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



IDENTIFIED LEADERSHIP

Connected to HSPs, SFA Aware, Supportive, Helps to Organize, Available in the Event of Urgency, Possibly FFD

Team (HSP) Leads (or Enhanced Peer)

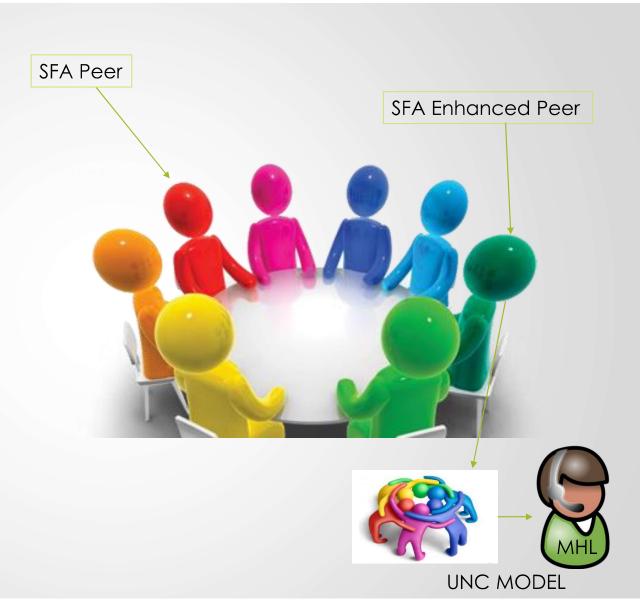
Health Service Providers (HSP) in various divisions/departments: MDs, NPs, RNs who receive training from MH Leads, Titles Vary Identified via volunteer or designated



Peer Support

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

SFA ON THE GROUND IS PEER BASED

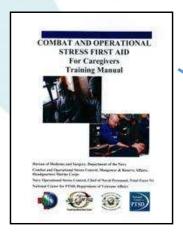


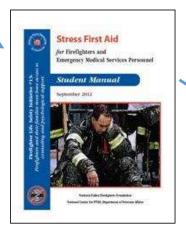
ENHANCED PEER*

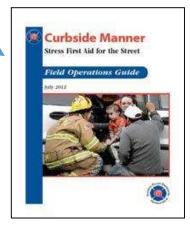
- Interest, MH Savvy
- "Pulse" of the group
- Willingness to meet regularly with other Enhanced Peers for Support and Problem Solving
- Access to resources such as referral lists
- 3 Layers of Learning
 - 1) Manuals
 - 2) Webinars (Schwartz or NCPTSD)
 - 3) Role plays or 2 hour training with SFA Trainer
 - 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

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SCHWARTZ CENTER WEBINAR(S)







Caring for Yourself & Others
During the COVID-19
Pandemic: Managing
Healthcare Workers' Stress

Compassion in Action Webinar Series
March 24, 2020

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Stress First Aid Model: Assumes Stress Injuries are expected and anticipated









DOUBLE EDGED SWORD VALUES & IDEALS

Strength	Guiding Ideal	Vulnerability
Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because personal health is not a priority
Commitment to accomplishing missions and protecting others	Loyalty	Guilt and complicated bereavement after loss of others
Toughness and ability to endure hardships without complaint	Stoicism	Not aware of / acknowledging significant symptoms /suffering
Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code
Becoming the best and most effective professional possible	Excellence	Feeling ashamed / denial or minimization of imperfections

FOUR CAUSES OF STRESS INJURY

Life Threat	Loss	Inner Conflict	Wear and Tear
A traumatic injury	A <i>grief</i> injury	A <i>moral</i> injury	A fatigue injury
Due to the experience of or exposure to intense injury, horrific or gruesome experiences, or death.	Due to the loss of people, things or parts of oneself.	Due to behaviors or the witnessing of behaviors that violate moral values.	Due to the accumulation of stress from all sources over time without sufficient rest and recovery.

