

1



Stress First Aid for First Responders

Patricia Watson, Ph.D.
NCPTSD

NEBRASKA
DISASTER
BEHAVIORAL
HEALTH



Objectives:



Identify components of first responder culture that require a stepped care response to behavioral health support.



Discuss common stress reactions and risk factors in first responders/emergency services personnel.



Describe strategies for engaging peers in SFA peer support.

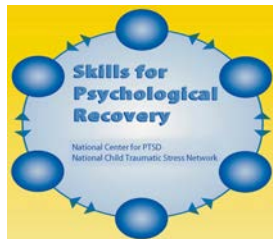
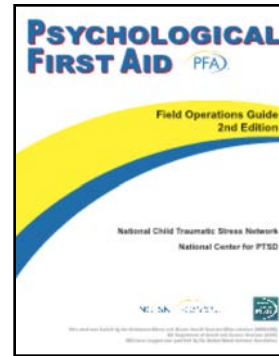


Apply the core components of SFA to first responder scenarios.

Psychological First Aid: Immediate Response

PFA principle actions aim to:

- Establish safety and security
- Connect to restorative resources
- Reduce stress-related reactions
- Foster adaptive coping
- Enhance natural resilience

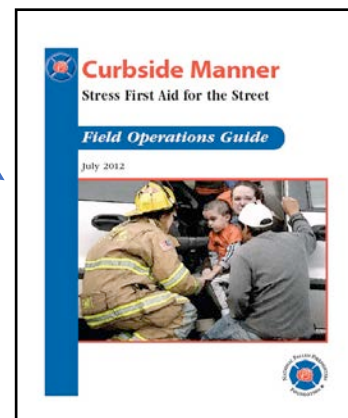
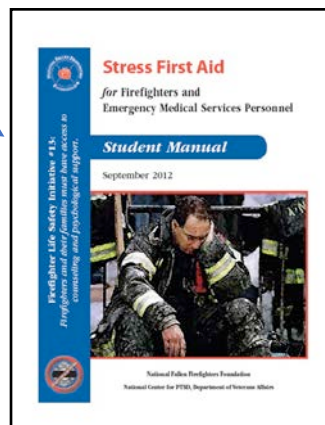
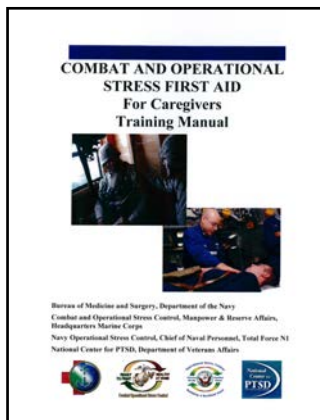
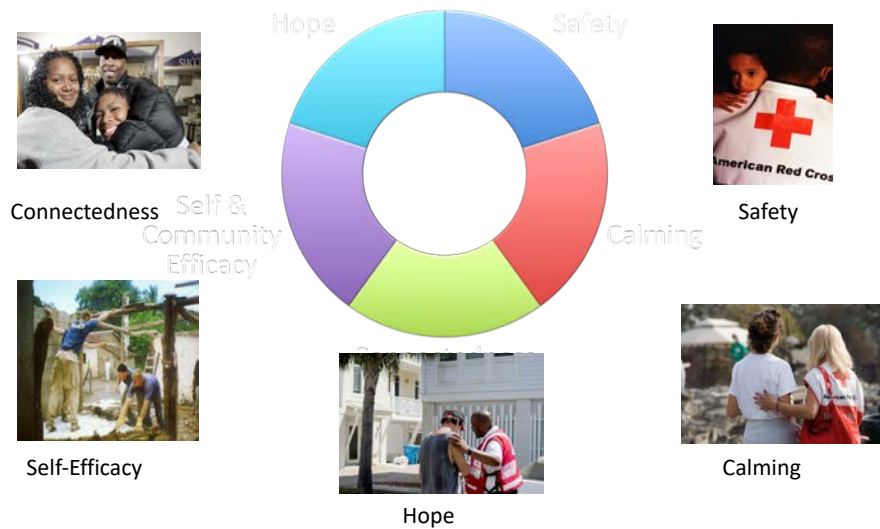


Skills for Psychological Recovery (SPR)

- Problem-solving
- Activity scheduling
- Managing Reactions
- Helpful thinking
- Social Connections Mapping



Five Empirically-Supported Principles: Framework for Intervention



Stress First Aid and Curbside Manner were adapted from the Stress and Combat Operational Stress First Aid model for Marines Corps and Navy personnel

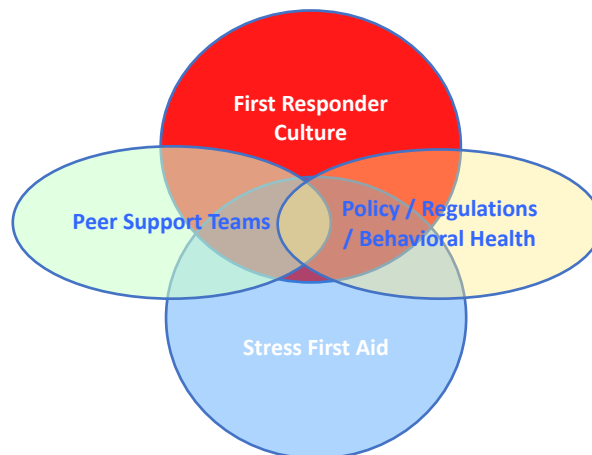
Counseling and support are only part of
the behavioral health equation . . .

***. . . organizational resilience and
occupational safety are its core***

Occupational health context . . .

