Stress First Aid: How Health Care Workers Can Care for Themselves, Colleagues, and Patients During the COVID-19 Virus Outbreak

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Five Helpful Things

Write down five things that have been helpful for you to get through difficult times.

Introductions

- Name
- Work
- Expectations

Background

Psychological First Aid Versus Skills for Psychological Recovery Versus Stress First Aid

Psychological First Aid

- Address immediate needs, concerns and priorities
- Reduce distress and support healthy functioning

When

- Immediate aftermath following a disaster or adverse event

Who

- Professionals or lay professionals

How

- Make contact and engage people with respect and care
- Provide safety and comfort
- Stabilize highly distressed or disoriented people
- Gather information to decide what is most helpful
- Foster practical assistance
- Connect with Social Support
- Give information on healthy coping
- Link with collaborative services and resources

PFA™
Psychological First Aid

Skills for Psychological Recovery

- Empower people to learn and practice healthy coping skills

When

- The weeks, months or years following a disaster or adverse event
- When threat is less imminent
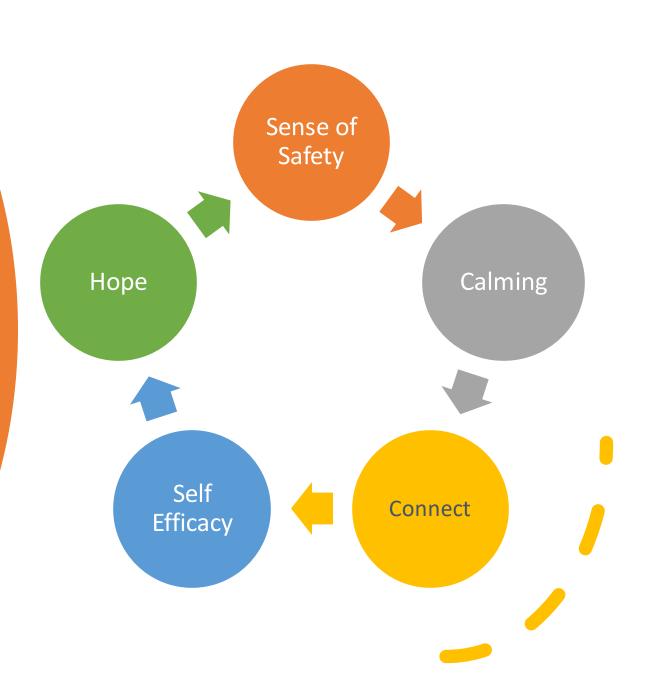- When people have the capacity to build or practice adaptive coping skills

Who

- Professionals or lay professionals

How

- Build Problem-Solving Skills
- Promote Positive Activities
- Manage Reactions
- Promote Helpful Thinking
- Rebuild Healthy Social Connections

Factors in Recovery From Adversity and Stress

- Sense of Safety
- Calming
- Connect
- Self Efficacy
- Hope

Psychological First Aid Versus Skills for Psychological Recovery Versus Stress First Aid

Stress First Aid

- Self-care and peer support for those in high stress occupations
- Support for customers, clients, or the public

When

- Immediate and long-term support for a broad range of stressful situations

Who

- Employees who work in high stress occupations such as military, fire, EMS, healthcare, law enforcement, probation, and railways.
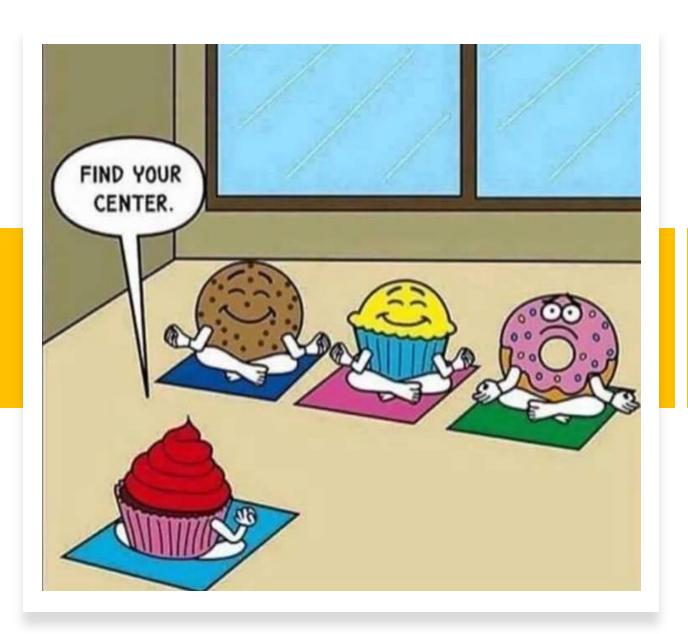
How

- **Check** on stress reactions
- **Coordinate** with other resources and more intensive support
- **Cover** by increasing sense of safety
- **Calm** with presence, information, and actions
- **Connect** with social support
- Improve **Competence** by fostering work, social, and wellbeing skills
- Increase **Confidence**, meaning, and hope

SFA advantages over the PFA model during the Covid-19 pandemic

- SFA is intended to be used with those who are significantly stressed for *any* reason, and at *any* point in their exposure to stress

- It is more flexible than the PFA model and tailored for ongoing threat situations in any setting.

- The core actions of SFA are informed by focus groups who have worked in many different public-facing settings and contexts, whereas many of the PFA core actions were written for in-person disaster settings such as shelters.

- As workers use the SFA framework with the public, it simultaneously reinforces the memory of (as well as the importance of) SFA's core actions for themselves and their coworkers.

No One Size Fits All

Healthcare Research: Personal Factors Related to Resilience

Huey & Palaganas (2020)

- Balance Skills:
    - Finding shifts that fit lifestyle
    - Consciously making time for meals, sleep and social activities
    - Being able to set boundaries, able to 'switch off' after work
    - 'Professional shielding'
    - Able to seek out social support

- Varied Coping Strategies:
    - Self-reflection through journaling, prayer, and faith
    - Processing emotions
    - Being able to accept that you cannot fix everything
    - Being aware of the potential adversities
    - Focusing on purpose and meaning
    - Delegation of work
    - Basic time management

Healthcare Research: Organizational Factors Related to Resilience

- A genuine interest in the wellbeing of staff

- Accessibility to support without being judged as 'not coping'

- Enhance peer support and social support

- Safe discussions of events and sharing

- Provide opportunities for coworkers to work collaboratively

- Recognize the importance of boundaries between work

- and home life

- Greater autonomy over time and content of work

- Regulated working hours and adequate staffing

- Meaningful recognition

Huey & Palaganas (2020)

How is Stress First Aid Different?

Rather than prescriptively telling people **how** they should support each other, SFA highlights the **importance** of coworker support, which can often only arise in the unspoken understandings that result from working together.

It is frequently only in moment-to-moment encounters that the right support can happen, if we are aware of its importance and open to being creative in accessing and giving that support.

Reasons for Stress First Aid

Acute Stress

- Short-lived
- Might interfere with safety or functioning in the moment
- What you feel after a fatal or other difficult case
- Once the situation is resolved, it diminishes

Chronic Stress

- Long-term burn out
- Might be the result of traumatic or loss events or other ongoing situations
- Feelings may not have been dealt with and chronic stress remains
- Chronic physical health conditions linked to stress
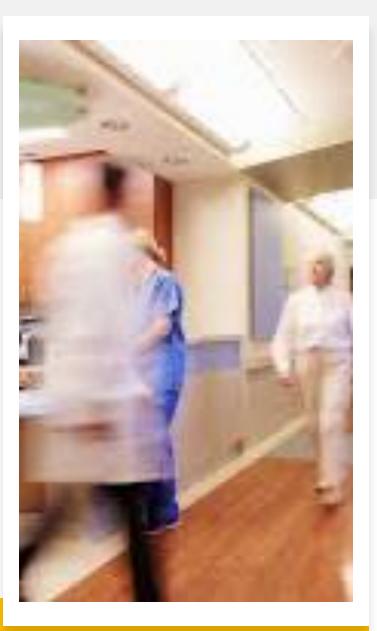
Cost / Longevity

- Lowered morale or absenteeism / presenteeism
- Increased turnover of employees due to burn out
- Increased costs associated with hiring and training new employees due to turnover

Double Edged Sword of Values and 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 helping patients heal and supporting their families	**Loyalty**	Guilt and complicated bereavement after perceived failure or loss
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
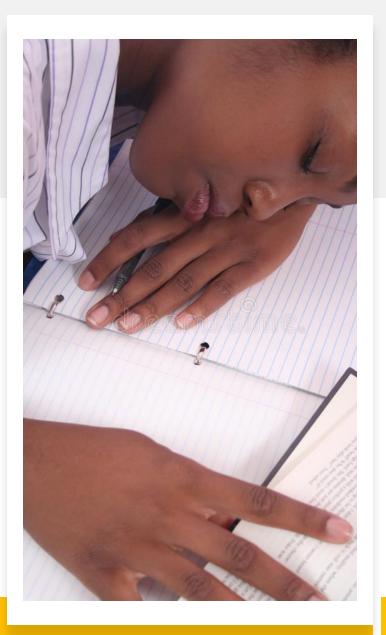
Self-Care Obstacles: Attitudinal

- "It would be selfish to take a break from this work."

- "Others are working hard, so should I."

- "I'm okay, I'm fine, I'm not even tired."

- "The needs of those I'm supporting are more important then my own needs."

- "I'm not doing enough."

- "I can contribute the most by working all the time."

- "I don't want anyone to know how affected I am."

- "Only I can do *x*, *y*, and *z*."

