment:

- People can ask questions, share ideas, and voice concerns without fear of judgment or humiliation.
- People can ask for help, provide feedback, and make mistakes, without risk of negative consequences to self-image; status, or career, academic or related aims.
- People feel included and empowered, and experience well-being.
- Group members are interested in each other as people.





Basic Concepts: Psychological Safety

Recovery from psychological stress injury

Psychological safety also can involve helping a person who has experienced psychological stress injury from a traumatic experience regain equilibrium and mental well-being.

Examples of psychological stress injury:

- violent assault
- caring for a fatally injured group member

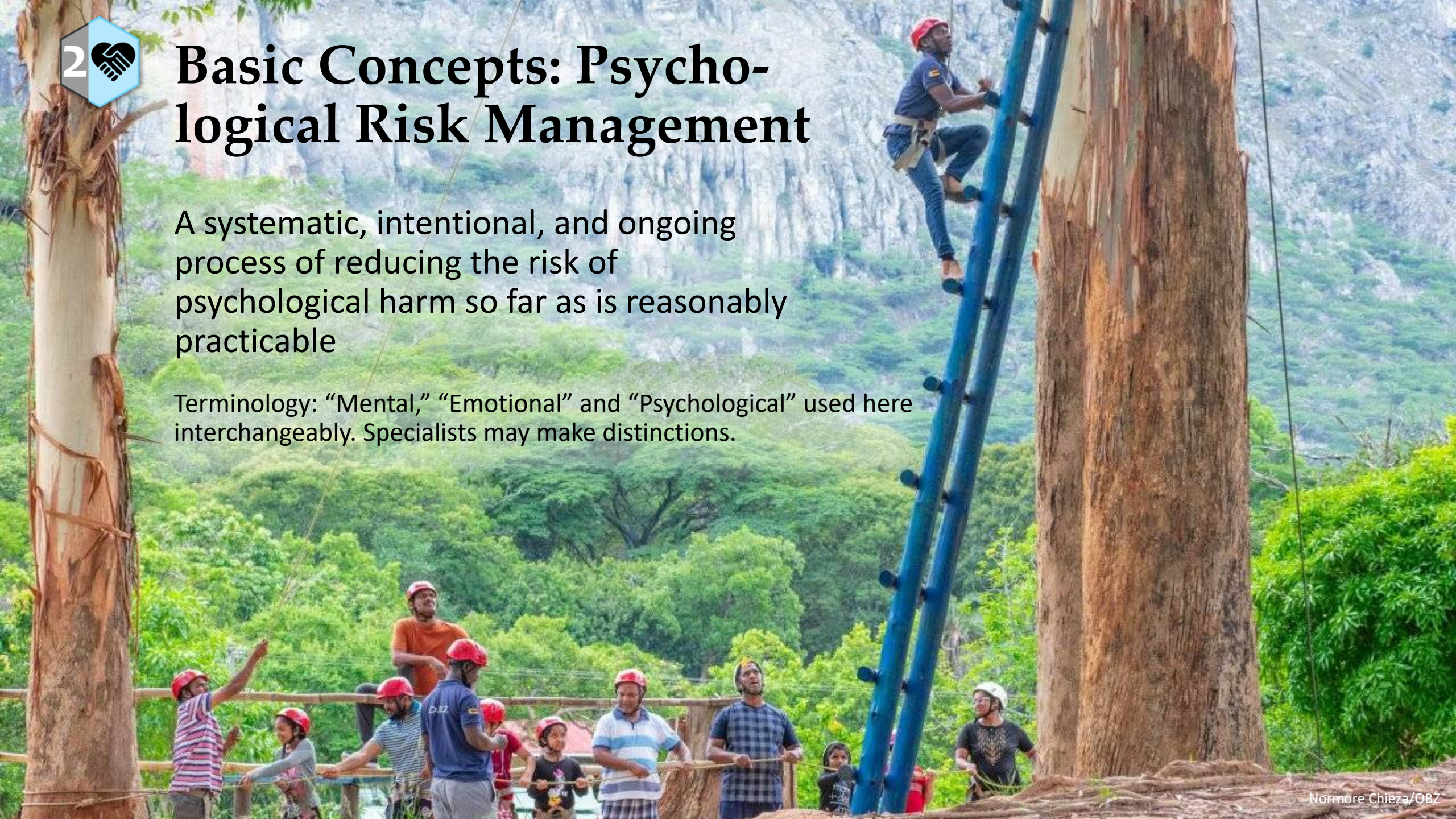




Basic Concepts: Psychological Risk Management

A systematic, intentional, and ongoing process of reducing the risk of psychological harm so far as is reasonably practicable

Terminology: “Mental,” “Emotional” and “Psychological” used here interchangeably. Specialists may make distinctions.



