STRESS FIRST AID

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STRESS FIRST AID

Introduction to the Model
Emphasis on the 4 stress injuries
   Experience of why
   Assessing the 7c’s
5 Essential Human Needs
   Break
   Breaks Outs
Group Discussion
SFA MODEL USED AT UNC MEDICAL

**Mental Health Leads (MHL)**
- Within Dept of Psychiatry; specifically knowledgeable and SFA trained

**Team (HSP) Leads (or Enhanced Peer)**
- Health Service Providers (HSP) in various divisions/departments: MDs, NPs, RNs who receive training from MH Leads, Titles Vary
  - Identified via volunteer or designated

**Peer Support**
- All providers at UNC with interest in helping others
- Have watched webinars or rounds at minimum

**Identified Leadership**
- Connected to HSPs, SFA Aware, Supportive, Helps to Organize, Available in the Event of Urgency, Possibly FFD
SFA ON THE GROUND IS PEER BASED
ENHANCED PEER*

- Interest, MH Savvy
- “Pulse” of the group
- Willingness to meet regularly with other Enhanced Peers for Support and Problem Solving
- Access to resources such as referral lists
- 3 Layers of Learning
  1) Manuals
  2) Webinars (Schwartz or NCPTSD)
  3) Role plays or 2 hour training with SFA Trainer
- Specific knowledge and level of familiarity with:
  - Recognition of someone to the right of green
  - Appreciation for the expected 4 Stress Injuries

*Titles Vary: Team Leads, SFA Advance Learner, Enhanced Peer, Peer Ambassador
Stress First Aid Versions

Stress First Aid has since been adapted for:
- Rail workers
- Hospital
- Wildland
- Law Enforcement
- Probation

Stress First Aid and Curbside Manner were adapted from the Stress and Combat Operational Stress First Aid model for Marines Corps and Navy personnel.
Caring for Yourself & Others During the COVID-19 Pandemic: Managing Healthcare Workers’ Stress

Compassion in Action Webinar Series
March 24, 2020

Stress First Aid Model: Assumes Stress Injuries are expected and anticipated.
HEALTH SERVICE PROVIDER (HSP)
<table>
<thead>
<tr>
<th>Strength</th>
<th>Guiding Ideal</th>
<th>Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placing the welfare of others above one’s own welfare</td>
<td>Selflessness</td>
<td>Not seeking help for health problems because personal health is not a priority</td>
</tr>
<tr>
<td>Commitment to accomplishing missions and protecting others</td>
<td>Loyalty</td>
<td>Guilt and complicated bereavement after loss of others</td>
</tr>
<tr>
<td>Toughness and ability to endure hardships without complaint</td>
<td>Stoicism</td>
<td>Not aware of / acknowledging significant symptoms /suffering</td>
</tr>
<tr>
<td>Following an internal moral compass to choose “right” over “wrong”</td>
<td>Moral Code</td>
<td>Feeling frustrated and betrayed when others fail to follow a moral code</td>
</tr>
<tr>
<td>Becoming the best and most effective professional possible</td>
<td>Excellence</td>
<td>Feeling ashamed / denial or minimization of imperfections</td>
</tr>
</tbody>
</table>

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FOUR CAUSES OF STRESS INJURY

**Life Threat**

*A traumatic injury*
Due to the experience of or exposure to intense injury, horrific or gruesome experiences, or death.

**Loss**

*A grief injury*
Due to the loss of people, things or parts of oneself.

**Inner Conflict**

*A moral injury*
Due to behaviors or the witnessing of behaviors that violate moral values.

**Wear and Tear**

*A fatigue injury*
Due to the accumulation of stress from all sources over time without sufficient rest and recovery.