Self-Care Obstacles: Behavioral

- Working too long by yourself without checking in

- Keeping stress to oneself

- Inflexibly concentrating *only* on what to do next

- Relying *only* on alcohol / substances to relax for extended periods of time

COVID-19: Some Differences

- Scale: Affecting everyone, no safe zones
- Ongoing threat, continuing worries and fears
- Physical isolation interfering with connections
- Strangeness, unfamiliarity, hypervigilance
  - Room for imagination to run wild
  - Increased attention to bodily sensations, personal safety
  - Unfamiliar situation with staying home
- Increased impact of information
  - Overwhelming, extended, coverage, often with substantial delays
  - Information is the central stressor, received in fragmented, contradictory doses, with potential misinformation
- Helpers under threat as well

Dealing with Uncertainty

- No one can tell us what our future will be - it will be different for each person.

- Our minds will search for ways for our new story to make sense, most likely "swinging around wildly" to find the place that meshes with our own unique observed reality. This is not a symptom, but a strategy to "find where normal is".

- Some days we will find ways to believe everything is the same and "maybe this isn't real," and other days our thoughts will swing in the exact other direction and we may be overwhelmed with feelings such as frustration and anger.

- The process can be stressful and cognitively taxing, and it might make one more susceptible to addiction or to negative or unproductive thoughts.

- Eventually there will be a new version of reality that you can place yourself in; it just takes time to rebuild that. It's a "way-finding process" that may include overreacting and underreacting, and not being sure which you are doing at any given moment.

- We will catch ourselves, and we will rise, because "that's what we do."

- A part of the process is sharing and learning from each other.

- Do things to create stability in your life to help you better imagine the future.

- Find routines that are feasible and enjoyable within the new context.

- Rely on others and accept help when needed.

- Be weak when you can't be strong and strong when you can.

Potential Pandemic Mental Health Effects

- Nearly half of Americans recently reported that the coronavirus crisis was harming their mental health

- A federal crisis hotline has had a 1,000 percent increase in number of calls in April compared with the same time last year

- The online therapy service Talkspace reported a 65 percent jump in clients, mostly dominated by corona-virus anxiety, since mid-February

Potential Pandemic Mental Health Effects

- The pandemic is expected to create a greater risk of anxiety, sense of helplessness, isolation, depression, substance abuse and increases in PTSD symptoms.

- Quarantine has been shown to result in increased risk of developing mental health problems

- For those exposed to the virus, there is potential for grief and risk of stigmatization and rejection by others

- Of those who contracted SARS, PTSD was the most common mental disorder in one study, occurring in 54%

- There is a link between economic upheaval and mental health issues such as suicide and substance use.

Complexity Science: Cynefin Framework

Business as Usual

- Controllable, predictable, linear relationships
- Answers based on accepted practice
- Leaders can become complacent

Critical Event

- Relationships between cause and effect impossible to determine
- Must act to establish order
- Can impel innovation

Confused by Choice or Not Adapting to Phase

- Relationships require investigation / expertise
- Decisions can take time
- Listen to the experts / welcome solutions from others

Expert Consultation

- Relationship between cause and effect is in constant flux
- Experimental mode
- Take feedback
- Need ability to tolerate failure

Emergence

The Chaotic Context of a Pandemic: Cynefin Framework

Wellbeing requires:

- Responding to ever-changing contexts.

- Enhanced communication, flexibility.

- Modified expectations and patience.

- Staying present, centered and grounded in fluid conditions.

- Continuously re-assessing, experimenting, tolerating failure, and remaining creative.

Snowden, D. (2005)

Potential Covid-19 Stress Reaction Examples

Anxiety about:
- One's health or wellbeing
- Others' health or wellbeing

Confidence level drops about:
- Being able to function
- The systems one is in / affected by

Helplessness:
- Feeling loss of control
- Being exhausted / not as able to function

Grief/Depression about lost:
- Lives
- Health
- Time
- Income / resources
- Abilities / beliefs / attitudes / values
- Connection Affection
- Plans

Potential Covid-19 Stress Reaction Examples

Anger about:

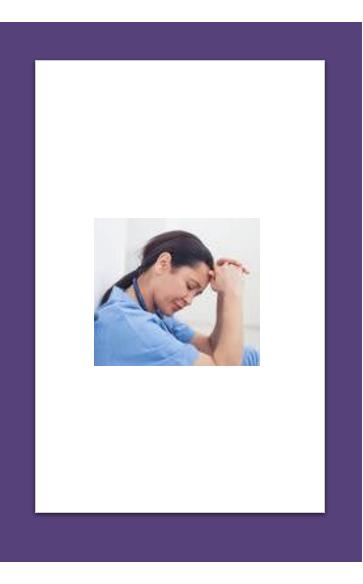- Perceiving that others' actions put self or others in harm's way

Guilt about:

- Fears of illness, loss of resources, or death for themselves or family/friends
- Not *being able* to do as much as one wants to
- Not *wanting* to work/care for others because of fears
- Not doing enough because of *not feeling* empathy
- Not coping as well as one wants to / feels one should

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Stress First Aid (SFA) Model

- The Stress First Aid (SFA) model is a self-care, leadership, and peer support model developed for those in high-risk occupations like military, fire and rescue, and health care.

- It includes seven actions that will help you to identify and address early signs of stress reactions in yourself and others in an ongoing way (not just after "critical incidents").

Stress Injuries

Four Causes of Stress Injury

Trauma	Loss	Inner Conflict	Wear and Tear
A *traumatic* injury	**A *grief* injury**	**A *moral* 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: Circumstances and Features

READY	REACTING	INJURED	ILL
Circumstances:	**Circumstances:**	**Circumstances:**	**Circumstances:**
Well trained	Responding to multiple stressors at work or home	Strong or multiple stressors:	Unhealed orange zone stress
Supported	Double-edged sword vulnerabilities	• Trauma	Additional stress
		• Loss	Risk factors
		• Moral injury	
		• Wear and tear	
Optimal functioning:	**Mild and transient distress or impairment:**		**Clinical mental disorder:**
At one's best	Changes in mood	**More severe or persistent distress or impairment:**	Symptoms persist and worsen
In control	Loss of motivation	Loss of control	Severe distress
Motivated	Loss of focus	No longer feeling like normal self	Functional impairment
	Physical changes		

Moral Injury: Potential Pandemic Causes

- Life and death triage or resource decisions
- Knowing that under different circumstances, a person's life could/may have been saved
- Not wanting to show up for work or volunteer for dangerous rotations / assignments
- Work duties affecting one's family
- Witnessing perceived unjustifiable acts that one feels powerless to confront
- NOT feeling as much empathy or compassion as one usually feels
- Surviving when others are dying
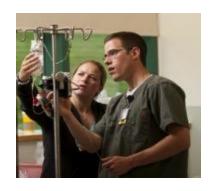- Not being able to save a *particular* patient

Orange Zone Indicators

To recognize those who need help, look for the three *Orange Zone Indicators*:
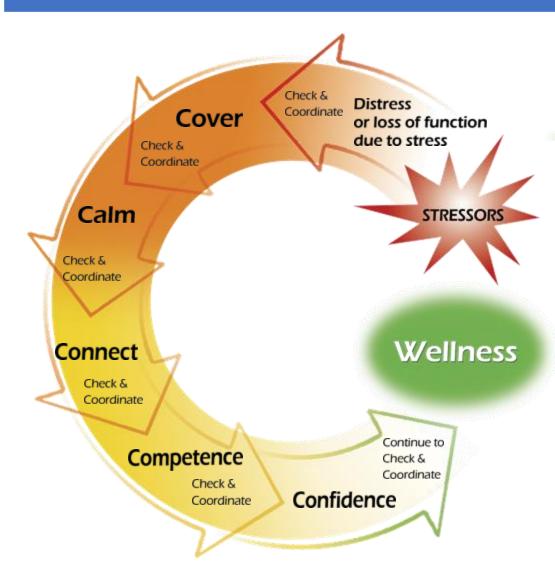
- Recent Stressor Events
- Distress
- Changes in Functioning

Stress First Aid Introduction

Stress First Aid Model

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
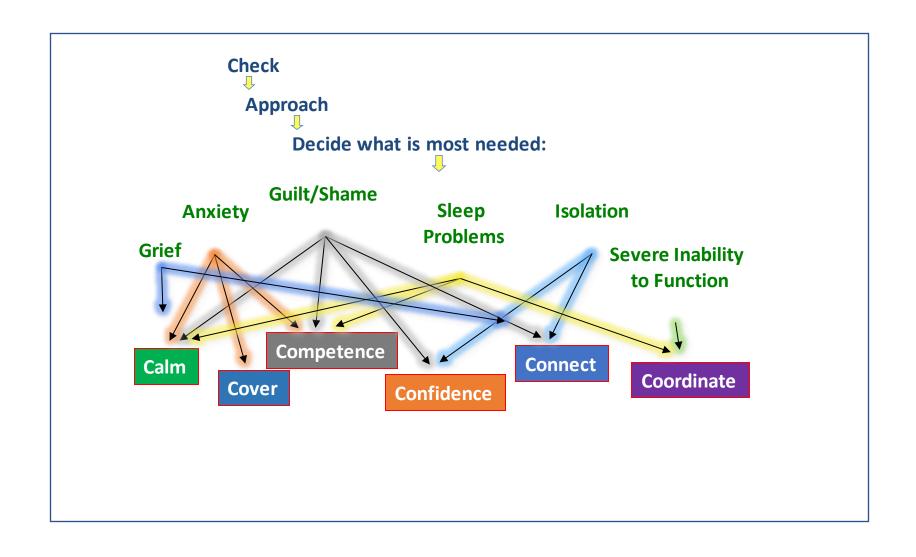
5. **CONNECT**
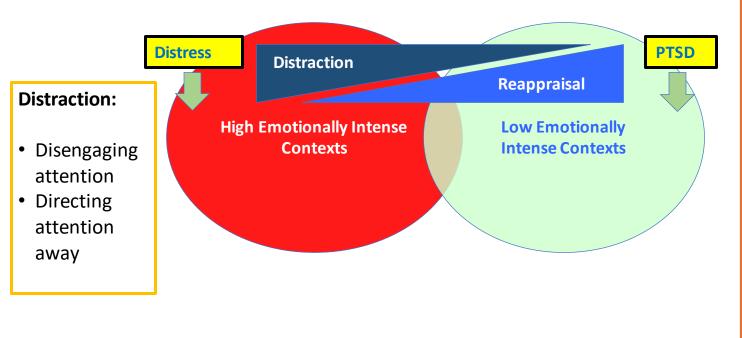Get support from others

6. **COMPETENCE**
Restore effectiveness

7. **CONFIDENCE**
Restore self-esteem and hope

How Can You Use SFA?