Psychological safety & DEI



OBV/SIS

Subjects of diversity, equity and inclusion have to do with systematic and indefensible exclusion of people based on characteristics such as gender, race, sexual orientation, or gender identity, among others.

Involves systemic barriers to access (to education, medical care, recreational experiences, physically safe settings, etc.)

Creating a psychologically safe space in a group is part of equity work.

But DEI in challenge course operations involves more, such as target markets, financial access, advocacy, etc.

Psychological safety includes components not part of DEI, e.g.

- Helping a person with a mental disorder linked to genetics respond to the challenges of an outdoor adventure experience
- Supporting a survivor of crisis or mass casualty incident cope with psychological stress injury

The Value of Psychological Safety

Psychological safety can:

- Help groups meet goals
- Support personal well-being
- Improve physical safety

Research by Google: psychological safety more critical than any other factor in building a high-functioning team able to meet its goals.

Research: lack of psychological safety makes it more difficult for persons to think clearly, retain information, or perform skilled activities.

Research: psychological safety enhances communication, learning, cognition, memory, performance of skilled activities, and error reduction, boosting physical safety

Research suggests lack of psychological safety can lead people to conceal skills deficits, not admit or report errors, or speak up about safety concerns.





General Principles

People always act in their own self-interest.
This includes seeking high social status.

Two general approaches to achieving high social status:

1. Be helpful, respectful, hard-working, and supportive
2. Exclude, belittle, bully, harass or attack others, subtly or explicitly

To foster psychological safety: establish conditions such that group members decide the most suitable approach is option 1