. . . organizational systems perspective

SFA Occupational Health Context



What is Stress First Aid?



SFA is a framework to improve recovery from stress reactions



SFA is a practical set of actions which should be used whenever needed for yourself or your peers



SFA addresses stress reactions before they create problems



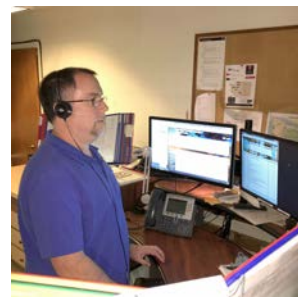
SFA fosters longevity in the job



SFA can reduce stigma by changing culture



SFA creates a common language to address stress



Reasons for a Stress First Aid

Acute Stress

- Short-lived
- Might interfere with safety or functioning in the moment
- What you feel after a difficult call
- 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

- Recently it is becoming harder to recruit
- Losing more good employees to burn out
- Increased cost of burn out or training incoming staff
- Lowered morale or absenteeism / presenteeism of existing employees

Reasons for Stress First Aid: Fire

- NBC / International Association of Firefighters anonymously surveyed nearly 7,000 firefighters
- 95% said they experience critical stress on the job, and most said it leaves them with unresolved emotional issues
- 75% have endured stressful experiences that have “caused lingering or unresolved emotional issues”
- Many have trouble sleeping and are constantly haunted by memories of bad calls, recurring unwanted memories, family and relationship problems, becoming withdrawn
- 27 % say the stress has led to substance abuse
- 19% say they have had thoughts of suicide
- 81% said they believe they will be seen as weak or unfit for duty
- 87% said those stigmas keep them from seeking the help they need



Reasons for a Stress First Aid: Law Enforcement

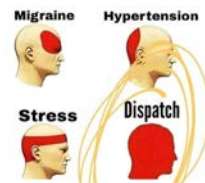
- PTSD rates in officers 7% to 19%
- PTS rates 34 %
- Police exposed to traumatic incidents have higher levels of depression and anxiety
- Depressive symptoms 2x general population Increased risk of CAD, diabetes, stroke, cancer
- Alcohol dependence 25%
- Officers experiencing high levels of stress are more likely to disengage from family activities and have marital troubles
- Domestic violence 2-4x more likely
- High rates of divorce: from 50 - 75%
- From 2008-2011:
 - 244 murdered on job
 - 577 die by suicide



Reasons for Stress First Aid: Dispatch

- 17% endorsed nine or more current acute stress disorder symptoms
- Increased alcohol use, disturbed sleep, and unwanted flashbacks related to calls, work-life imbalance, STS, burnout, conflict-prone relationships with coworkers and supervisors
- Compared to police:
 - Significantly higher perceived stress, vital exhaustion, organizational stress, and emotional stress ($p < .001$)
 - Hypertension: 67% vs. 42%
 - Diabetes: 24% vs. 5%
 - CVD 6% vs. 3%
- Risk Factors:
 - Being exposed to traumatic calls
 - Lacking control over high workload
 - Working in under-resourced and pressured environments
 - Lack of support from management
 - Providing an emotionally demanding service
 - Over-commitment
 - Reticence about seeking out support

Types of Headaches



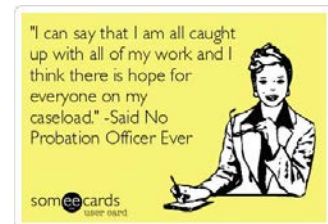
Reasons for Stress First Aid: Corrections

- Workplace stress and burnout among COs can lead to unsafe correctional facilities, high turnover rates, high absenteeism, lower productivity and decreased effectiveness in the workplace as well as negative personal and social outcomes like decreased life satisfaction and work-family conflict.
- The organizational structure and climate had the most consistent relationship with CO job stress and burnout, including:
 - Unclear goals and policies
 - Lack of decision-making ability
 - Lack of support from the organization
 - Lack of organizational justice



Reasons for Stress First Aid: Probation

- The stress levels of probation officers have been found to be higher than those of the general population
- Having more people with mental health problems on one's caseload is associated with significantly more depressive symptoms
- Emotional exhaustion serves as a mediator between the number of supervisees with mental health problems and officer depressive symptoms.
- High caseloads, excessive paperwork, and meeting deadlines are the top three stressors
- Some officers feel they are held accountable for offenders' misconduct.
- Officers experience anger and anxiety symptoms, rather than physical and depressive symptoms, most often



Reasons for SFA: Post-Traumatic Stress Disorder in Disaster Workers

- Rates between 5% and 40% (Galea, Nandi, & Vlahov, 2005)
- Predictors of post-traumatic stress symptoms in disaster workers:
 - Exposure
 - Poor leadership
 - Lack of inter-agency cooperation
 - Unclear expectations
 - Perceptions of safety
 - Injury
 - Social factors
 - Coping strategies

(Brooks et al., 2015; 2016, 2017)

Reasons for SFA: Post-Traumatic Stress Disorder in Disaster Workers

- **Poor leadership:** ad hoc planning, poorly planned work and schedules, lack of guidance in terms of roles and boundaries, and a lack of concern for staff's welfare needs
- **Good leadership:** good feedback, recognizing workers' efforts, communication

(Brooks et al., 2015; 2016, 2017)

Reasons for SFA: Post-Traumatic Stress Disorder in Disaster Workers

Organizational Recommendations I:

- Clear policy framework for protecting staff
- Short disaster-related workshops
- Ensure staff feel supported
- Be approachable
- Encourage a supportive, non-discriminatory work environment
- Build team cohesion

(Brooks et al., 2015; 2016, 2017)

Reasons for SFA: Post-Traumatic Stress Disorder in Disaster Workers

Organizational Recommendations II:

- Monitor those particularly vulnerable to distress
 - Prior psychiatric history
 - Poor job satisfaction
 - Injured or know someone injured during the disaster
 - Experience losses
 - Highly exposed
- Ensure that support is available
- Ensure that employees know:
 - Normal stress reactions
 - Where to seek help
- Give information about effective coping mechanisms
- Train employees to support each other

(Brooks et al., 2015; 2016, 2017)

Disaster Response Self-Care Barriers

"Stress makes people hunker in but we need relationships and communication at that time. How do you keep building relationships and communicating when stress is high? We need to figure that out. Building trust. Hard to build relationships under stress."