Self-Care Strategies Should be Flexible

Distress

Distraction

PTSD

Reappraisal

High Emotionally Intense Contexts

Low Emotionally Intense Contexts

Distraction:
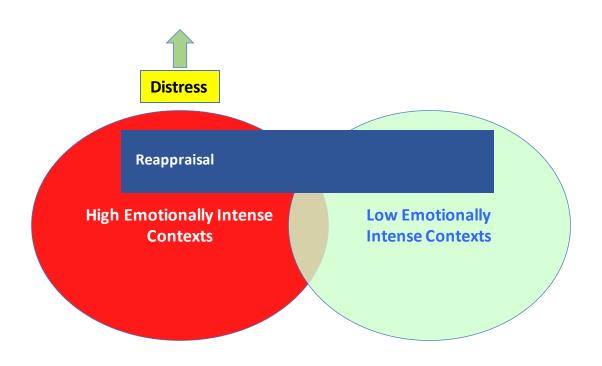
- Disengaging attention
- Directing attention away

Reappraisal:

- Fully experiencing
- Making meaning
- Integrating the event
- Confirming values
- Focusing on current safety
- Maintaining previous goals and plans
- Caring for others
- Reducing painful emotions
- Using distraction and amusement
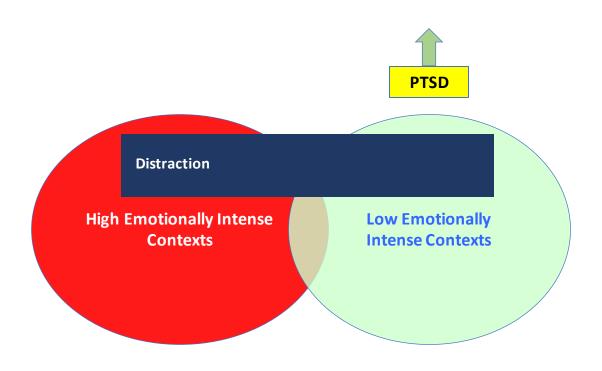
Levy-Gigi et al. (2016)
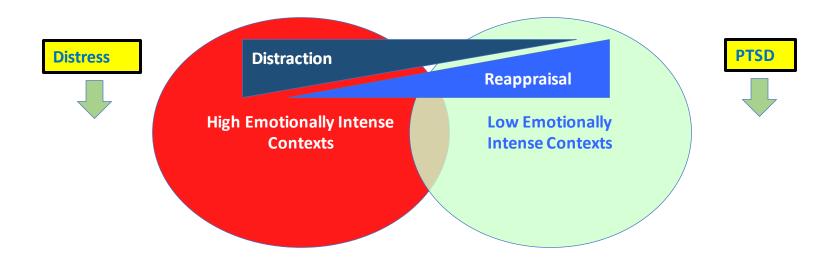
Self-Care Strategies Should be Flexible

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Self-Care Strategies Should be Flexible

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High Emotionally Intense Contexts

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Self-Care Strategies Should be Flexible

Distress

Distraction

Reappraisal

High Emotionally Intense Contexts

Low Emotionally Intense Contexts

PTSD

Levy-Gigi et al. (2016)

Characteristics of Stress First Aid

- Flexibility and "tiny steps" are emphasized

- Timing and context are important

- Mentoring and problem solving are highlighted

- SFA is not meant to address all ranges of issues

- Bridging to higher care is recommended when indicated

Features of Stress First Aid

SFA is **owned by the community** and operated by its leaders and members

SFA targets both work and personal stress

SFA promotes **early actions for stress reactions**

SFA provides a **common language**

SFA is intended to be a way of life, **not just a response to specific events**

SFA promotes **referrals and coordination of care**

SFA **strengthens** rather than replaces **existing** physical, psychological, social, and spiritual **supports**

SFA is **longitudinal and ongoing**

SFA is **not "one size fits all"**

Essential SFA Skills

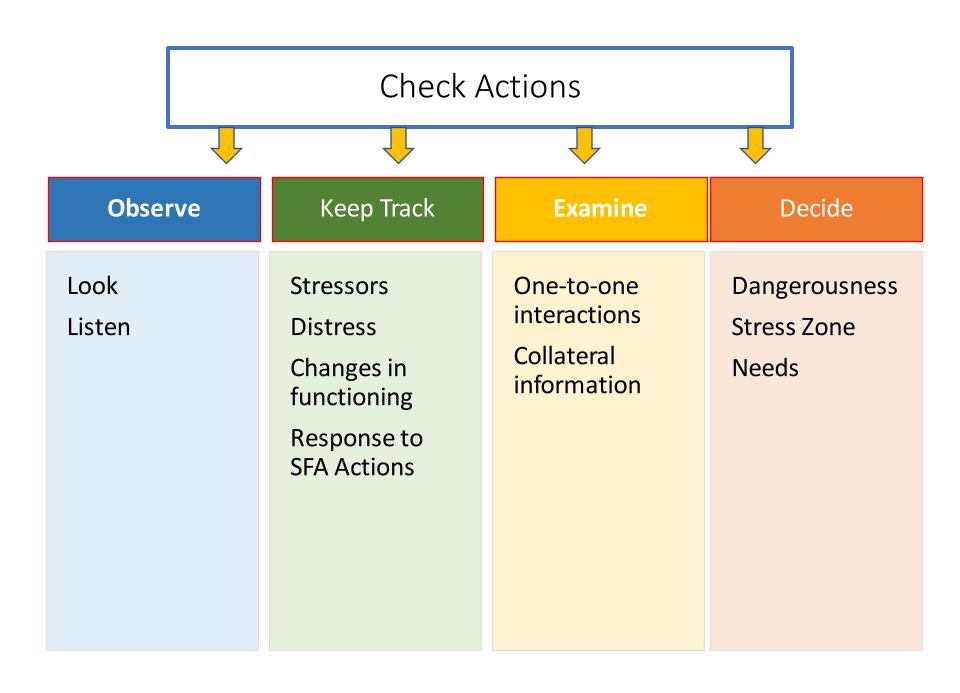| Recognize	Act	Know
Recognize when a coworker has a stress injury	Act: If you see something, do or say something • To the distressed person • To a trusted support of the distressed person	Know at least 2 trusted resources you would access or offer to a coworker in distress

Stress First Aid Actions

Check Actions

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 |

Check: Why is it Needed?

- Those injured by stress may be the last to recognize it

- Stigma can be an obstacle to asking for help

- Stress zones and needs change over time

- Risks from stress injuries may last a long time

Check Skill: OSCAR

Observe	State	Clarify	Ask	Respond
Observe: Actively observe behaviors; look for patterns	State observations: State your observations of the behaviors; just the facts without interpretations or judgments	Clarify Role: State why you are concerned about the behavior to validate why you are addressing the issue	Ask why: Seek clarification; try to understand the other person's perception of the behaviors	Respond: Provide Guided Options. Clarify concern if indicated; discuss desired behaviors and state options in behavioral terms

Check: Be Aware of Red Flags

- **Not feeling in control**

- **Loss of cognitive abilities**

- **Intense feelings**

- **Feeling numb**

- **Inability to engage**

- **Sleep changes**

- **Avoidance**

Significant and/or persistent negative changes in behavior / habits

Uncharacteristic behavior

Making more mistakes

Becoming more isolated from others

Compulsive behavior

Potential Check Actions: Self-Care

Give yourself permission to take care of yourself

Make a conscious effort to keep tabs on yourself

Become aware of your own personal "red flags" - indicators of orange or red zone stress

When red flags occur, take steps to mitigate them

Inform key family, friends, or coworkers about your personal red flags and make a plan as to what to do when they occur

Potential Check Actions: Others

Offer basic resources like food, water, etc.

Begin with a casual two-way communication to get someone talking.

Find the right way to check on someone without annoying them (e.g., email/texting versus calling).

Check in more than once.

Be approachable and authentic.

Monitor / check on staff needs regularly.

Set ground rules.

Check: Examples

"When I walk on unit, there are two things that show stress:

- If there's a big open bag of candy.
- If I can't hear "please", "thank you", or "I appreciate.."

When people say "please", "thank you", and "I appreciate.." consistently, it changes the tone and builds teams."

"Some nurses and physicians were being furloughed because they were not wearing masks. Managers were told to punish workers who weren't wearing protective equipment. Instead, we asked what was going on in system. We found out that the hospital had bought cheap goggles that don't work and fogged up and nurses wanted to see patients. They were willing to risk splash to take care of patients. We started a Check process that resulted in staff feeling supported instead of punished, and a problem-solving dialogue."

SFA Group Questions

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

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

SFA Group Questions

1

What are / have been your greatest challenges, hassles, or frustrations?

2

What are / have been your greatest rewards or successes?