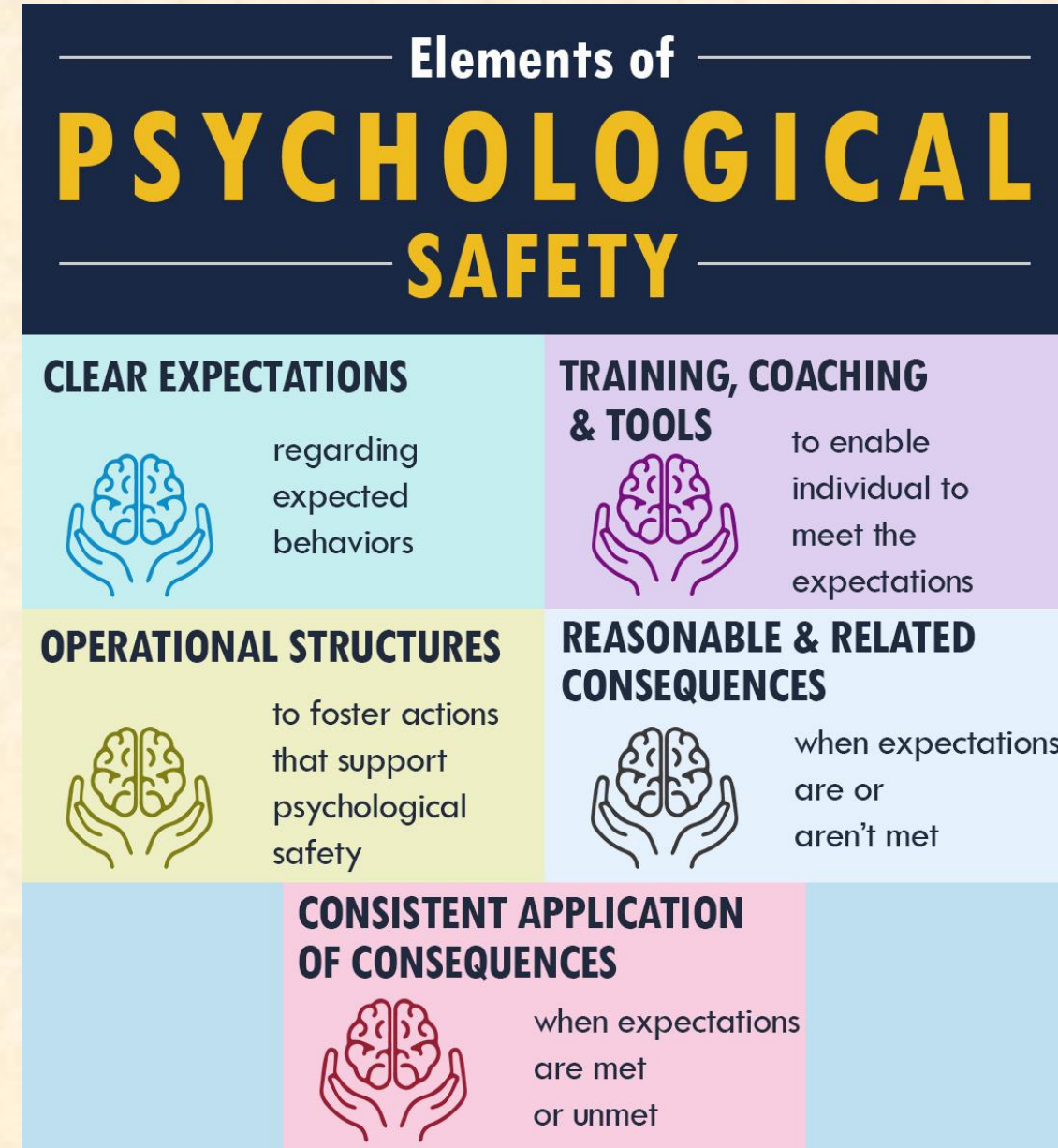




Field Steps

Summary:

1. **Clear expectations** regarding expected behaviors
2. **Training, coaching, and tools** to enable individuals to meet the expectations
3. **Operational structures** to foster actions that support psychological safety
4. **Reasonable and related consequences** when expectations are or aren't met
5. **Consistent application of consequences** when expectations are met or unmet



Clear expectations



Ndubaluba Outdoor Centre

1. Before the experience begins
 - a. Do your own work on bias, privilege, and systems of oppression
 - b. Build interpersonal & communication skills
2. During experience
 - a. Initial toneset talk
 - i. Importance of psychological safety
 - ii. Behavior expectations; misbehavior consequences
 - iii. Challenge by Choice
 - iv. Pronouns, encouragement of respect for all gender identities
3. Group agreement/full value contract
4. Activity briefings: supporting others, following safety rules, acknowledging fears and concerns ok



Training, coaching, and tools

1. **Check in with participants:** to evaluate safety, and show care
2. **Address disrespectful behavior in the moment**
Describe the behavior you observed, 2) explain the response you had to observing the behavior, 3) describe why you have that response, and 4) state what you wish the participant to do.

“JR, you called Linh a sissy for wanting to descend before completing the high elements. That’s not okay, because it’s normal to experience fear, and belittling others is hurtful. Please apologize and say something supportive to Linh.”

3. **Be a good role model**
 - a. Interact with all participants equally
 - b. Show a sincere desire to get to know participants as persons
 - c. Demonstrate engagement and active listening
 - d. Show appropriate humility
 - e. Empathize
 - f. Express warmth and appreciation





Normore Chieza/OBZ

1. **Progression in activities.** For some groups, team-building activities before high elements.
2. **Team-building.** Trusting interpersonal relationships support psychological safety.
3. **Build rapport.** People will respond if they know you care.
4. **Structured feedback.** Formal affirmation sessions, debriefs, two-way feedback times.
5. **Encourage equality in contributions** to group discussions
6. **Behavior contracts**



Reasonable & related consequences

1. Pre-established code of conduct
2. Behavior support progression
3. Consequences to build knowledge and skills to support positive behavior, not to humiliate and punish
4. Consequences logically connected to behavior & proportional

Code of Conduct

We want all our participants to have a successful, positive and fun experience with our challenge course program. Appropriate behavior is an important part of making the course experience enjoyable and welcoming to all. We require all participants to follow the behavior expectations below.

