Episode Book

EPISODE #6280

Using Tactical Triage to Handle Daily Overwhelm

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SYNOPSIS

Exhaustion and compounding stress often turn minor inconveniences into total domestic gridlock. The sequence of emergency medicine offers an exit route. By adapting principles from Tactical Combat Casualty Care and Psychological First Aid, immediate crises can be tackled in strict tiers: breaking exposure to sensory and task overload, protecting baseline physical safety, and halting rapid deterioration before attempting any deeper problem-solving. It offers a practical framework for stabilizing everyday meltdowns without demanding immediate life overhauls.

TRANSCRIPT



Corn

Hannah wants to borrow a combat medic's order of operations for the kind of crisis where your life hasn't suddenly exploded, but your ability to cope has. Months of money worries, work pressure, uncertainty, then construction starts at seven, something important breaks, and answering one email feels beyond you. Not psychosis or an emergency psychiatric situation. An ordinary bad week that has become unmanageable.



Herman

The casualty is also the person supposed to be organizing the rescue. That makes the order particularly important.



Corn

Her distinction is between dealing with what's happening now and investigating how you got here. Get out of danger, stop whatever is making the situation deteriorate, stabilize, then assess. Your career can be a serious problem without being the problem you should solve while hungry beside a pneumatic drill.



Herman

Two real traditions support that approach. Tactical Combat Casualty Care, or TCCC, and Psychological First Aid. We can borrow their sequencing without pretending a kitchen meltdown is a battlefield injury.



Corn

You were going to put my inbox through clinical triage eventually.



Herman

Your inbox has declined several opportunities for outpatient treatment.



Corn

It prefers watchful neglect.



Herman

TCCC began in military medicine in nineteen ninety-six. The guideline document we're discussing is dated January twenty-fifth, twenty twenty-four. It's published through the US Defense Health Agency and maintained by the Committee on Tactical Combat Casualty Care. Its opening instruction under Care Under Fire is, “Return fire and take cover.”



Corn

The personal version probably needs less returning fire.



Herman

Considerably less. Responding to every incoming message is sometimes what keeps you exposed. Bleeding control appears at step six, qualified by “if tactically feasible.” Before that, the guidance includes moving the casualty to cover and trying to prevent additional wounds. You can perform the right intervention in a location that keeps undoing it.



Corn

That already changes the construction example. You don't have to win an argument about the noise before you're allowed to leave it.



Herman

Psychological First Aid developed along another route. The widely used disaster-response framework was developed in two thousand six by the National Child Traumatic Stress Network and the National Center for PTSD. Its purpose is immediate practical support, safety, connection, and identifying needs. Training material describes it as “analogous to using a compress to stop the bleeding.”



Corn

A compress has never asked me about my childhood.



Herman

Nor should immediate support require someone to produce an autobiography. Caplan's equilibrium model describes crisis as demands overwhelming a person's available coping abilities. That fits Hannah's cumulative-load description. The last inconvenience doesn't need to be enormous. It arrives when there's no capacity left.



Corn

I want to keep a distinction there, Herman. These are established frameworks. Our particular self-applied version isn't an established treatment.



Herman

Correct. Psychological First Aid is generally evidence-informed, rather than a package whose every component has been conclusively tested. We're making a practical synthesis, not unveiling a validated combat-medic protocol for domestic overwhelm.



Corn

Good. I could see you preparing to prescribe an acronym.



Herman

I have one already, unfortunately.



Corn

Your symptoms are progressing.



Herman

MARCH. Massive bleeding, Airway, Respiration, Circulation, Hypothermia and Head injury. Catastrophic external bleeding gets priority because it is a leading preventable cause of battlefield death. The particularly useful instruction for our discussion is that airway management is generally best deferred until Tactical Field Care.



Corn

That sounds alarming if someone hears “breathing can wait” and stops listening.



Herman

It is specific tactical guidance, not a general permission to ignore breathing problems. Under fire, exposure changes what is feasible. Once in relative cover, you reassess and manage the other threats. There are two ideas here: catastrophic bleeding can precede airway in the sequence, and the threat environment can require deferring procedures.



Corn

The life equivalent is narrower. The argument with your partner might matter enormously, but conducting the entire relationship review while you're shaking from noise and exhaustion is unlikely to improve it.



Herman

What would you deal with first in that situation, Corn? Say you're convinced the argument needs settling immediately.



Corn

I'd distinguish an immediate boundary from the whole argument. “I can't keep talking while we're both escalating. I'm leaving the room and I'll come back after lunch.” That protects the relationship now without trying to interpret its entire history. Unless leaving puts somebody's immediate needs at risk, the explanation can wait.