"Organizations do not create supervisors and support them and grow them. Supervisory support during disasters is crucial but it is an "add-on", rather than being taught in an integrated way. It should be a part of the orientation."

"Some of the expectations were over the top for some of the leadership. We need to be more humane in our expectations. You can't be everything to everyone, and people weren't listening to what was happening at ground zero. The layers above me were frustrating - fending off those expectations."

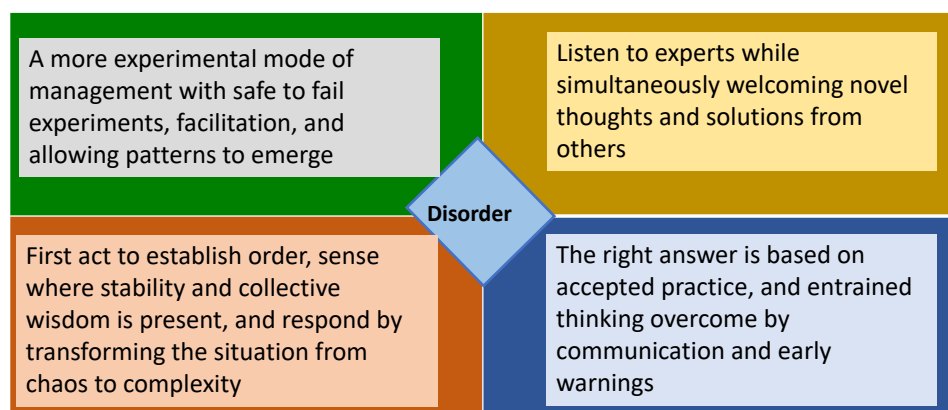
| Disaster Response Self-Care Barriers

"They don't really tell you what to do. They expect you know. And I had taken the training but nobody seems to know the role of mental health at the command center. They think you should "do something to deal with people's mental health or stress," but there is no clear direction on what that looks like. "

"We met a lot and talked a lot about self-care. But post-fact, there was no official way to check-in with some of those people who had traumatic experiences. It was expected that managers would ."

"They are afraid to vocalize their burnout and their fatigue because the direction from supervision has been 'you guys are the professionals, you have all the tools to deal with stress.'"

| Leadership Awareness: Cynefin Framework



Well-Being in the Chaotic Context of Disasters



It requires us to make sense of, and respond to, the ever-changing contexts in which we find ourselves.

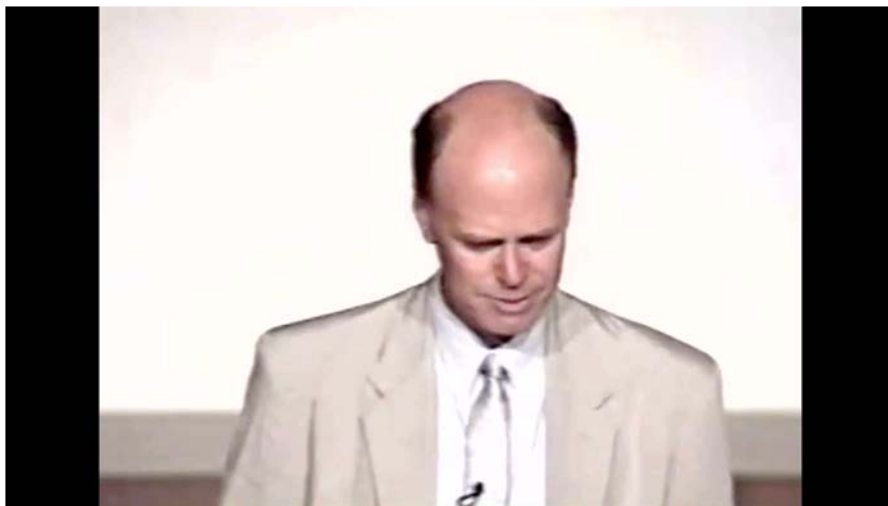


It builds our capacity to stay present, centered and grounded in fluid conditions where some things are guaranteed and others are not.



It demands our willingness to continuously re-assess, experiment, fail early and often, and remain creative in our vulnerability.

Need for Balance



CW Metcalf: Humor, Risk, & Change; 1990

Why is Stress First Aid Peer-Driven?