1. Do not discriminate against others due to their gender, race, gender identity, gender expression, sexual orientation, ability/disability, culture, national origin, or religion.
2. Do not cause physical or emotional harm to yourself or anyone else.
3. Act respectfully towards others, and respect their privacy and personal possessions.
4. Do not bring or use non-prescription drugs, alcohol, tobacco, or weapons.
5. Respect the natural environment and all equipment, buildings, and vehicles.
6. Stay with your group and follow directions of your group leader.
7. Encourage, support, and be considerate towards other participants and staff.
8. Follow the phone/camera use policy.

Participant signature

Participant name

Date



Consistent application of consequences

Behavior Support Progression

I understand that I am expected to follow the Code of Conduct that has been provided to me. If a staff person determines my behavior does not meet the expectations described in the Code of Conduct, the following steps may be taken:

- A **verbal warning** about how my behavior does not meet expectations, and a reminder of what conduct is appropriate
- A **discussion** with program staff and sending school/group leaders regarding my behavior
- **Written Behavior Contract** signed, and guardian/parent notified
- **Expulsion** from the experience

Learner signature

Learner name

Date

When expectations
are met or unmet



Managerial Structures

1. Adjust program practices to participant demographics (corporate, at-risk, etc.)
2. Enrollment materials discuss conduct expectations
3. Staff support for psychological safety embedded in HR practices (recruitment, training, evaluation, promotion, etc.)
4. Psychological safety in program procedures—e.g. debrief forms/reports, client feedback forms, bias incident reports.
5. Major incident procedures—e.g. for harassment, abuse, assault