STRESS CONTINUUM MODEL

READY	REACTING	INJURED	ILL
(Green)	(Yellow)	(Orange)	(Red)
DEFINITION Optimal functioning Adaptive growth Wellness FEATURES At one's best Well-trained and prepared In control Physically, mentally and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically	DEFINITION • Mild and transient distress or impairment • Always goes away • Low risk CAUSES • Any stressor FEATURES • Feeling irritable, anxious or down • Loss of motivation • Loss of focus • Difficulty sleeping • Muscle tension or other physical changes • Not having fun	DEFINITION • More severe and persistent distress or impairment • Leaves an emotional/mental "scar" • Higher risk CAUSES • Life threat • Loss • Moral injury • Wear and tear FEATURES • Loss of control • Panic, rage or depression • No longer feeling like normal self • Excessive guilt, shame or blame	DEFINITION Clinical mental disorder Unhealed stress injury causing life impairment TYPES PTSD Depression Anxiety Substance abuse FEATURES Symptoms persist and worsen over time Severe distress or social or occupational impairment Hopelessness

Request	Principal desire	Concerns	Key components of response
Hear me	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	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	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
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	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	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
Prepare me	Provide the training and support that allows provision of high-quality care to patients	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	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this togethe
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	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 Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	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





EMPOWERMENT

• 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

Observe	Keep Track	Examine	Decide
Look Listen	Stressors Distress Changes in functioning Response to SFA Actions	One-to-one interactions Collateral information	Dangerousness Stress Zone Needs

COORDINATE

Collaborate	Inform	Refer
To promote recovery To ensure safety To get more information	Chain of command Family Peers	Recommend resources Consultation Direct hand-off

COVER

Stand By	Make Safe	Make Others Safe	Encourage Perception of Safety
Ready to assist Watch and listen Hold attention	Authoritative presence Warn Protect Assist	Protect Warn	Caring presence Listen and communicate Reduce chaos Reduce danger

CALM

Quiet	Compose	Foster Rest	Soothe
Stop physical exertion Reduce hyper- alertness Slow down heart rate Relax	Draw attention outwards Distract Re-focus	Recuperate Sleep Time out	Listen empathically Reduce emotional intensity

CONNECT

Reduce Isolation Be With Promote Connection Maintain Presence **Find Trusted Others Improve** understanding Keep Eye contact Foster contact with others Correct Listen misconceptions **Encourage Contact Empathize** with others Restore trust Accept Invite and include



CONNECT

Examples from UNC trainings

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?"

(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

COMPETENCE

Occupational Skills

Improve occupational skills to reduce risk of stress reactions in inexperienced staff:

Train

Retrain

Reassign

Mentor back to duty

Well-Being Skills

Re-establish or learn new skills to deal with stress-reactions:

Calming

Problem-solving

Health and fitness

Managing trauma and loss reminders

Social Skills

Re-establish or learn social skills to deal with stress-reactions:

Requesting support

Conflict resolution

Assertiveness

Seeking mentoring

CONFIDENCE

Trust	Норе	Self-Worth	Meaning
Trust in: Peers Equipment Leaders Mission	Forgiveness of self Forgiveness of others Imagining the future	Belief in self Accurate self- concept Self-respect	Making sense Purpose Faith

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)

STRESS IMPACT

SFA SUGGESTS THIS is THE OUTCOME OF A COMBINATION:

- How often you or your colleague experience the expected 4 <u>STRESS</u> <u>INJURIES</u>
- You or your co workers' unique commitment to the *GUIDING IDEALS*
- Areas of need for attention within the 5 essential <u>HUMAN NEEDS</u>





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."

NEED FOR COMPETENCE 2

"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?

Connect Confidence Calm Competence Cover · How has this What · Has there · Do you have Have you changes have affected your been an any concerns noticed any sense of occurred impact on about being change in safety? able to regarding how you vour confidence connect with handle sleep or ability to others? anything? in: keep calm? yourself leadership · equipment What do you need? What can I/We do to help?

"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