3

What does it mean to be a in this unit?

Coordinate: Reasons for Referral

Uncertainty about the strength of your relationship
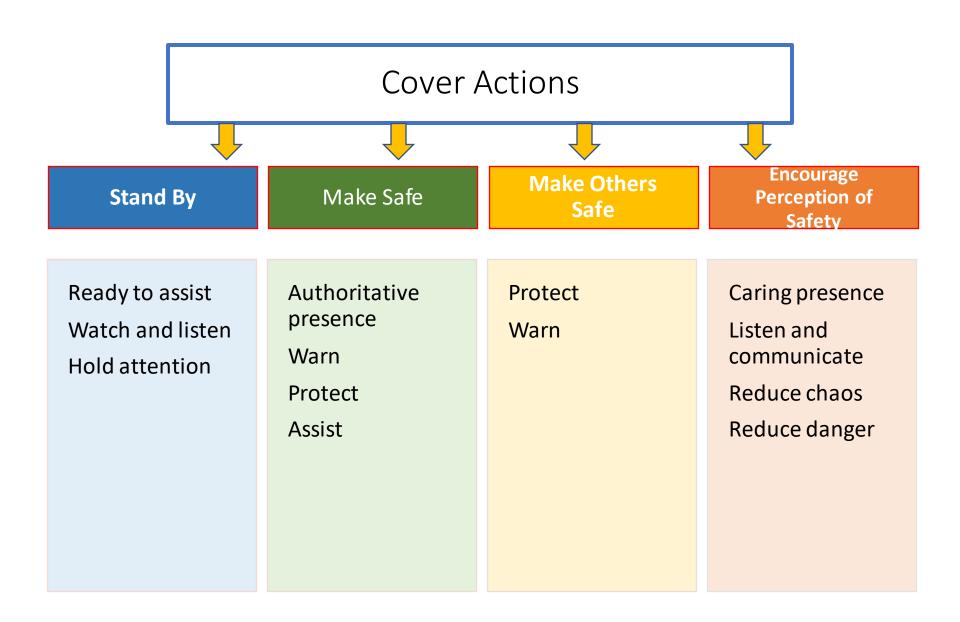
Poses a threat to self or others

Uncertainty regarding stress level, dangerousness or level of impairment

Worsening over time or failure to improve

Potential Barrier	Coordinate
You have stress injury that impairs your ability to provide SFA	Get help yourself
You cannot acquire or hold the other person's attention or trust	Involve other leaders, coworkers, trained peers, human resources, chaplains, or mental health providers
You have negative beliefs about the person, or the person actively resists attempts to help	
The person does not get better with SFA actions	

Coordinate: Help in Overcoming Potential Barriers to Providing or Succeeding with Stress First Aid

Cover Actions

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

Examples of a Need for Cover

Someone in a life-threatening situation is not thinking clearly or making good decisions because of stress

Someone has frozen or panicked in an intense situation

Someone feels guilty because their family has concerns about their safety following the death of a co-worker from an infectious disease

Someone puts their own physical and mental health in danger from overwork

Someone has threatened others

Someone expresses serious thoughts of suicide

Potential Cover Self-Care Actions

Actively seek information from trusted sources

- Check with others at work for reliable sources for Covid-related information

Making contingency plans for different scenarios

- Several examples of survival guides, checklists and cheat sheets online

"To make myself feel safer, I make contingency plans. I run through what I will do should something happen, for a whole variety of scenarios. It makes me feel better to know I have steps, and a plan, just like fire drills with kids in school. I have the same thing but for so many different scenarios. I just work it out in my head, so I know what to do."

Potential Cover Thoughts: Self-Care

Original Thought	More Helpful Thought
"It would be selfish to take a break from this work."	"Taking an occasional break from this work will help me be more effective."
"I'm okay, I'm fine, I'm not even tired."	"Even though I feel fine I need to pace myself."
"The needs of those I'm supporting are more important than my own needs."	"I can better care for others if I also attend to my own needs."
"I'm not doing enough."	"I'm doing enough."
"I can contribute the most by working all the time."	"I can contribute the most by pacing myself."
"I don't want anyone to know how affected I am."	"Letting someone know know how affected I am can help me."
"Only I can do x, y, and z."	"I can trust that others can fill in when it's necessary."

Potential Cover Self-Care Actions

Educate loved ones about activities / risks

- Helping other understand the challenges you face when you are working
- Sharing information with other can also help them better appreciate circumstances they may not be exposed to personally (i.e., exposure to virus while an essential worker)

Get help with personal responsibilities

- It is ok to delegate to others including your team members

Self-monitor for stress reactions

- Be aware of your warning signs and change things before safety is needed

Plan for regular check-ins with coworkers

Potential Cover Actions: Coworker Support

Communicate regularly about changes:

- In practice / strategies / resources / events

- Begin each meeting or shift with leader updates
  - In team meetings, discuss plans to utilize common spaces to assure socially distancing possible (e.g., times in break room areas, Communicate regularly and bathrooms)

- Distribute succinct information about what, why, and how decisions were made, to reduce confusion

- Highlight important updates and specific changes, to offset information overload

Potential Cover Actions: Coworker Support

Provide information on how you are working to keep employees safe:

- Small but meaningful changes (e.g., moving chairs in waiting rooms to create physical distance)
- Rotating schedules for on-site work
- Alternate tours to minimize exposure
- *Proactive* plans for how your team can offer support to others in the hospital
- Open communication lines about plans (e.g. to resume face-to-face care, to ensure staff and patient safety)
- Processes for teams that are partially virtual
- Proactive communication with leadership defining any social distancing measures/changes that need to be made
- **Provide information on keeping oneself safe**
- Check in with staff to assure they have appropriate PPEs (based on local policy) including hand sanitizers, cloth masks
- Remind about what options **are** available
- Reinforce taking time to step away
- Talk about and watch for red flags

Potential Cover Actions: Coworker Support

Elicit needs and suggestions

- Encourage staff to share any concerns and/or solutions
- Adapt methods for making suggestions for team if members are virtual
- Call out good ideas and put them into play when you've solicited employee input

Brainstorm and solve problems

- Share staff ideas with upper leadership
- Develop plans for telework for teams including emergency planning
- Update standard operating procedures with team to help provide structure and expectations for care delivery
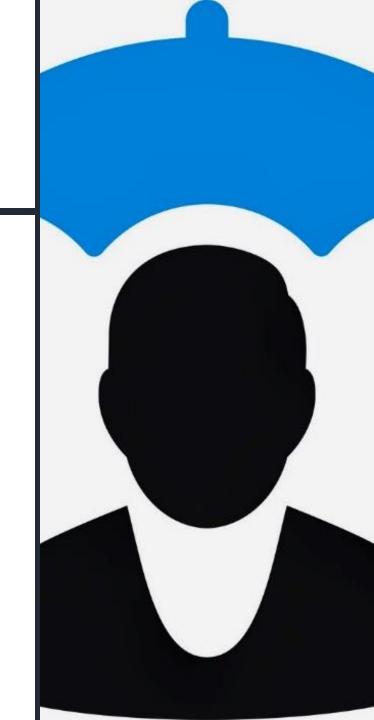
Reduce anything that makes staff feel unsafe

- Be available for consultation regarding timing of introduction or re-offering of face-to-face care
- Keep informed about any issues that may be causing increased stress and/or a disruption in care

Cover Actions:
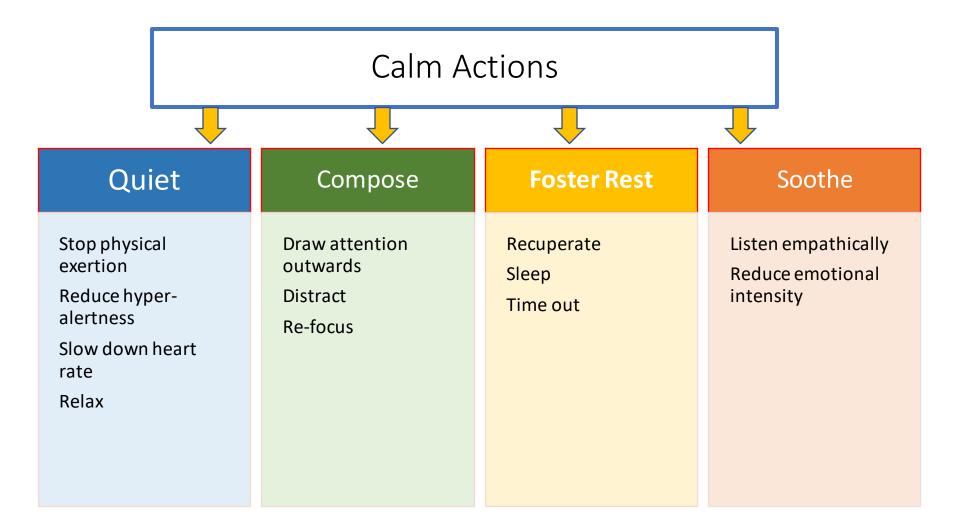## Examples of Coworker Support

"On the whiteboard, we would write our name if we thought we were in the green zone that day, to give permission for coworkers to approach us for support without worrying about being a burden. We could erase our name if no longer in green."

"I try to listen and find ways to help reduce tension. Sometimes they may just need to vent. I've learned to ask if they want this to be a venting conversation or a problem- solving conversation."

Moral Injury Leader Cover Examples

- Prepare healthcare personnel for the moral dilemmas they may face

- Continue to *actively* help staff make sense of decisions being made

- Educate about moral injuries, other causes of stress reactions, and what to look out for.

- Give the clear message that no one is invulnerable.

- Make time to ask about, reflect on and learn from experiences.