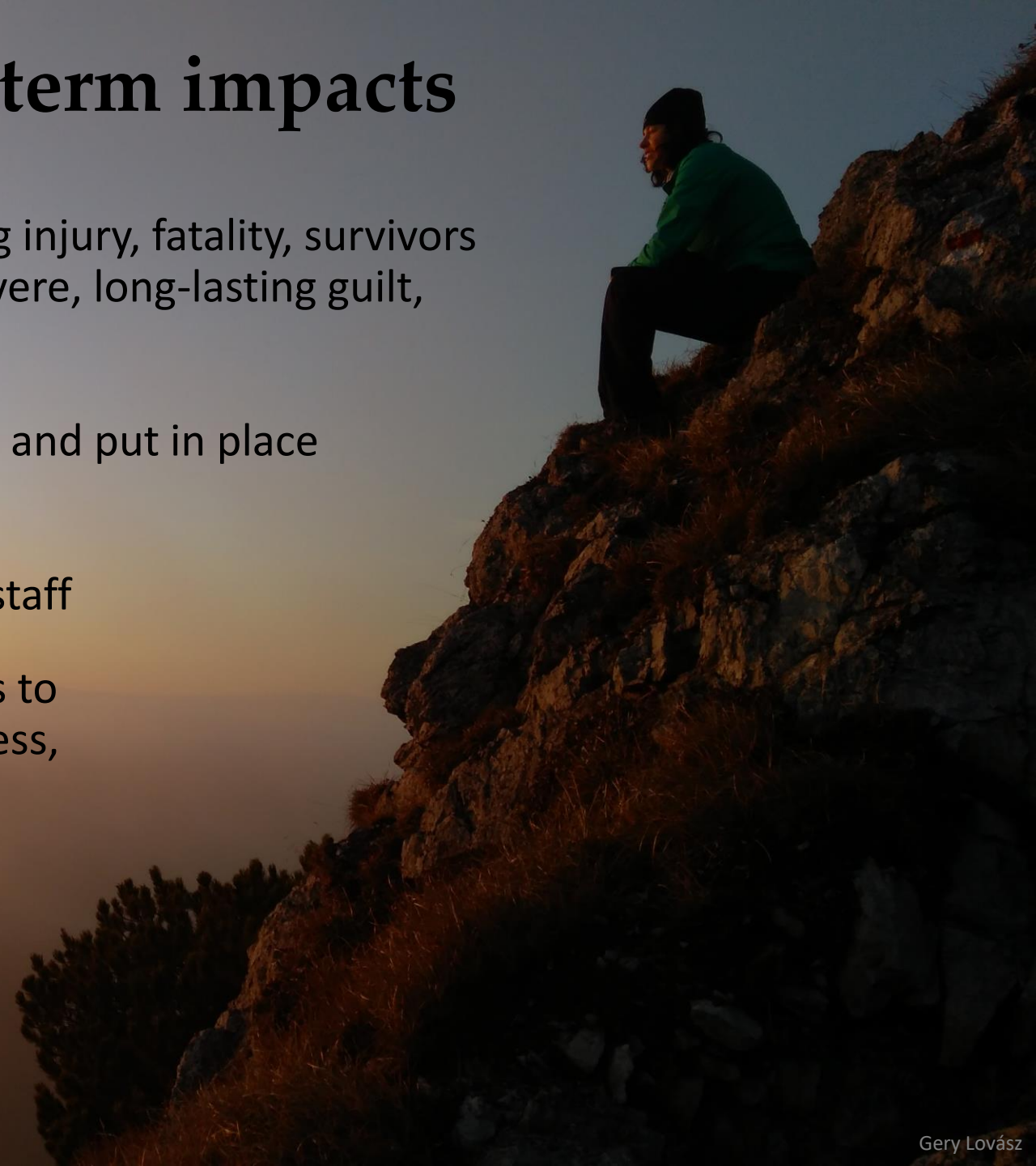
Addressing long-term impacts

After a critical incident like permanently disabling injury, fatality, survivors directly or indirectly involved may experience severe, long-lasting guilt, fear, depression, confusion and despair.

Administrators can proactively identify resources and put in place practices to help mitigate these experiences.

For participants, and challenge course company staff

Workplace policies around taking time off, access to counseling, bereavement leave, employee wellness, return-to-work flexibility, and ways to reduce workload and stress, insurance or Employee Assistance Plan structures





Addressing long-term impacts

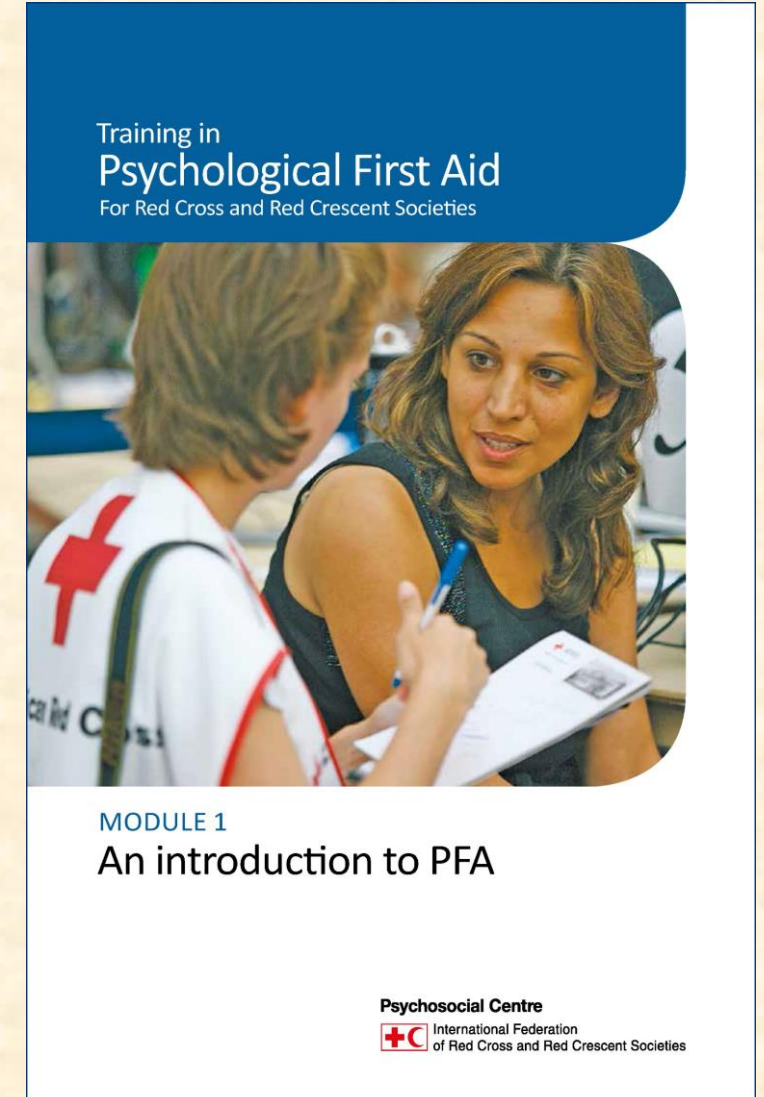
Encouragement to consider accessing mental health crisis help lines and counseling centers, and trauma-informed therapists, coaches, counselors.