Herman

That distinction matters. A necessary sentence now, a difficult conversation later. The UK version extends the mnemonic to MARCH PAWS. After the immediate threats come Pain, Antibiotics, Wounds, and Splinting. Those things still deserve treatment. They're explicitly placed in a later tier.



Corn

Even the protocol has a later pile.



Herman

A named later pile. That's more useful than trying to keep every obligation mentally active.



Corn

When everything stays mentally active, I spend the afternoon remembering things instead of doing them. Then I count the remembering as evidence that I'm failing all of them.



Herman

The first move in our home version is to reduce incoming demands. Leave the construction noise if you can. A library, a quieter room, a short walk. Headphones if they actually help. Silence nonessential notifications. Cancel something. Step away from a conversation that's actively escalating.



Corn

You don't have to solve the building site.



Herman

Nor should “take cover” become “disappear indefinitely.” If someone depends on you, preserve essential contact. Keep the phone available for the one person who needs you while muting the channels that don't. The goal is less incoming damage, not accidental abandonment.



Corn

That matters with children. “Cancel everything” sounds efficient until the school collection is in everything.



Herman

Essential care stays. Optional performance goes. The standards can drop before the responsibilities do.



Corn

Dinner may become toast. Nobody needs a garnish during triage.



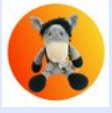
Herman

Then assess the immediate physical needs. Have you eaten? Had water? Taken your usual prescribed medication? Are you exhausted? Those are questions, not a demand to complete a wellness routine. Sometimes the useful action is food and somewhere quiet. Sometimes it's getting another adult to cover a responsibility so you can sleep.



Corn

You're about to defend my napping.



Herman

I'm defending sleep. Your habit of treating every horizontal surface as a clinical resource is a separate question.



Corn

You concede the infrastructure.



Herman

I concede the bed.



Corn

The broken thing is harder. If the laptop dies and work is already precarious, leaving it alone might make the situation worse. Food won't repair the deadline.



Herman

Find the smallest action that interrupts the worsening. Send a brief message explaining the equipment problem and asking for an extension. Borrow access to another machine. Book the repair. Stop trying to restore your entire working environment before telling anyone there's a problem.



Corn

I'd be tempted to spend four hours diagnosing it so I could send a more respectable explanation.



Herman

That is a real trap. Competence becomes another demand. “I have an equipment failure and need until tomorrow” can be enough before you know which component failed.



Corn

The deadline does not require a postmortem.



Herman

TCCC specifies three minutes of direct pressure for hemostatic dressings. That's a medical instruction, not a psychological timer. The useful borrowing is sustained attention to the active problem, with a bounded objective. Hold pressure, metaphorically, rather than inspect every other problem while the first continues worsening.



Corn

I'd give the deadline message a small slot. Not because ten minutes cures anything, but because otherwise “notify work” becomes “rebuild professional reputation.”



Herman

Yes... no, let me narrow that. A time boundary can help, but some problems require immediate assistance rather than another period of solo effort. An unpaid bill threatening disconnection today may need a call to the provider or someone helping you make it. You don't earn assistance by exhausting yourself first.



Corn

How do we decide what really can wait? My brain can make an unanswered invitation sound like a court summons.



Herman

Ask what changes if you do nothing until tomorrow. A concrete consequence, not the feeling of disapproval. Is anyone unsafe? Does an essential resource disappear? Is there an irreversible deadline? Then ask whether a smaller holding action buys time.



Corn

The invitation goes into delayed. The actual court summons gets opened.



Herman

Military triage uses Immediate, Delayed, Minimal, and Expectant. The doctrine says triage establishes the order of treatment, rather than whether care is given. Expectant is the difficult category: injuries so severe, in the available circumstances, that scarce treatment resources are directed elsewhere. Comfort care and reassessment still matter.



Corn

I don't want to put people into that category in a household.



Herman

Neither do I. Borrow it for commitments, not human worth. There may be a voluntary project you formally stop rescuing. An optional email can remain unanswered for seventy-two hours. A promised contribution may have to be withdrawn.



Corn

Those are different decisions, though. “I'll answer Friday” is delayed. “I can't do this” means the thing might actually die.



Herman

Fair correction. Merely postponing everything doesn't account for obligations you truly cannot sustain. Still, if we name the deferred pile and protect the urgent needs, the rest should wait without getting worse.



Corn

Usually. Some things charge interest while you're looking away.



Herman

True. We'll need to keep that in the assessment.



Corn

The unbearable-small-things part still needs explaining. Knowing a drill isn't a catastrophe doesn't stop my whole body objecting to it.