Calm Actions

Quiet
- Stop physical exertion
- Reduce hyper-alertness
- Slow down heart rate
- Relax

Compose
- Draw attention outwards
- Distract
- Re-focus

Foster Rest
- Recuperate
- Sleep
- Time out

Soothe
- Listen empathically
- Reduce emotional intensity

Examples of a Need for Calm

Someone returning from responding to a particularly violent domestic violence case is talking too fast and not reacting appropriately to commands or questions.

Someone is pacing and wringing their hands while on duty. They just heard that their son, an Army sergeant deployed overseas, has been seriously injured.

Someone punches their locker after just returning from responding to a baby who is in a coma after being shaken by a parent.

Potential Calm Self-Care Actions

Focus on:
- Whatever helps you to keep focused on the present moment
- Being realistic
- Taking action to reduce stress reactions
- Acceptance
- What you're grateful for
- What you can control
- Changing beliefs that don't serve you
- When or how pain temporarily eases

Prioritize simple strategies to calm down:
- Breathing
- Exercise
- Yoga
- Social support
- Reflection/meditation/yoga/prayer

Potential Calm Actions: Coworker Support

Attend to emotional needs/experiences

- Respect what a person needs in a moment when they're showing strong stress reactions

- Show understanding when they're having a stress reaction

- Validate their concerns. Say that it is natural to have reactions in situations like this

- Talk with them about the fact that they and everyone around them are not at their best at times like this.

- Remind them to try to be more patient with themselves and others

Attend to physical needs/experiences

- Create a collection of self-care/wellness items that staff are willing to share or give to one another use for office or home
  - masks, small bottles of hand sanitizer, activities for children, board games, books, puzzles, treats, personal cards

- If continuing to work in office, set a calming environment
  - Lower overhead lights, play calming music in public areas, turn rooms into a personal wellness spaces if not in use

Potential Calm Actions: Coworker Support

Team meetings and decisions

- Regularly check-in formally and informally both individually and in group settings.

- Schedule regular team meetings and individual meetings with supervisees or team members.

- Allow time for venting and problem solving. Slow down and ask about each individual team member's situation and offer support

- Set the tone in staff meetings to openly share reactions, vulnerabilities to encourage others to express themselves appropriately as well

- Permit time in each staff meeting for a wellness activity (work with EAP, whole health coordinator, another individual outside of team)

- Be flexible about team meeting priorities, give the team time to decide what may be more important for them to speak about during group meetings and plan accordingly

- Limit changes to work teams that are not essential (e.g. if a planned change was coming before COVID-19, consider if the time-line should shifts

Potential Calm Actions: Coworker Support

Connect staff to resources

- Provide information about resources that might be available to help them get through ongoing stress situations

- Provide time for staff to attend lectures, online trainings and other opportunities to address personal wellness during workday

Be mindful of self as a leader

- Try to remain calm yourself, be a role model to others by engaging in self-care

- Before team meetings, do a breathing exercise or calming exercise to ensure that you are present to the team and share openly struggles about managing this new work/home setting
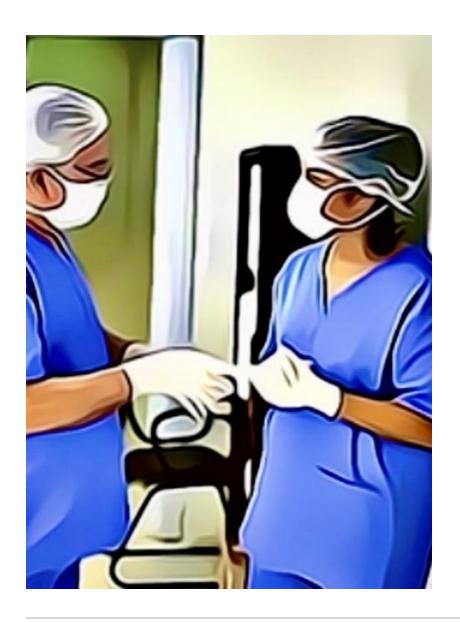
Potential Calm Actions: Loss

- If you don't know what to say, stay present, stay quiet and listen
- Be authentic and believe in the person
- Take things off the person's plate so they have time to grieve
- Offer a menu of options of what you can provide
- Provide ways to honor the loss
- Check in over time

Moral Injury Calm Examples

- What we do and say is not as important as what the other person says.
- What they really want from us is to know that we can tolerate being in their presence as they try to figure out what they are grappling with.
- Be a witness and stand in non-judgment, and just be with them.
- If you don't know how to respond, say something like: "That must have been incredibly hard. I can't imagine how I would feel in that situation."
- If you want more information, say something like: "It sounds like you've experienced some things that nobody should have experienced – can you help me understand how that's impacting you now?"

Calm: Example

- "If something is going wrong on a unit, someone will say "Orange huddle!"

- That means: "Everyone take breath, we're coming together."

- It's not blaming or shaming. It means there's an issue, we feel it, someone saw it, something is happening, and it's tense.

- So we now have a shorthand way to say: "Let's all take a breath. What do we need to do? This is the shift from hell, but we'll make it through.""

Connect Actions

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

Examples of a Need for Connect

A young healthcare provider freezes during his first major surgery. Although only disabled for a few seconds, he feels ashamed and withdraws from all contact with fellow healthcare providers.

A child dies after a complicated procedure involving many staff. Some department members feel that better coordination could have prevented the death. Staff not involved in the situation avoid speaking or interacting with those who were involved. Sense of staff cohesion drops.

A coworker who has been through a difficult year at work and a divorce starts withdrawing from others at work, calling in sick more frequently, and looking disheveled.

Reasons for a Need for Connect

Trust

Stress-related decrements in social skills

Lack of positive feedback or support

Exhaustion

Fear of being misunderstood or being a burden

Avoidance

Orange zone behaviors

Needs for different social support network

Stigma

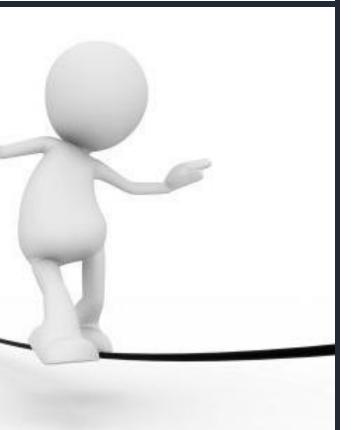# Connect: Different Types of Support

- **Instrumental support**: material aid (such as assistance with daily tasks)
- **Informational support**: relevant information (such as advice or guidance)
- **Emotional support**: empathy, caring, reassurance and giving opportunities for venting
- **Inclusion:** make efforts to pull the person in

Potential Connect Self-Care Actions

Seek out contact and be open to different types of support

- Reach out to other people in similar positions in other departments or organizations
- Identify other program manager peers to connect with both professionally and personally

Discipline yourself to have conversations
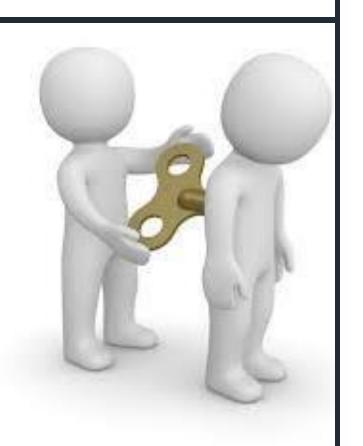
- Make a point to send an email or message someone

Reprioritize your schedule

- "Schedule" time to connect

Find creative ways to engage in social activities or focus on non-work relationships

- Zoom social hours
- Online group games

Potential Connect Actions: Coworker Support

Open communication
- As much as possible keep and "open door" in person or virtually

Check in regularly and be creative
- Utilize apps for unofficial ways to stay connected
- Consider use of Video team meetings
- Start team meetings with a review of what is going well and tips that team members want to share with others (e.g., "Thankful Thursdays")

Offer different types of social support (practical, inclusion, emotional)
- Consider some levity when appropriate (e.g., themes for team meetings)

Potential Connect Actions: Coworker Support

Promote connection

- Provide opportunities for more connections in between sessions by permitting all staff to open 15 minutes in middle of day to join a huddle or connect with another staff member for both care coordination and social connections

- 15-minute morning huddle over video or phone to check-in on needs for the day

- Consider having team member check-in at the start of the day via email/skype and start day with morning greetings

- Keep calling, texting, and talking with co-workers

Help problem-solve obstacles to connection

- Encourage continuing or starting peer consultation groups. If you are the supervisor, consider not attending to provide another space for staff to connect with each other that is not evaluative

Assist with connection at all levels

- Offer a note of support to those in leadership positions above you. Kindness can be contagious, and this may also help open some dialogue

Connect Actions: Examples of Coworker Support

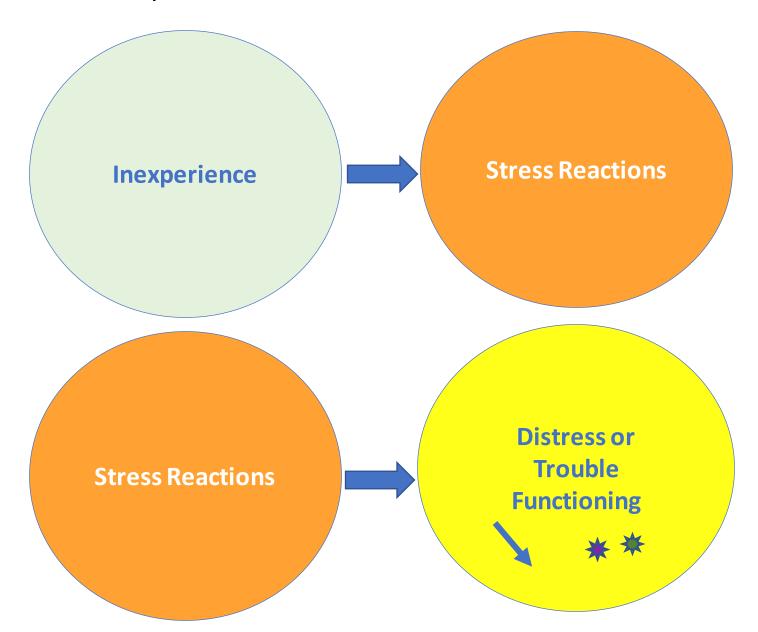*"We shared "Covid Haikus" as our succinct expression about the pandemic."*

"Staff needed to know there was someone they could phone if something came up in the area they were responding to. I gave my cell phone number and told them: "call me to help you work through it." Staff need to know they are not there on their own. It made a huge difference."