Pocketpeer.org

Double-Edged Sword of First Responder Ideals

<u>Strength</u>	<u>Guiding Ideal</u>	<u>Vulnerability</u>
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	Survivor guilt and complicated bereavement after loss of friends
Toughness and ability to endure hardships without complaint	Stoicism	Not acknowledging significant symptoms, and suffering after returning home
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 of (denial or minimization) imperfections

Peer Support Findings

1

Most people exposed to traumatic and loss events will cope, but some will become ill

2

Those that do are unlikely to seek help

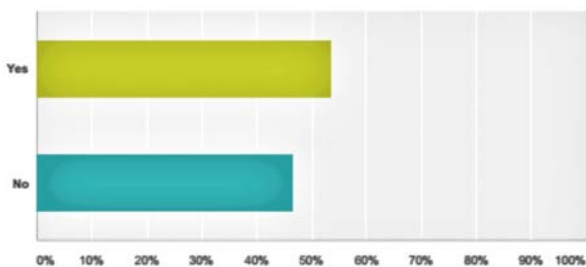
3

There is evidence to suggest that effective early management of traumatic stress exists

NBC / International Association of Firefighters Survey

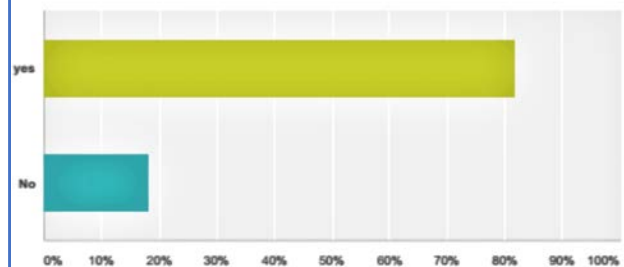
Q12 If Yes, did you find the Critical Incident Stress Management defusing(s) helpful?

Answered: 566 Skipped: 147

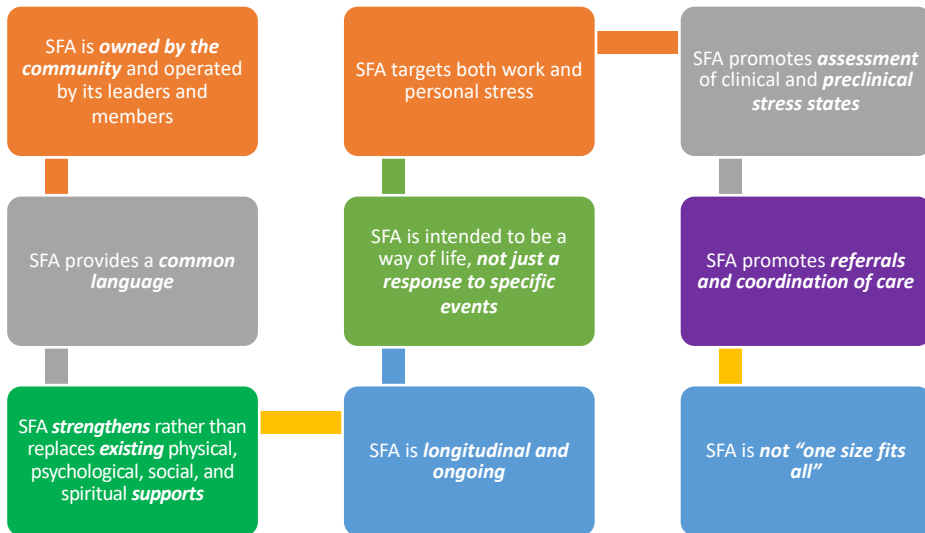


Q14 If Yes, did you find peer support helpful?

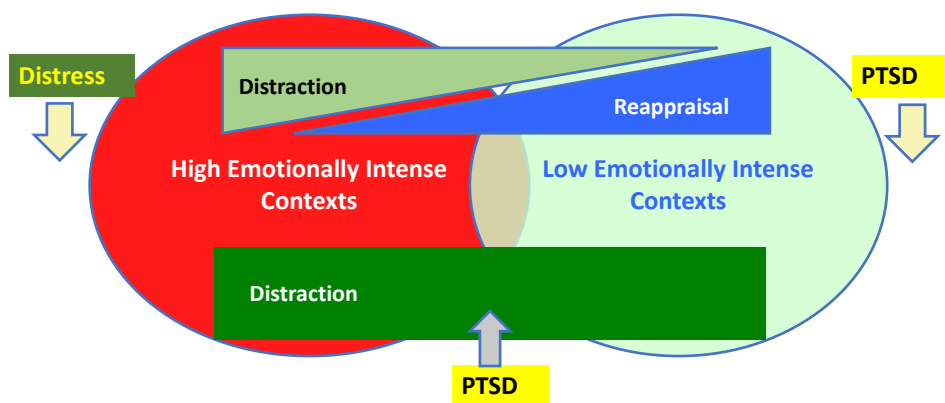
Answered: 352 Skipped: 361



How is SFA Different Than CISD?



Self-Care Strategies Should be Flexible



Levy-Gigi et al. (2016)

Self-Care Strategies Should be Flexible

Distraction:

- Disengaging attention
- Directing attention away

Trauma Focus Reappraisal:

- Fully experiencing
- Making meaning
- Integrating the event
- Confirming values
- Focusing on current safety

Self-Care Strategies Should be Flexible

Distraction:

- Disengaging attention
- Directing attention away

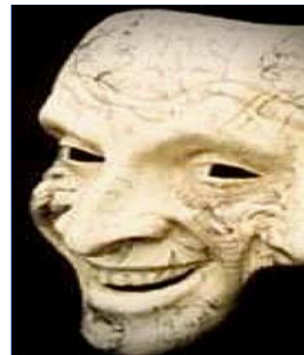
Forward Focus:

- Maintaining previous goals and plans
- Caring for others
- Reducing painful emotions
- Focusing on the fact that even if one was in a life-threatening situation, when they get triggered by reminders, they are now safe
- Using distraction and amusement