Support groups, e.g.

- Mountain Muscox
- Survivors of Outdoor Adventure Recovery
- Climbing Grief Fund's mental health directory

Training for mental health needs before, during, after crisis: Psychological First Aid, Emotional First Aid, Mental Health First Aid. Provider rosters: WHO, Am. Psychological Assoc.



Case Study

Pick one of the initial scenarios:

- During group introductions, a participant says, “Challenge courses don’t care about pronouns, so I don’t care about pronouns. My pronoun is Roger.”
- A participant asks to descend part way through the challenge course. On the ground, they begin crying, saying being alone on the high element brought up how lonely they are in life. They don’t want to continue.
- A group evacuates from a challenge course during a storm, but one participant is hit by lightning, and is pronounced dead at the hospital. You have the group for four more hours.

1. How would you respond?
2. How could you work to prevent this?





First response for acute psychological stress incidents

Psychological response, emotional first aid, or psychological first aid

Not therapy. Short-term intervention focused on practical, short-term solutions.

Objective: individual returns to psychological stability, functioning; has a plan for self care

Stay within scope of training. Refer to higher level of care as appropriate





First response for acute psychological stress incidents

1. **Observe for mental health issues**, and intervene early
2. **Address physical safety threats**
3. **Separate the individual from stressors** (e.g. sounds, sights, smells)
4. **Move to a protective space**
5. **Attend to basic needs** (e.g. body temperature, food, toilet access, wound cleaning, pain medication).
6. **Consider supervision and evaluation** of other group members
7. **Practice active listening** (e.g. be fully present, show supportive body language, withhold judgement)
8. **Empathize**: recognize & honor feelings and experience
9. **Encourage deep, slow breathing**—in the moment, or each day
10. **Consider medical health history**, to understand person's needs
11. **Enlist emotional support** from group members



First response for acute psychological stress incidents

12. **Support connection with allies**—e.g. trusted friends, family, therapist
13. **Stay calm**
14. **Project a positive attitude:** realism, but hope and optimism
15. **Help the person identify coping methods.**
16. **Support predictability**—discuss potential next steps
17. **Support a sense of control.** Help individual identify and choose approaches to recovery
18. **Support emotional expression** (crying, talking, etc.)
19. **Connect to immediate additional support** (e.g. higher care) when needed
20. **Connect to long-term support** (e.g. counseling, mental health help lines, support groups)
21. **Document:** initial observations, witness reports, incident reports, SOAP notes, care facility visit info, etc.



Psychological First Aid Principles



Normore Chieza/OBZ

Following significant incidents like major injury, illness, or death

For early and mid-term stage interventions

Not a substitute for care by a trained specialist

Stay within scope of training; refer to higher level of care as appropriate



Psychological First Aid Principles

1. **Promote a sense of safety.** Bring the affected person to a safer location. Explain to the person how this is a safer place. Reduce rumor-sharing. Provide information about other survivors.
2. **Promote calming.** Project calmness through body language, physical actions, and tone of voice. Remind the person they are no longer exposed to the threat. Help the person break down tasks into small, manageable components. Provide factual incident information.
3. **Promote a sense of self- and community efficacy.** Support the person regaining a sense of control. Support resumption of normal activities.
4. **Promote connectedness.** Help connect individuals with supportive others. Support establishment of group activities that promote social support.
5. **Promote hope.** Project confidence that things will work out. Help the person identify and utilize their strengths. Emphasize practical problem-solving.