Moral Injury Connect Examples

- Help facilitate a connection between people if they have felt distanced or ostracized – either by their own internal guilt or by the judgment of others.

- Get the person connected to others who have experienced similar types of morally injurious events.

- Make an effort to include the person into different types of social events.

- Respect preferences and give the person time to talk about what is bothering them.

Competence: When is it Needed?

Inexperience → **Stress Reactions**

Stress Reactions → **Distress or Trouble Functioning**

Competence Actions Foster

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

Examples of a Need for Competence

An intern responding to a Covid patient becomes anxious because he has never had experience with that type of patient before and has concerns about his own safety.

A nurse who was the target of a violent patient experiences persistent mental confusion and slowed, unclear thinking.

A nurse who developed wear-and-tear stress injury loses the ability to stay calm when dealing with co-workers.

A manager who loses a staff member because that person became infected with hepatitis C when they were stabbed by a violent patient becomes hesitant about sending staff into potentially hazardous situations, increasing the danger to the entire department.

Potential
Competence Self-Care Actions

Focus on what is you need most for yourself and your family and re-prioritize

Learn from others

- You are part of a Mentoring network with lots of great ideas

Create routines for yourself

- If you're working remotely from home, end your day on time. Plan non-work activity at end of your tour to help transition

Be flexible

- You may be taking on several new roles and you don't have to be outstanding at all of them

Potential Competence Self-Care Actions During Prolonged Stress

Make a commitment to *endure*, using whatever coping skills work best for you, as well as these potential actions:

- Divert attention temporarily (humor, acceptance)

- Keep worrying circumscribed to actual potential risks and be disciplined about not letting fears derail important life tasks.

- Shift expectations about what to expect from day to day and about what is considered a "good day"

- Clarify top priorities and focus on taking steps towards what is most important.

- Create routines of living and try to let that structure organize and guide you

Potential Competence Actions: Coworker Support

Remind people of strategies and skills that have worked before

- Reinforce clinical decision-making skills
- Reinforce use of consultation and supervision
- Embrace your staff's strengths and capitalize upon them: for example, designate a technology expert and ask them to assist other staff who are struggling with technology

Encourage active coping

- Send out an email summarizing the accomplishments of the team for the week
- Send notes of acknowledgement and praise to staff. For example, send E-SHOUT outs to acknowledge team members for their work.

Help problem-solve and set achievable goals

- Use a dashboard to note frequency of services and acknowledge how much the team has done to get there (all the IT challenges etc.)

Potential Competence Actions: Coworker Support

Give extra training / mentoring

- Encourage ways for staff to access online training materials
- Share resources for provision of care during COVID-19, including trainings
- Ask about challenges to providing care and assist staff in finding solutions. For instance, encourage a team member to consult with other programs or organizations and share what they find

Help "recalibrate" expectations/goals

- Review and digest incoming policies and directives to filter the information for staff
- Talk with staff about their reactions to changes in standards of practice
- Sometimes people fight change, but once it's a "have to" they may find it was different than expected
- Highlight some of the benefits of rapid changes, while providing validation for challenges

Moral Injury Competence Examples

- For someone who feels "I've never been through something like this before," be prepared to have a conversation about it, with a focus on what they need to do to and what resources they need to get through it.

- For the person who may feel like they don't know how to talk with their family about what they are experiencing, help them to brainstorm about:

  - What they want the family to know

  - How work has affected them

  - How to give and receive support

Competence Examples: Coworker Support

"We help people when they're exposed to different things, such as teaching techniques to stay focused on the present and not ruminate on memories."

"We had training in positive psychology that included gratitude journals with writing three things that you're thankful for every day, and it really seemed to help us to get a different perspective."

Competence Example: Coworker Support

"If someone is second-guessing how they did something, I will share how I've done something similar. I think when we can share our experience, how it affected us and how we dealt with something, it probably helps the person to understand, "all right, I'm going to be okay." It's not permanent and it's a normalizing thing, and it's part of the process."

Confidence Actions Rebuild

Trust	Hope	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

Examples of a Need for Confidence

Someone whose failure to take proper precautions contributes to the death of a patient. He feels extremely guilty and becomes self-destructive.

An individual who develops wear-and-tear stress reaction loses respect for leaders and becomes angry and irritable.

Someone who is regularly exposed to significant life threat suffers lowered functioning, loses spiritual faith, and becomes depressed.

Potential Confidence Self-Care Actions

Use small triumphs to build confidence

- Don't forget the things you are doing everyday and realize there will be good days ahead

If you have doubts, talk with someone

- Reach out to a mentor and/or other leader to "borrow" hope when feeling overwhelmed and channel as needed

Don't push yourself to "process" the situation in any particular time frame, but if something triggers you, give yourself time

- If someone emails or messages to "check in" and you think if you stop to share it will be hard to pick back up, respond when you are ready and share what you are comfortable sharing

Potential Confidence Self-Care Actions in the Context of Loss

Focus on:

- How sadness or despair will feel less acute with time
- The moments when the pain/stress temporarily eases up
- Being realistic
- Reality
- Acceptance
- Worst-case scenarios
- Changing beliefs that don't serve you
- Honoring
- Philosophy/religion/values
- Healing

2/24/2021

Potential Confidence Actions for Leaders: Laying a Foundation

Remind people of the ideals and values that drew each of you to the work you are doing.

Give regular positive feedback, and remind them about their positive impact, values, skills and competence.

Give them tasks that they can be successful at.

Foster and support taking steps to alleviate and mitigate the harmful effects of stress.

Potential Confidence Actions for Leaders: Responding to Stress Reactions

Allow the person to be reassigned or take a break from work.

Be patient and open to the possibility that the person can fully return to work duties.

Gradually increase duties and responsibilities when the person returns to work.

Look for positive changes in the person's behavior.

Mentor the person to consider other options if they continue to struggle, including leaving their current position.

Potential
Confidence
Actions: Coworker Support

Support each other and remind each other of strengths

- Review past accomplishments and instill hope that they will be able to succeed now
- **Focus on core values, priorities**
- Discuss the mission of the team and why you are there to provide care
- Share the double edge sword of values and remind of importance of finding balance

Look to learn from each situation

- *"I really benefitted from support from my colleagues to remind me that this is really new and sometimes we don't know. The key lesson is to learn from each other"*

Mentor or recommend seeking out mentoring

- Model humility; own your challenges to your team as it is appropriate and demonstrate your resiliency in making progress overcoming

Potential Confidence Actions: Coworker Support

Find ways to enhance gratitude

- "Rona raves" "Thankful Thursdays"

Honor and make meaning of losses

- Acknowledge that everyone experiencing numerous losses and loss is not only about death of loved ones; offer opportunities to acknowledge these losses (e.g., vacations, graduations, ceremonies)

- In team meetings; for example, staff from one team "dressed" or brought in props to represent either an important event or trip that they were no longer to engage in and gave each member a chance to share and discuss

Reframe guilt and self-defeating statements

- Share resources to remind about more helpful ways of thinking https://www.ptsd.va.gov/covid/COVID_helpful_thinking.asp

Moral Injury Confidence Examples

- Moral injury is often caused by a commitment to core values. Talk about their strengths and about their core values.

- If the person speaks of guilt because of acts of *omission*, say something like: "It sounds like you're sad about something you didn't do?" to facilitate further discussion.

- If the person speaks about guilt because of acts of *commission*, say something like: "It sounds like you're really burdened by things you did, or that you understood that you did" to facilitate further discussion.

- You can suggest they talk to a Chaplain or clergy, but if they are angry at God, it can become a lightning rod for that anger. Then, you may have to just bear witness as a neutral person who is going through a similar situation. If so, make every attempt to put your values in neutral.

- If you can't tolerate bearing witness, be honest. Say something like: "I don't know if I can hear this story, but I know someone who can. I can connect you them."

Formal Moral Injury Treatment: Two Models

Trauma Informed Guilt Reduction

Adaptive Disclosure

Helps the person see that they have been suffering because they do have **values**

Helps them apply values to ways they can find **meaning** in life in the present

Education about moral injury

Disclosure of the events related to moral injury, and feelings and beliefs

Facilitates a change of **perspective**

May include **self-compassion or mindfulness** meditations

Making amends *may* be included (driven by the person)

An **imaginal dialogue** is facilitated with a "compassionate moral authority"
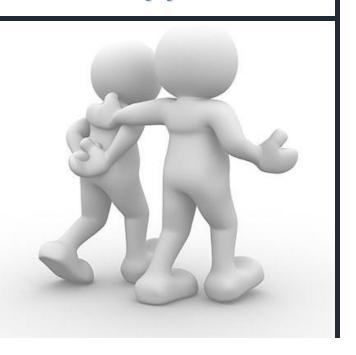
The provider leads the person through an exercise of **apportioning blame**

Confidence Example: Self-Care

"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."