Stress Injuries

Two Faces of Stress



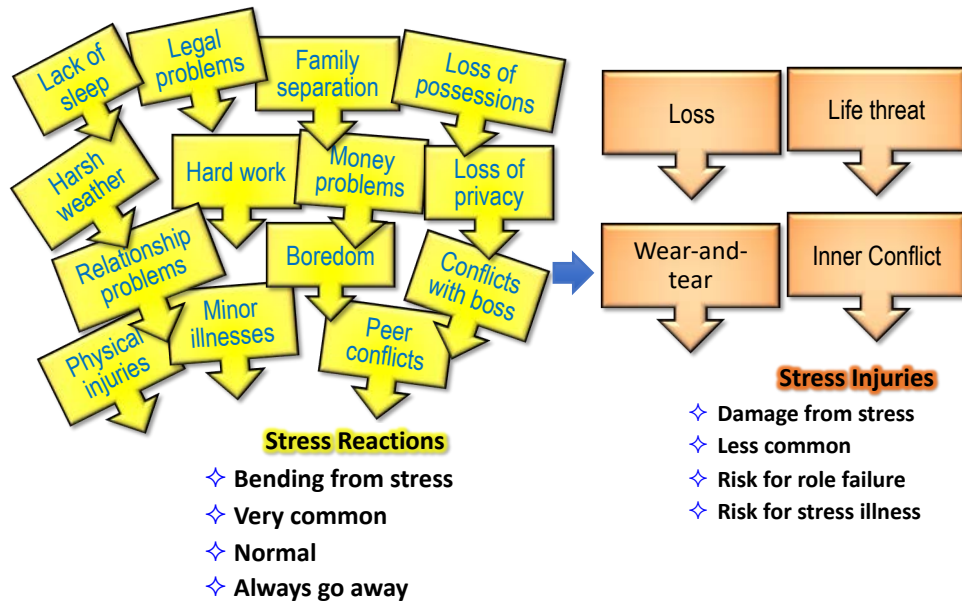
Four Causes of Stress Injury

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

Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness 	DEFINITION <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk 	DEFINITION <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves a scar Higher risk 	DEFINITION <ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment
FEATURES <ul style="list-style-type: none"> 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 	FEATURES <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	FEATURES ★ <ul style="list-style-type: none"> Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame 	FEATURES <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment
	CAUSES <ul style="list-style-type: none"> Any stressor 	CAUSES <ul style="list-style-type: none"> Life threat Loss Inner conflict Wear and tear 	TYPES <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse

Yellow Zone Reactions Versus Orange Zone Injuries



Orange Zone Indicators



To recognize those who need help, look for the three *Orange Zone Indicators*:

- Recent Stressor Events
- Distress
- Changes in Functioning

Signs and Symptoms of Stress Injuries



Signs (Noted by Others)

Significant and persistent change in behavior or appearance:

- Not talking
- Isolating
- Anger outbursts
- Increased use of Substances
- Making mistakes



Symptoms (Felt by Person)

Not feeling in control of one's body, emotions or thinking:

- Numb
- Disconnected
- Short fuse
- Can't calm down or sleep
- Can't function as well at work or in relationships

Orange Zone Discussion

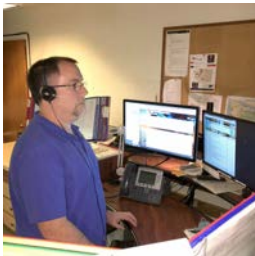
- Think about Orange Zone Stress Injury behaviors
- What are some of the common ways that peers may present with stress injury related to:
 - Life Threat (Trauma Injury)
 - Loss (Grief Injury)
 - Inner Conflict (Moral Injury)
 - Wear and Tear (Fatigue Injury)



Remember:

1. Show up
2. Be nice
3. Stay safe
4. Go home

- This is not about me. We don't brag about what we do. We do it because it's right, it's who we are, it's what we do.
- Let's be ready for the moment when we can make a difference and jump on it. Be the people you want your children or family's children to become.
- Because of this work you understand that life is fragile, fleeting, impermanent. Yes it is sad, and takes you to dark places.
- The point is, you leave those experiences at work and when you're home, forget the work, it will be here tomorrow. Just remember what you learned from it.



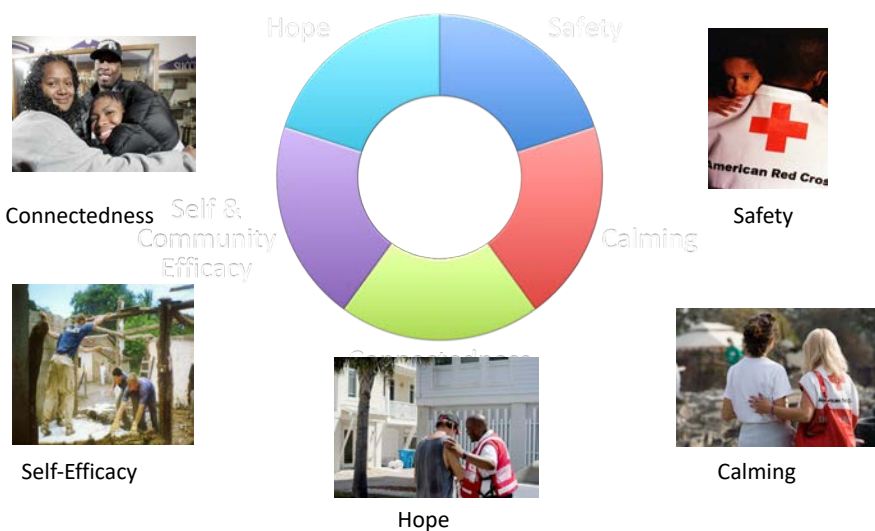
Stress First Aid Introduction



Stress First Aid (SFA) Model

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

Five Empirically-Supported Principles: Framework for Intervention



Evidenced informed

SFA model makes sense and is accessible

Addresses the gap between fitness and illness

Provides procedures for early care of stress injuries

Facilitates further care if needed

- Earlier access to care
- Creates potential links for therapy and healing
- Provides foundation for return to duty

Why This Model?