Herman

Sleep loss and sustained stress affect emotional regulation. Threat-sensitive systems, including the amygdala and insula, can become more reactive while prefrontal regulation becomes less effective. That's a broad account, not a scan-based diagnosis of anyone's Tuesday. It helps explain why perspective gets harder precisely when you need it.



Corn

I dislike that the perspective equipment is affected.



Herman

Sleep-deprivation work funded by the US Army Research Office also shows changing brain-network organization alongside changes in vigilance, mood, and fatigue. Different regions don't all follow one simple decline. Function fluctuates with sleep pressure and circadian timing.



Corn

Meaning one clear hour doesn't prove I've recovered.



Herman

Nor does one dreadful hour prove you've permanently lost the ability to cope. The state changes. External supports help because memory, judgment, and emotional control may all be less reliable. A short written sequence, or another person helping choose the next action, reduces how much you have to organize internally.



Corn

Three lines, Herman. Not your entire medical filing cabinet.



Herman

Three lines can do it. Get somewhere less demanding. Protect essential needs. Choose one action that prevents deterioration.



Corn

I'd read that. Even under a drill.



Herman

Would you actually let me help choose the action, though? You tend to hear help as someone taking over.



Corn

If you asked what I needed protected, yes. If you started rearranging my whole week, no. I'd probably defend a bad plan simply to remain its author.



Herman

Then useful help begins with permission and a specific task.



Corn

Sit beside me while I send the message. Don't announce that you've become my operations director.



Herman

Psychological First Aid makes room for exactly that practical, nonintrusive support. Reflective listening means understanding what the person is experiencing before deciding what they need. It doesn't mean requiring them to recount every distressing detail.



Corn

Listening without assigning homework.



Herman

The Johns Hopkins RAPID model spells out Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition. Prioritization is an actual named step. Disposition asks what happens next. Can the person manage with existing supports? Do they need follow-up, a connection to someone else, or more specialized care?



Corn

That gives the intervention an ending. Otherwise “stabilizing” can become a room you live in.



Herman

Immediate help has a limited purpose. Disaster mental-health approaches also distinguish assessment, crisis support, and longer-term treatment, with overlap rather than rigid gates. You don't need perfect calm before getting more substantial help. You need enough support and capacity for that help to be usable.



Corn

Hannah's bigger questions sit there. Money, work, relationships. We can't tell someone to stop thinking about them until they're solved, because thinking is part of solving them.



Herman

The threshold is functional. Can you get through the next hour, evening, or weekend without predictable deterioration? Can you eat, rest, meet essential obligations, and use available help? Can you consider alternatives rather than seeing only one immediate escape?



Corn

I could still feel awful and pass that threshold.



Herman

You could. Feeling better is welcome, but it isn't the only measure. Someone may remain distressed while becoming capable of making a limited plan. Conversely, relief after sending an angry resignation doesn't prove the situation is stable.



Corn

The send button is a very poor discharge assessment.



Herman

What would persuade you that a career decision was ready, Corn? Not that it was right, just ready to consider.



Corn

I'd need to describe more than one option without treating every alternative as an insult. Stay with changes. Seek another job while employed. Take available leave. Get advice about the finances. If all I can say is “everything must end today,” I haven't got enough range to trust a permanent decision.



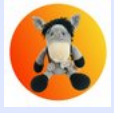
Herman

That range is useful. Also whether you can tolerate leaving the question unresolved overnight. Urgency can reflect a real deadline, but it can also be an attempt to stop an intolerable feeling.



Corn

I wouldn't postpone the bank call just because finances are a big subject. I'd postpone deciding that my whole financial life is hopeless.



Herman

The immediate task and the larger assessment can coexist. Arrange a payment conversation now. Review the budget when you can hold the information. The military phase labels are suggestive, but longer-term life planning isn't literally Tactical Field Care.



Herman (continued)

That phase still concerns urgent medical treatment.



Corn

Our analogy has to stop borrowing authority somewhere.



Herman

It stops before claiming validation. I don't know of a published, named self-applied combat-medic protocol for ordinary cumulative overwhelm. PFA mainly concerns helping other people after distressing events. Applying its structure to yourself during a bad week is our adaptation.



Corn

There also isn't a universal first-five-minutes schedule. I'd distrust one that assigned me emotional regulation at minute four.



Herman

Especially if you're still trying to find the door keys. The first minutes have priorities, not guaranteed completion times. Reduce exposure. Check immediate safety and basic needs. Make one holding move. If you're unable to do those things, bring in another person rather than expanding the checklist.



Corn

A trusted person can hold the sequence when you can't. “Please help me decide what has to happen today” is more actionable than “please solve my life.”



Herman

Then the next stretch is recovery and reassessment. Arrange food, quiet, rest, essential care, and contact. Check whether the holding action worked. An extension request without an answer may still need following up. Silencing the phone doesn't settle a deadline.