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Further Information

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Psychological Risk Management in Experiential & Outdoor Programs

https://drive.google.com/file/d/1v_GpDAXv3CsVnpBEfksqTxUrl4xcMrrn/view?usp=sharing

Supporting Mental Health After a Major Outdoor Incident

<https://www.viristar.com/post/supporting-mental-health-after-a-major-outdoor-incident>

Amy C. Edmonson, PhD.

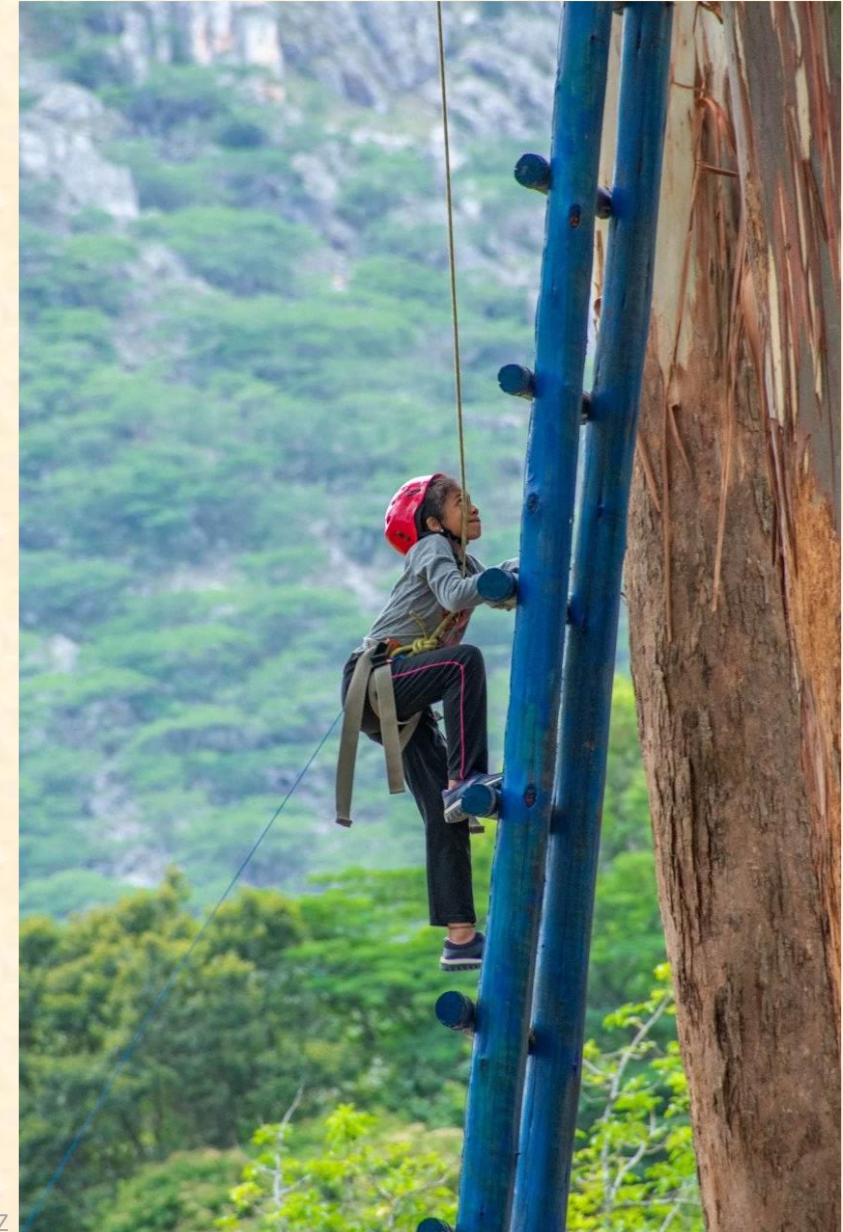
<https://amycedmondson.com/psychological-safety/>

Psychological First Aid, Emotional First Aid, or Mental Health First Aid trainings by reputable providers

Small Group Activity

In small groups of three or four:

Outline an action plan (2-3 action steps) to support improving psychological risk management in your organization



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