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## Stress Continuum Model

<table>
<thead>
<tr>
<th>READY (Green)</th>
<th>REACTING (Yellow)</th>
<th>INJURED (Orange)</th>
<th>ILL (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION</strong></td>
<td>Mild and transient distress or impairment</td>
<td>More severe and persistent distress or impairment</td>
<td>Clinical mental disorder</td>
</tr>
<tr>
<td>• Optimal functioning</td>
<td>• Always goes away</td>
<td>• Leaves an emotional/mental “scar”</td>
<td>• Unhealed stress injury causing life impairment</td>
</tr>
<tr>
<td>• Adaptive growth</td>
<td>• Low risk</td>
<td>• Higher risk</td>
<td></td>
</tr>
<tr>
<td>• Wellness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FEATURES</strong></td>
<td>Any stressor</td>
<td>Life threat</td>
<td>TYPES</td>
</tr>
<tr>
<td>• At one’s best</td>
<td>Feeling irritable, anxious or down</td>
<td>Loss</td>
<td>• PTSD</td>
</tr>
<tr>
<td>• Well-trained and prepared</td>
<td>Loss of motivation</td>
<td>Moral injury</td>
<td>• Depression</td>
</tr>
<tr>
<td>• In control</td>
<td>Loss of focus</td>
<td>Wear and tear</td>
<td>• Anxiety</td>
</tr>
<tr>
<td>• Physically, mentally and spiritually fit</td>
<td>Difficulty sleeping</td>
<td></td>
<td>• Substance abuse</td>
</tr>
<tr>
<td>• Mission-focused</td>
<td>Muscle tension or other physical changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Motivated</td>
<td>• Not having fun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Calm and steady</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Having fun</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Behaving ethically</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ILL (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEATURES</strong></td>
</tr>
<tr>
<td>• Symptoms persist and worsen over time</td>
</tr>
<tr>
<td>• Severe distress or social or occupational impairment</td>
</tr>
<tr>
<td>• Hopelessness</td>
</tr>
</tbody>
</table>

Slides/images used with permission from Patricia Watson, PhD; National Center for PTSD
<table>
<thead>
<tr>
<th>Request</th>
<th>Principal desire</th>
<th>Concerns</th>
<th>Key components of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hear me</td>
<td>Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able</td>
<td>Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses</td>
<td>Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process</td>
</tr>
<tr>
<td>Protect me</td>
<td>Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members</td>
<td>Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed</td>
<td>Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions</td>
</tr>
<tr>
<td>Prepare me</td>
<td>Provide the training and support that allows provision of high-quality care to patients</td>
<td>Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges</td>
<td>Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts</td>
</tr>
<tr>
<td>Support me</td>
<td>Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients</td>
<td>Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur</td>
<td>Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs</td>
</tr>
<tr>
<td>Care for me</td>
<td>Provide holistic support for the individual and their family should they need to be quarantined</td>
<td>Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection</td>
<td>Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary</td>
</tr>
</tbody>
</table>
Seven Cs of Stress First Aid:

1. CHECK
   Assess; observe and listen

2. COORDINATE
   Get help, refer as needed

3. COVER
   Get to safety ASAP

4. CALM
   Relax, slow down, refocus

5. CONNECT
   Get support from others

6. COMPETENCE
   Restore effectiveness

7. CONFIDENCE
   Restore self-esteem and hope

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Empowering comments or questions allow you to move the conversation forward into encouraging the person to consider their strengths and/or brainstorm some potential ways to move forward. Some examples of sentence openers that convey empowerment are: • "What have you done in the past to make yourself better when things got difficult?" • "Are there any things that you think would help you to feel better?" • "People can be very different in what helps them to feel better. When things got difficult for me, it helped me to....." OR: "Some of the other ..."
CHECK

<table>
<thead>
<tr>
<th>Observe</th>
<th>Keep Track</th>
<th>Examine</th>
<th>Decide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look</td>
<td>Stressors</td>
<td>One-to-one interactions</td>
<td>Dangerousness</td>
</tr>
<tr>
<td>Listen</td>
<td>Distress</td>
<td>Collateral information</td>
<td>Stress Zone</td>
</tr>
<tr>
<td></td>
<td>Changes in functioning</td>
<td></td>
<td>Needs</td>
</tr>
<tr>
<td></td>
<td>Response to SFA Actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborate</td>
<td>Inform</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------</td>
<td>------------------------------</td>
<td></td>
</tr>
<tr>
<td>To promote recovery</td>
<td>Chain of command</td>
<td>Recommend resources</td>
<td></td>
</tr>
<tr>
<td>To ensure safety</td>
<td>Family</td>
<td>Consultation</td>
<td></td>
</tr>
<tr>
<td>To get more information</td>
<td>Peers</td>
<td>Direct hand-off</td>
<td></td>
</tr>
</tbody>
</table>

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COVER

Stand By
- Ready to assist
- Watch and listen
- Hold attention

Make Safe
- Authoritative presence
- Warn
- Protect
- Assist

Make Others Safe
- Protect
- Warn

Encourage Perception of Safety
- Caring presence
- Listen and communicate
- Reduce chaos
- Reduce danger