Corn

Silence is not confirmation. An unfortunate feature of other people.



Herman

Later, when attention is less narrowed, return to the deferred problems in small pieces. You can start therapy or seek practical financial support before feeling fully recovered. If the pattern keeps recurring, the environment and workload need examination. Restoring someone to the same unsustainable schedule isn't much of a long-term plan.



Corn

I was going to object to the return-to-service ambition. “Congratulations, you can now endure the thing that exhausted you.”



Herman

Recovery should create room to change conditions, not merely resume them. Although... we should avoid promising a meal and a sleep will restore clear thinking. Sometimes the distress persists. Sometimes what initially looks like ordinary overwhelm needs clinical assessment.



Corn

Then the reassessment changes the plan. If someone becomes unsafe or can't care for themselves, we aren't still discussing a difficult inbox.



Herman

Urgent help becomes the priority. That's an observation about the situation changing, not a failure to follow the sequence.



Corn

How firmly can we tie this to cumulative hassles rather than just sleep?



Herman

Daily hassles are associated with distress in several kinds of research. A Spanish study of nearly five thousand young adults linked chronic stress with psychological distress, particularly among women. A small case-control study involving people who had attempted suicide also found an association with daily-hassle scores.



Corn

Neither lets you predict what a broken appliance will do to one person.



Herman

No. Those are associations in particular populations. They don't establish a distinct diagnosis of cumulative minor-stressor meltdown, or prove this proposed sequence treats it. What they do support is taking accumulated demands seriously rather than judging the final trigger in isolation.



Corn

“It was only a drill” leaves out the preceding months.



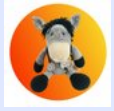
Herman

Another distinction matters. Self-analysis isn't forbidden during distress. A brief realization can be useful. What we're deferring is exhaustive interrogation that consumes the capacity needed for immediate care.



Corn

“I haven't slept” is useful analysis. “Why have I always been incapable of living” needs to leave the meeting.



Herman

It also isn't a neutral question. It contains a verdict before you've assessed anything.



Corn

Hm.



Corn

I'd write down the larger question if I was afraid I'd lose it. “Review workload.” Then stop treating remembering it as an emergency.



Herman

That preserves it without making you solve it. A review appointment, with yourself or someone else, gives the deferral an endpoint.



Corn

Provided the appointment isn't tomorrow at seven beside the same drill.



Herman

Location belongs in the plan. The person, the demands, and the environment all matter. Once you've protected the essentials, what you can deliberately leave alone is...



Hilbert

The accordion correspondence. I marked mine expectant on a train outside Carlisle. I was travelling with a split suitcase and hadn't slept. This was in the mid eighties. I owned one hundred and thirty-seven accordions. A man called Malcolm Seddon was sitting opposite. He could close a concertina case in four point eight seconds. I timed him. He kept doing it while I was trying to read.



Corn

A man actively adding wounds.



Hilbert

Quite. He offered to deal with my letters while I got myself home. I said the accordion correspondence could die. I meant the circulars. He understood the whole subject. Corn, your distinction between postponed and cancelled would have been useful on that train. I gave him a stamped envelope and told him not to trouble me with details.



Herman

You delegated the decision as well as the writing.



Hilbert

He withdrew me from a tuning appointment. He also accepted an offer to have one accordion buried at sea in a biscuit tin. That had been proposed by a man in Morecambe. I hadn't reached his letter. Malcolm sent the confirmation to my mother because I had asked for no further correspondence.



Corn

The cancellation generated a next of kin.



Hilbert

It cost eleven pounds for the postage and the tin. Not the burial. That was included. You said the things left alone should wait without getting worse, Herman. Sometimes leaving them alone means accepting that they change while you're resting. I wasn't interested in the order. I wanted somebody to tell me which losses I was actually authorizing. Malcolm did write everything down. His handwriting was clear.



Herman

Then the useful question for a future version of this framework is how to make the losses explicit before someone agrees to a pause. Reduced capacity makes that harder, so a short plan made while you're well, or help from someone you trust, may matter more than memorizing the sequence during the crisis.



Corn

The urgent-feeling problem still deserves attention eventually. You just don't owe it your worst available hour. Thanks to Hilbert Flumingtop for producing today's episode.



Herman

If this was your kind of episode, go back for episode fourteen oh eight, Israel Wartime Readiness Field Guide; episode eighteen sixty-one, Emergency Prep You Can Sing To; and episode three sixty-four, Triage for Your To-Do List. This has been My Weird Prompts, the human-AI collaboration podcast. If you listen regularly, leaving a review helps other curious people find the show.



Corn

We'll see you tomorrow.



Herman

Until then, take care.

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