Confidence Example: Coworker Support

"There was a time where I dropped the ball. It was not earth-shattering, but it was significant. I was completely unable to connect the dots at all until one day my supervisor talked to me and said, 'During that same time period, your mom had been terminally ill and then passed away.' As obvious as it should have been, I was not able to see the connection until he said that to me."

You can't pour from an empty cup.

You need to take care of yourself.

DrLaura.com

Stress Continuum and Self-Care in the time of Covid-19

What Contributes to Each Zone in a Pandemic?

READY	REACTING	INJURED	ILL
Safety: Staying informed Facing facts Setting boundaries *Calm:* Changing expectations Being patient Keeping balanced *Connect:* Staying connected *Self-Efficacy:* Prioritizing what to expend energy on Planning and adapting to current situation Focusing on prevailing Problem solving Making routines Seeking mentoring or training *Hope:* Living by values Finding gratitude Focusing on faith/ religion / philosophy	Not pacing oneself Taking on too much Ignoring drops in functioning Not changing expectations Not checking in Underestimating needs Not adapting self-care Overriding the concern of others Self-medicating Lack of routine Unhelpful thoughts or habits	Lack of attention to chronic yellow zone stress Stuck in unhelpful patterns More disengaged / isolated Overdoing without balance Underdoing what is needed Stigma	Lack of attention to orange zone stress Not seeking help / expertise Engaging in counterproductive behaviors

Prioritizing Actions Towards the Green Zone

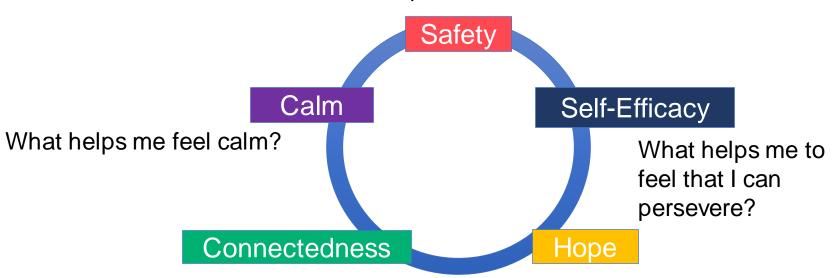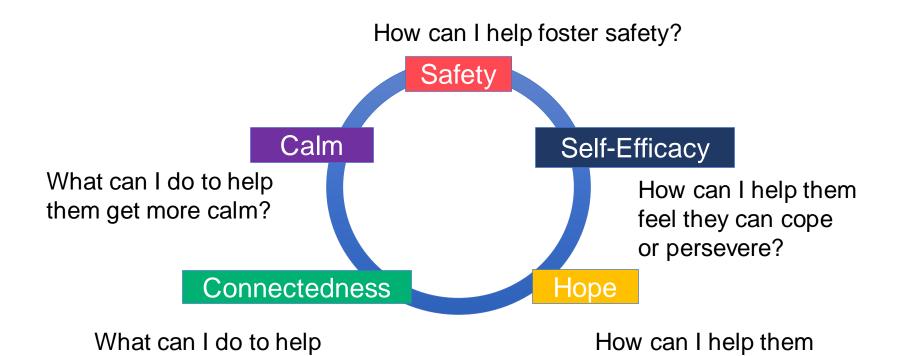| READY	REACTING	INJURED	ILL
Safety: Stay informed, Face facts, Set boundaries **Calm:** Change expectations, Be patient, Keep balanced **Connect:** Apart But Connected **Self-Efficacy:** Prioritize what to expend energy on, Plan and adapt, Focus on prevailing, Problem solve, Make routines, Seek mentoring/training **Hope:** Live by values, Find gratitude, Faith / philosophy	**Safety:** Take a marathon approach, Build healthy habits, Set boundaries **Calm:** Be disciplined about taking breaks, Identify unhelpful thoughts, Practice helpful thoughts, Focus on what you can control **Connect:** Seek specific support **Self-Efficacy:** Build resilience skills **Hope:** Make time to reflect, Seek mentoring / support	**Safety:** Get help with setting routines and boundaries **Calm:** *Rest and recuperate, Build tiny health habits* **Connect:** Ask for targeted or sustained support **Self-Efficacy:** Identify unhelpful ruts, Tackle one issue at a time **Hope:** Ask for assistance in reframing unhelpful thoughts, Remind yourself that you don't need to be perfect	**Safety:** Make small positive behavior changes **Calm:** Pause...take a time out, Distance from stressor to reduce agitation **Connect:** Get formal behavioral health treatment, Find a mentor **Self-Efficacy:** Regain lost ground, Rehabilitate as you would a physical injury **Hope:** Reconnect with values

Stress First Aid: Self-Reflection

Stress First Aid: Helping Others

How can I help foster safety?

Safety

Calm

Self-Efficacy

What can I do to help them get more calm?

How can I help them feel they can cope or persevere?

Connectedness

Hope

What can I do to help them get connected?

How can I help them to have more hope?

Key Point Emphasis

! Tone is collaborative, experimental, non-judgmental

Timing and context are important

✓ SFA is not meant to address all ranges of issues

Flexibility and "tiny steps" are emphasized

Mentoring and problem solving are highlighted

Bridge to higher care when indicated

Case Study: Virginia Hospital Setting

Core training team and leaders

Every unit has 1-2 champions

Every month each team has lunch or training about some aspect of SFA

Teams develop strategies for peer support based on needs

SFA Effect on Organizations: Example

"SFA creates an improved ability to identify issues, come together, and problem solve solutions. It calls attention to systems level issues that are problematic for the workforce.

Rather than managers worrying that if they ask what's going wrong, they will have to fix it, it's more about having a dialogue.

For instance, staff can report that there are activities or issues that are putting them into the orange. Then those issues can be discussed. A department is in orange because… The hospital is in orange because…

It's not the old model of sucking it up, taking two breaths, and going back to work. It's a model of identifying and addressing issues as a team."

Stress First Aid
Group Format

SFA Group Format: Introductions

If the group is familiar with SFA, state that you will be using the SFA framework to organize the discussion.

If the group is not familiar with SFA, let them know that you will be organizing the discussion around five essential elements that research shows are both human needs that can be affected by difficult events and also potentially helpful elements for getting through difficult events.

Identify the incident

Explain that the focus of the group will be on determining how people have been affected by the event, and on peer support

Say something like, "I want to get a sense of different ways that you may have been affected by _____."

SFA Group Format: Cover

Essential Need	Question
Cover	- How has the incident affected your sense of safety? - How has the incident affected your sense of safety at work? - How has the incident affected your sense of safety at home? - How has the incident affected your sense of safety in the community? - Sometimes those who have gone through similar things say that it made them feel apprehensive or afraid. How has it been for you?

SFA Group Format: Calm

Essential Need	Question
Calm	- How has the incident affected your ability to feel calm, or steady? - What changes have occurred regarding sleep, feelings of being on edge, or ability to keep calm? - Sometimes those who have gone through a similar event found it helpful to build more calming activities into their schedule for some time, like taking a break, going for a walk, talking with someone, or slowing down their breathing, etc. - Do you think this would be helpful for you? - If so, do you have any preferences for activities that would be most helpful for you?

SFA Group Format: Connect

Essential Need	Question
Connection	- Has there been an impact on how you talk with each other, work morale, or in connecting with family and friends? If so, what have you noticed? - With whom would you feel comfortable talking about this? - Who are the people in your world that you trust to share your tough days with? - You don't have to tell me who, but I want to make sure that you have someone that can be there for you. - Has anyone you know done or said something that really helped? If so, can you share it with us?

SFA Group Format: Competence

Essential Need	Question

Competence	• Have you noticed any difference in how you are able to:
	    • Do your job
	    • Complete tasks
	• Have you noticed any difference in how you are able to :
	    • Get along with your co-workers
	    • Connect with your family
	    • Get along with your friends
	• Have you noticed any difference in how you are taking care of yourself: diet, exercise routine, sleep, taking time for fun, etc.
	• What are some things that you have done to cope that have been helpful in the past?

SFA Group Format: Confidence

ESSENTIAL NEED	QUESTION
Confidence	■ Has there been any change in your confidence in your ability to do your job in the same way as before the incident, or in equipment, or leadership? If so, what are the changes? ■ Does this event/incident hold special meaning or connect with other experiences in any way? If so, what is the meaning? What experiences does it connect with?

Group Format Wrap Up

Say: "We have talked about the ways that this experience has affected you. Is their anything else that that you wish to share?"

Include a short discussion about healthy coping, sleep, minimizing negative coping, and available resources.
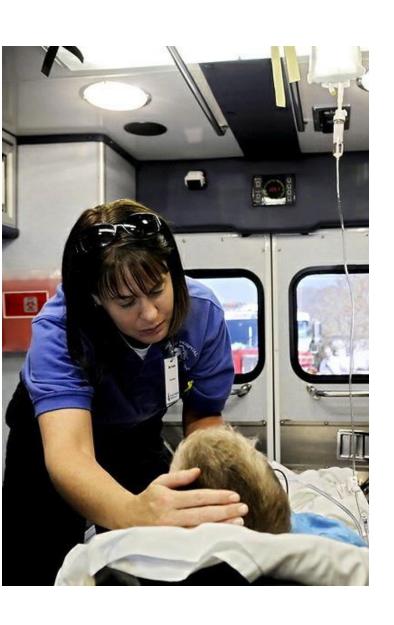
Say: "Moving forward, is there any other support I could help you obtain at this time, from me, EAP, or anyone else?"

Wear and Tear Group Review

After extended periods heightened stress, ask:

Over the past (time frame):

- What have been your greatest challenges, hassles, or frustrations?

- What have been your greatest rewards or successes?

- What does it mean to be a (name role) in this workplace?