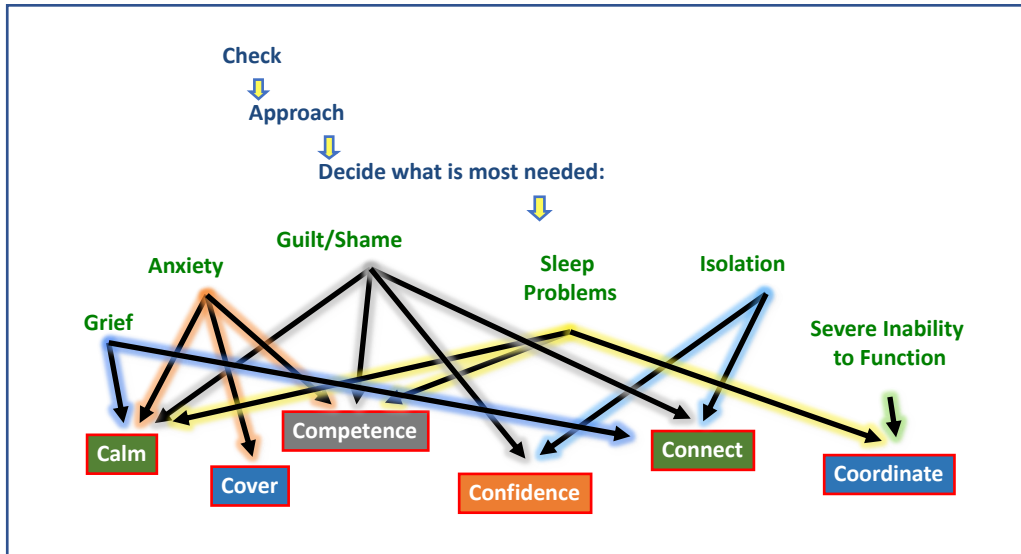
STRESS FIRST AID MODEL



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?



Disaster Interviews: What Works Organizationally

Self-care needs to be “built in,” which applied in the individual context as well as the team-level / organizational-level:

Built-in to routines

Built-in to teams (roles, processes, conversations, meetings, etc).

Designated spaces

There needs to be a large variety of things that people can draw on for self-care, which includes all the “small” things that may not even be perceived as related to self-care (e.g., going out for dinner regularly with one’s girlfriends).

Essential SFA Skills

Recognize	Act	Know
Recognize when a peer has a stress injury	If you see something, say something <ul style="list-style-type: none">• To the distressed person• To a trusted support of the distressed person	Know at least 2 trusted resources you would offer to a peer in distress

Stress First Aid is NOT:



An event only intervention



A one-time only intervention



A replacement for medical or behavioral health interventions

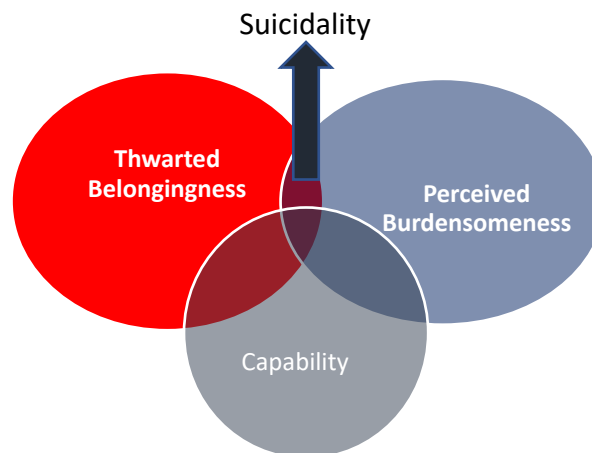


A replacement for prevention efforts

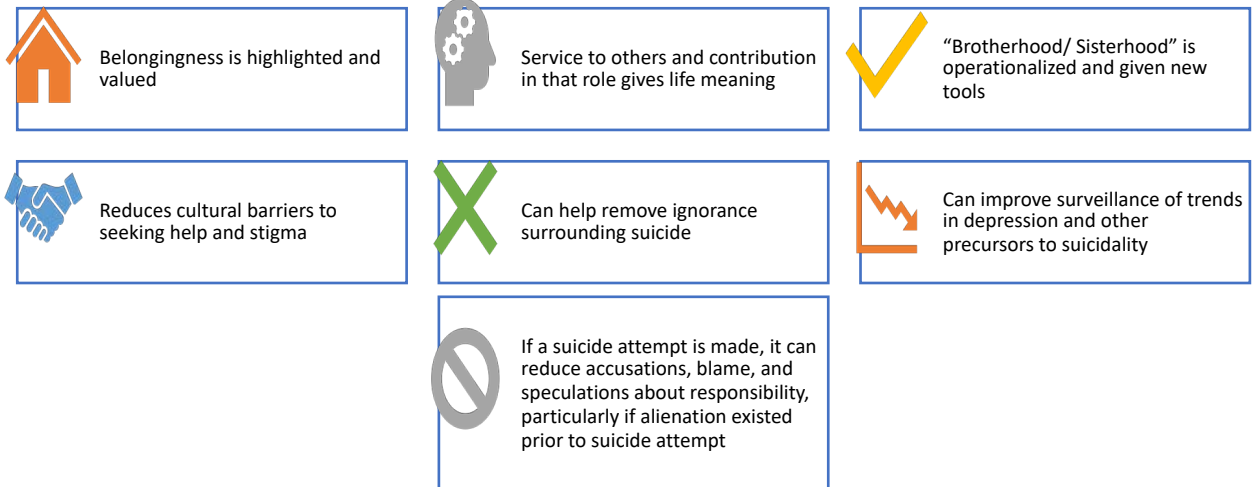
Stress First Aid Core Principles



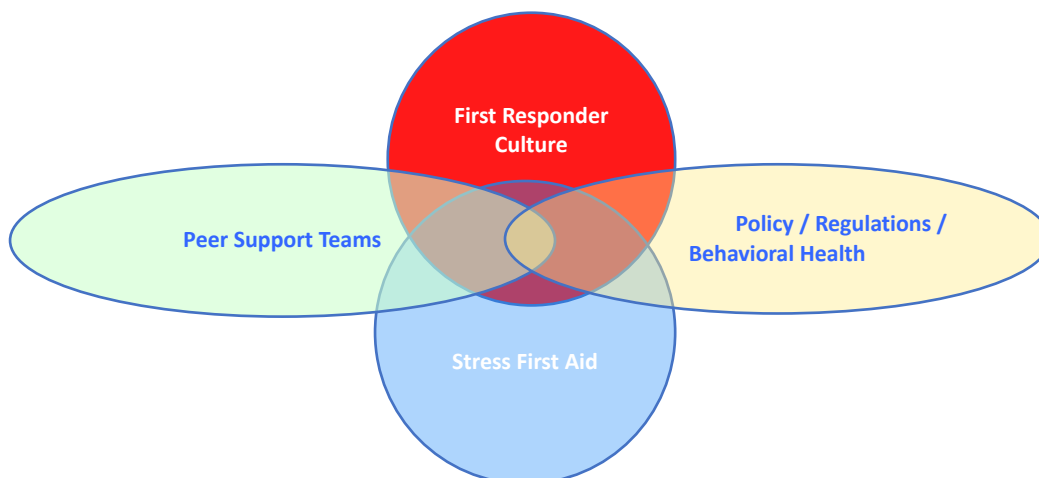
Interpersonal Theory of Suicide

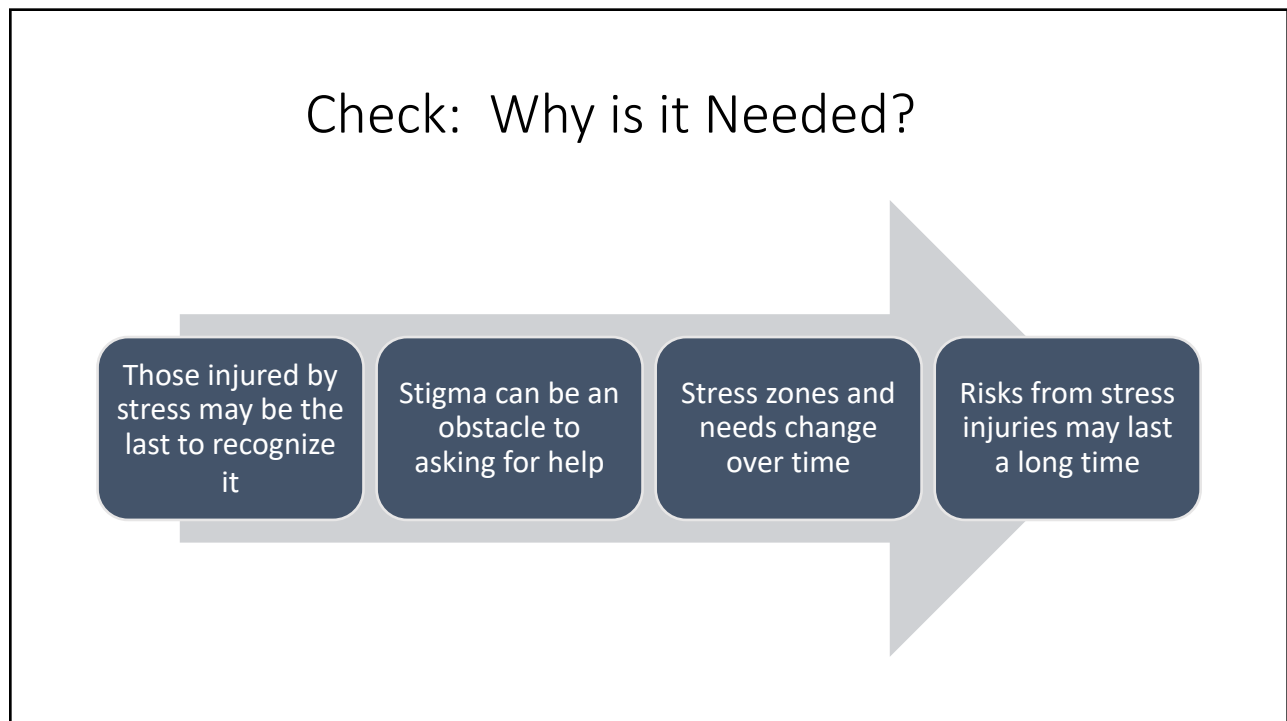
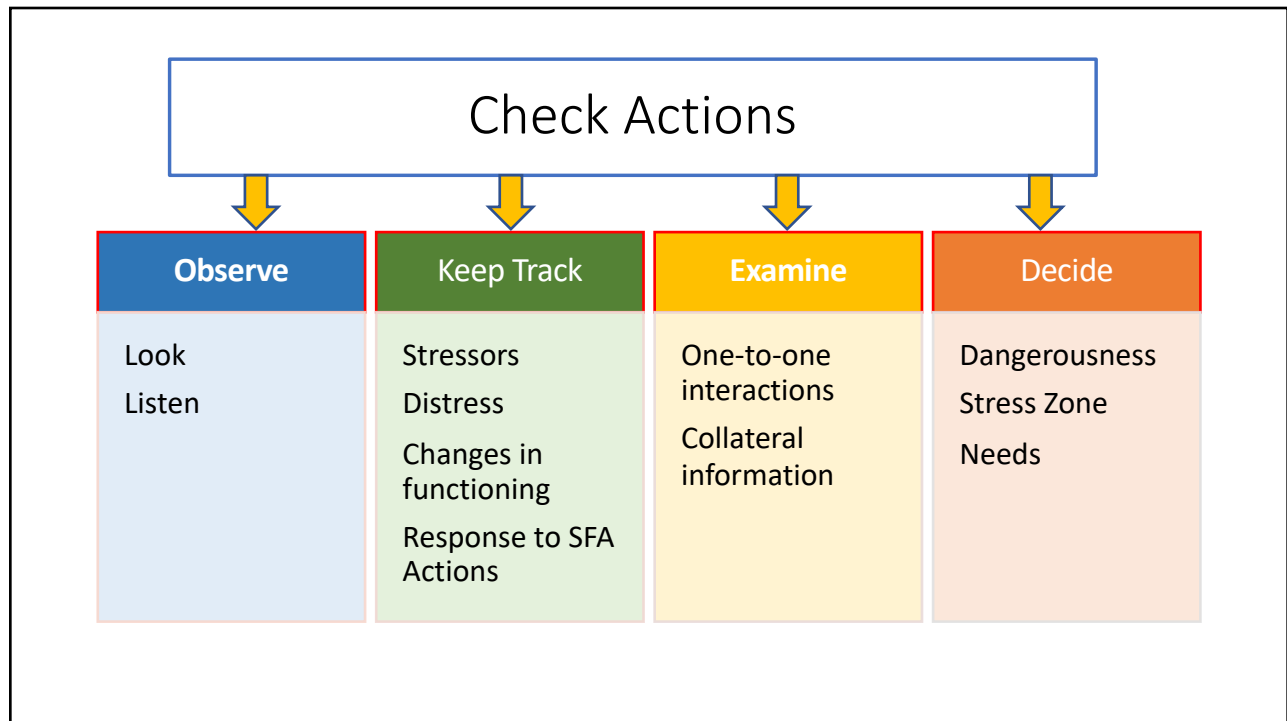