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CALM

**Quiet**
- Stop physical exertion
- Reduce hyperalertness
- Slow down heart rate
- Relax

**Compose**
- Draw attention outwards
- Distract
- Re-focus

**Foster Rest**
- Recuperate
- Sleep
- Time out

**Soothe**
- Listen empathically
- Reduce emotional intensity

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<table>
<thead>
<tr>
<th>Be With</th>
<th>Promote Connection</th>
<th>Reduce Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Presence</td>
<td>Find Trusted Others</td>
<td>Improve understanding</td>
</tr>
<tr>
<td>Keep Eye contact</td>
<td>Foster contact with others</td>
<td>Correct misconceptions</td>
</tr>
<tr>
<td>Listen</td>
<td>Encourage Contact with others</td>
<td>Restore trust</td>
</tr>
<tr>
<td>Empathize</td>
<td></td>
<td>Invite and include</td>
</tr>
<tr>
<td>Accept</td>
<td></td>
<td></td>
</tr>
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Covers 3 types of social support.

Everyone is experiencing COVID together but may not be reacting/feeling the same way. Coping isn’t a competition. Brainstorm ways to help remove barriers to staff receiving the support they need/want.

**Instrumental support** (e.g., daily tasks): “What tasks can I or others help with at work?” “Would it be helpful if …?” vs. “I would like to do xyz for you today.”

**Informational support:** “Would it be helpful to read more (or less) about COVID, etc?”

**Emotional support:** “Who are you able to share your emotions/vent with about your stress?” “Do you feel a sense of community or isolation at home/work?” “How are you staying connected with family/friends?” “Who is supporting/encouraging you through this?”

Examples from UNC trainings
(5) ESSENTIAL HUMAN INTERVENTIONS (SELF)

• COVER -
  • Be Mindful when engaging in physical acts (e.g., washing hands, physical distancing) and Self Talk psychological reminders (e.g., only so many choices I can make in a day I do everything I can right now).

• CALM -
  • Intense stress often leads to feeling hypervigilant. Practice Emoting Calm. Ensure that you spend time daily in a sensory free or completely safe place.

• CONNECT -
  • Seek and offer Instrumental, Informational, and Emotional Support
<table>
<thead>
<tr>
<th>Occupational Skills</th>
<th>Well-Being Skills</th>
<th>Social Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve occupational skills to reduce</td>
<td>Re-establish or learn new skills to deal with stress-</td>
<td>Re-establish or learn social skills to deal</td>
</tr>
<tr>
<td>risk of stress reactions in inexperience</td>
<td>reactions:</td>
<td>with stress-reactions:</td>
</tr>
<tr>
<td>d staff:</td>
<td>Calming</td>
<td>Requesting support</td>
</tr>
<tr>
<td>Train</td>
<td>Problem-solving</td>
<td>Conflict resolution</td>
</tr>
<tr>
<td>Retrain</td>
<td>Health and fitness</td>
<td>Assertiveness</td>
</tr>
<tr>
<td>Reassign</td>
<td>Managing trauma and loss reminders</td>
<td>Seeking mentoring</td>
</tr>
<tr>
<td>Mentor back to duty</td>
<td></td>
<td></td>
</tr>
</tbody>
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CONFIDENCE

Trust
- Trust in:
  - Peers
  - Equipment
  - Leaders
  - Mission

Hope
- Forgiveness of self
- Forgiveness of others
- Imagining the future

Self-Worth
- Belief in self
- Accurate self-concept
- Self-respect

Meaning
- Making sense
- Purpose
- Faith

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5 ESSENTIALS (SELF)(CONT)

• COMPETENCE -
  • Compliment Yourself. How? Be specific: “Because I value being kind I remembered to ask how (coworker) felt about yesterday.”
  • Feed Self Efficacy. How? Focus on problem you were able to solve especially creatively; reminding self of efficacious nature of your days

• CONFIDENCE -
  • Involves your Internal Locus of Control, Acceptance of Daily (or Hourly) Successes, and Meaning Making (: Longer discussion)
SFA SUGGESTS THIS is THE OUTCOME OF A COMBINATION:

- How often you or your colleague experience the expected 4 STRESS INJURIES
- You or your co workers’ unique commitment to the GUIDING IDEALS
- Areas of need for attention within the 5 essential HUMAN NEEDS
WHO ARE YOUR PEERS?
BREAK OUT