SFA for Patients and Their Family Members

Goals: Stress First Aid for Patients and Their Family Members

Make a connection in a helpful/respectful way

Restore/support a sense of safety

Calm and orient distressed individuals

Connect individuals to their sources of support

Improve the ability of those affected to address their most critical needs

Foster a sense of hope / limit self-doubt and guilt

Components of Stress First Aid: Patients and Their Family Members

Approach	Maintain an approach that conveys respect, care and compassion
Information	Get and give information in helpful ways
Direction	Direct people in a way that focuses them and reduces distress

Approach

Have respectful, courteous, helpful attitude

Listen for how you can best be of assistance

Speak clearly and in simple language

Introduce yourself, convey your role and what you can provide

Ask how you may help and if suitable also ask the name of the caller

Show understanding

Have a calm demeanor and speak in an even, reassuring voice

Address the person's most pressing needs and concerns

Set helpful boundaries

Validate and acknowledge resilience

Take your cues from the person

Make sure the person understands suggestions

Information

Collect enough information so that you can understand crucial needs and priorities.

Give simple and accurate information, focused on how the person can address their concerns.

Make sure the person appears ready and able to understand what is being asked or said.

If you do not have an answer to the person's question, do not guess in order to provide reassurance. Instead, provide a way to get the needed information.

Direction

Provide clear and positive direction, directing them in what to do rather than what not to do.

Ask them what can:

Distract them

Prepare them

Make them feel more in control

Help with their priorities

Help the person take steps towards a simple action plan.

Make sure the plan is feasible and realistic.

Brainstorm solutions to any potential obstacles.

Identify first steps.

Check

- Collect enough information so that you can understand crucial needs, requirement for immediate referral, and set the tone for the conversation

- Collect information in an informal and flexible way: ask questions, observe, check with others who may have additional information and continue to monitor and keep track of input throughout all interactions

- Adapt your style of collecting information if a person's age, history, gender or culture interferes with your ability to communicate effectively

- Use reflective or supportive comments **to** help the person to feel understood and accepted

- Follow the person's lead in clarifying their concerns, while paying attention to whether your questions might be prompting unnecessary distress.

Coordinate

Reflect back what you think the person is feeling or needs

If the person is experiencing stress reactions, convey that they are understandable under the circumstances.

Identify possible resources or referrals that you think might be helpful

Give both verbal and written information for resources or referrals

If necessary and appropriate, facilitate next steps for referrals

Cover

Approach	• Introduce yourself and your role • Demonstrate respect • Ask for and use names whenever possible • Convey that you are there to help their situation and to keep them safe • Stay with them as long as is possible
Information	• Ask about concerns • Give simple, accurate information on your activities • Make sure they understand your instructions • Reassure of safety when accurate
Direction	• Tell what to do rather than what not to do • Remove people to a safe location • Protect from unnecessary exposure to distressing experiences • Help with simple problem-solving

Calm: Approach

- Keep a calm and focused demeanor
- Respect needs
- Reassure by authority and presence
- Show understanding
- Validate feelings and concerns where appropriate
- Expect and, when possible, accommodate strong emotional responses
- Reassure the person by emphasizing that you are doing the best you can to help them
- Use a calming tone of voice, facial expression and gestures

Calm: Information

- Ask focused questions
- Identify and address immediate needs
- Watch for signs of being disorientated or feeling overwhelmed
- Collect information that can help identify needed resources
- Provide information about what you are doing and how it may help
- Give appropriate reassurance when you can
- Tailor your interactions to age, gender and culture as needed
- Give information to help individuals understand circumstances/reactions
- Make sure information is correct

Calm: Direction

- Address immediate concerns as directly and as promptly as possible
- Emphasize the present, the practical, and the possible
- Help the person to identify and take meaningful action to help themselves or their family members
- Direct people to use simple, self-calming actions
- Use distraction when indicated

Examples of Calming Statements

"I'm sorry that you have to go through this. Is there anything you need that we can get for you?"

"I understand that you're worried. We're here to help you through this. I want you to look at me and try slowing down your breathing like this. Breathe along with me."

"We have a great team here and we are doing everything possible that can be done. Do you have any questions?

"I understand you have been through a difficult event and are feeling shaky. We're going to talk about [x] now, and I'm going to be asking about [x] so that we can [x]."

"We have a person here who can get you information about resources."

Calm Example:

"When new patients arrive in the burn unit, they are often terrified. I always tell them, 'You are right where you need to be. You are in good hands.' Just giving that message to patients helps them calm down and, surprisingly, it helps most of us feel calmer as well."

Calm Examples: Extreme Anxiety

- If the person is too upset, agitated, withdrawn, or disoriented to talk, or shows extreme anxiety, fear, or panic:
  - Enlist the help of family and friends in comforting the distressed person, if possible
  - Help orient the person by assisting them to turn their attention from their thoughts and reactions to what is happening around them in the present moment

Calm Examples: Bereaved

- If you don't know what to say, stay present, stay quiet, and listen. It's all about the supportive presence you provide

- There is probably little you can say to make them feel "better", but they can be made to feel that you care

- Ask if there is someone the person would like to call or would like you to call, and stay with them until that person is there with them

- Let the person know what's going to happen, so they know what to expect

- With children and adolescents, solitude, connection with trusted others, or distracting activities may be more calming than conversation

Calm Examples: Angry Individuals

- Convey that you understand why they are angry and ask them what they want to see accomplished

- If necessary, hold your ground but try to avoid sounding hostile or confrontational.

- Remember the four "Ds":
  - *Distract: See* if you can get them to distract themselves
  - *Defuse:* Get them to look at their situation in a different way or see it from another's viewpoint, or talk to a friend or loved one
  - *Distance:* Separate family members if they are angry at each other
  - *Deter:* If you feel uncomfortable or threatened, don't be afraid to ask for law enforcement assistance

Connect

Approach	• Make it a priority to connect people with trusted supports
Information	• Collect contact information • Give information about support groups as needed • Ask about most trusted supports (including pets)
Direction	• Foster reconnection with family and friends • Encourage seeking support from those immediately available • Solicit appropriate volunteers when available

Competence

Approach	• Strive to secure immediate practical assistance whenever possible • Get people connected to resources • Make it part of your job to facilitate healthy growth whenever possible
Information	• Find out where their problems lie, and what needs they have • Provide verbal and written information on resources • Encourage them to use community services and other resources
Direction	• Provide items they need • Help them learn new skills • Help the person in prioritizing and taking the next steps they need to take • Make connections for specific health conditions (whether physical or mental)

Confidence

| Approach	• Keep a neutral or positive attitude • Avoid judgment • Validate prior successes and point out positive actions
Information	• Dispel misunderstandings, rumors and distortions, where possible • Reduce guilt about actions, where appropriate • Redirect thinking to be more helpful
Direction	• Keep the focus on the present moment • Put the person on task • Provide positive reinforcement for all growth-oriented efforts

Group Discussion
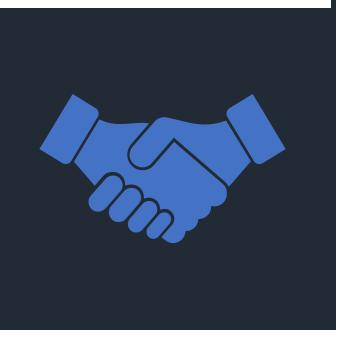
- What are some examples of how SFA with patients or families might be needed in your work?

- What are some ways that you use SFA actions with patients and families?

- YOU WILL NOT BE REQUIRED TO USE *SFA* WITH EVERY PATIENT OR FAMILY MEMBER.

- INCORPORATE SFA ACTIONS INTO YOUR DUTIES IN A NATURAL, SEAMLESS WAY

- IMPLEMENT SFA ACTIONS ONLY WHEN THEY DO NOT INTERFERE WITH YOUR PRIMARY DUTIES.

- THE CONNECTION YOU MAKE CAN HELP PEOPLE RECOVER FROM THE STRESS OF WHAT THEY HAVE BEEN THROUGH.

- IF YOU RESPECTFULLY CONVEY THAT PEOPLE MATTER, YOU WILL HELP THEM GET THROUGH THE DIFFICULTIES THEY FACE.

Stress First Aid for for Patients and Their Family Member: Key Points

What is the Value Added by Using SFA for Patients and Their Family Members?

- Sets people up to recover from the event

- Creates strong employee/community support

- Makes you feel good about the job you do and the difference you make

What people remember most is that you treated them as if they mattered

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ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

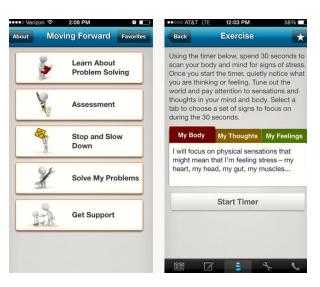## NCPTSD Covid-19 Related Fact Sheets

- Managing Stress
- Managing Healthcare Workers' Stress
- Providers and Community Leaders
- Mental Health Providers
- Leadership: Supporting Employees
- Helpful Thinking
- Supporting Others
- Grief

Treating PTSD During the COVID-19 Virus Outbreak

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Marianne Silva, LCSW
Sadie Larsen, PhD
Kelly Phipps Maieritsch, PhD

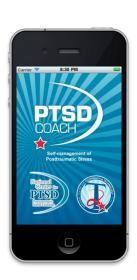National Center for **PTSD**
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Other Potential Resources

- NCPTSD PTSD Provider Resilience Toolkit
- NCPTSD PTSD Coach mobile app
- NCPTSD Mindfulness Coach mobile app
- NCPTSD PTSD Coach online
- VA's Moving Forward Problem-Solving mobile app
- SPR Online Course

Questions?