Competence and Confidence

20 minutes
NEED FOR COMPETENCE I

• “During a personal experience recently regarding a significant stress reaction I was placed under doctor’s orders which restricted my ability to execute certain activities. I submitted a plan that would allow me to still do my job, but supervisors did not provide a response to that plan for 60 days. They modified the plan for the remaining 30 days, and the lack of timely communication on their part led to additional anxiety.”
• “It's just my nature to work hard. I'll go to the office for an hour, and I'll stay late, it's just how it goes. It's hard. It's really difficult to put work like balance into practice. It comes a time and age and shifting priorities. It's definitely difficult. But you do have a lot of stuff to do. Sometimes I'll get our junior and senior leadership to do things for us. That takes some of the workload off. There's just so much to do.”
SMALL GROUP DISCUSSION

- Answer the following Questions: • What kind of stress injury may be present? • What SFA action(s) would you use? • What is your plan for approaching the situation? • What other information would you want to know? • Outline the exact words/sentences you would use.
BACK TO THE LARGER GROUP: COMPETENCE

- What are some examples of how competence might be needed in your work?
- What are some ways that you have been able to increase sense of competence in yourself?
- What are some ways that you have offered or been offered competence-enhancing actions?
NEED FOR CONFIDENCE I

• "After disciplinary action or the loss or denial of a promotion, staff tend to doubt their abilities or where they fit in the organization. Reassurance by management is key during these difficult times. There is extreme discouragement when a person is working to change or grow, and those around that person will not afford them the opportunity to do so or are seeing only the negative and "piling on," so to speak. The loss of hope or confidence comes when benign actions are interpreted with negative connotations."
NEED FOR CONFIDENCE 2

• “Sometimes you have to do some self-talk, because there’s only so much you can do and you’re not going to change someone trying to blame things on you, so you have to be comfortable in saying, “I know that I did everything that I could. No matter how somebody else sees it, I have to get to the point where I’m okay with others thinking that I didn’t do my job. I know I did my job.”"
SMALL GROUP DISCUSSION

• Answer the following Questions: • What kind of stress injury may be present? • What SFA action(s) would you use? • What is your plan for approaching the situation? • What other information would you want to know? • Outline the exact words/sentences you would use.
BACK TO THE LARGER GROUP: CONFIDENCE

- What are some examples of how confidence might be needed at your work (place or team)? § What are some ways that you have been able to increase sense of confidence in yourself? § What are some ways that you have offered or been offered confidence-enhancing actions?
SFA CURRENT ASKS:

- Which of these guiding ideals is most important to you?
- Which guiding ideal has taken the greatest impact during COVID?
- How are your work-life balance efforts making maintaining these guiding ideals harder to keep intact?
- How is inequality in healthcare effecting you in keeping up your ideals?
- What is the impact of racial trauma on your guiding ideals as an MHSP?
GROUPS/“DEBRIEFINGS”

- Possible questions
  - What are greatest challenges/rewards?
  - What does it mean to be in this unit/on this team?

<table>
<thead>
<tr>
<th>Cover</th>
<th>Calm</th>
<th>Connect</th>
<th>Competence</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How has this affected your sense of safety?</td>
<td>• What changes have occurred regarding sleep or ability to keep calm?</td>
<td>• Has there been an impact on how you connect with others?</td>
<td>• Do you have any concerns about being able to handle anything?</td>
<td>• Have you noticed any change in your confidence in: · yourself · leadership · equipment</td>
</tr>
</tbody>
</table>

What do you need? What can I/We do to help?

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“DIFFICULT” SITUATIONS

• You offer to help a co-worker but they keep refusing. What do you do?

• You're worried about a difficult week/month. Can you think of any of the C’s that may help you prepare for this?

• What are some ways you could increase your and others’ sense of competence?

• Can you think of someone whose confidence you admire?

• Is there something you can do every day that you will take away from this training?
EX’S: HOW INTEGRATE

- Simply asking questions (more than "how are you?")
- Setting a goal question for the week/shift
- Encouraging others (e.g., providing more specific praise during/after working together)
- Setting a goal number of people to check-in with who are either at work or not during your shift
- Having "groups" (cohorts/teams/mentors) or buddy systems that check-in with each other; could be assigned or based on something
- Sending a wellness email
- Posting info about the Stress Continuum
- Offering more training for staff; role-playing in small groups
- Encouraging more to watch Schwartz rounds
- Having a "family activity" of the week
- Having a weekly zoom with a theme (not a formal therapy session but something like "introduce your pet or show us how to make your favorite cocktail"
RESOURCE REVIEW

Within University

- EAP
- HHI APP
- OTHER?

Outside UNC

- Project Parachute
- Headspace
- FACE COVID (guide and YouTube video)
- SAMHSA Hotline
- National Suicide Lifeline