How Peer Support Can Reduce Suicide Risk

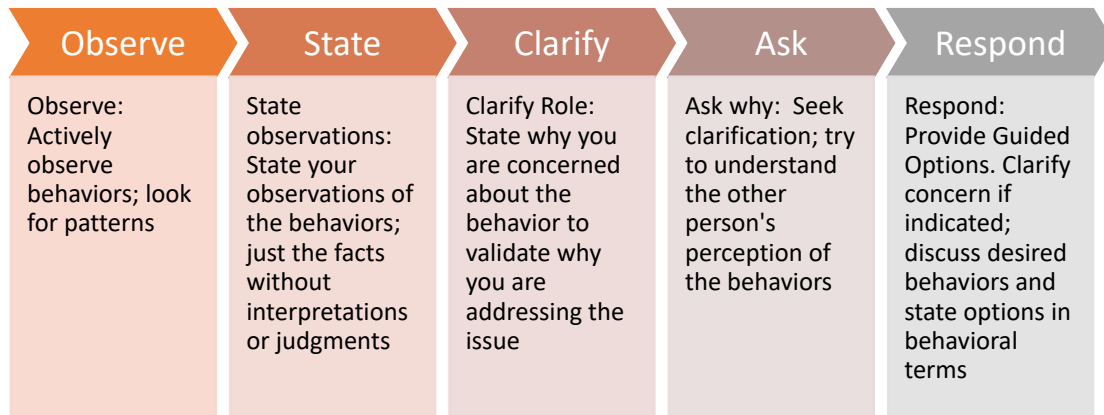


SFA Occupational Health Context

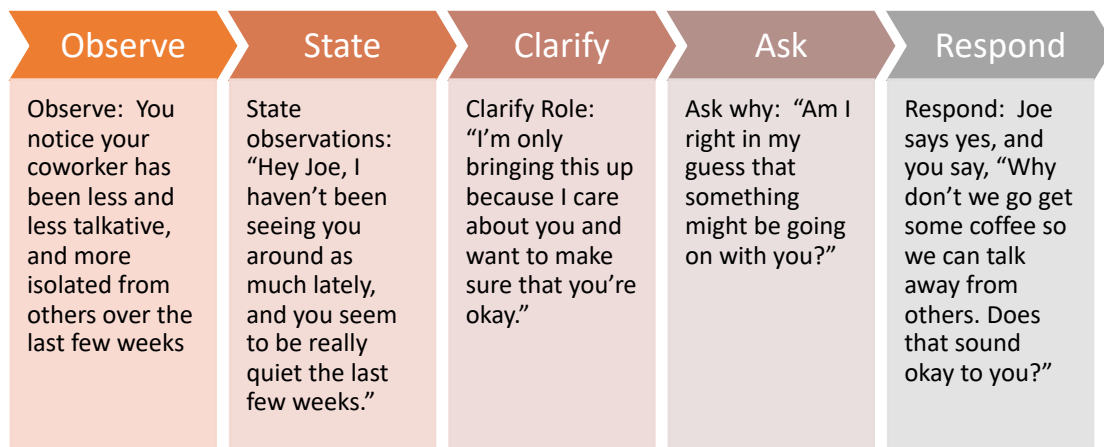




Check Skill: OSCAR



Check Skill: OSCAR



Signs: Significant and persistent negative changes in behavior / habits

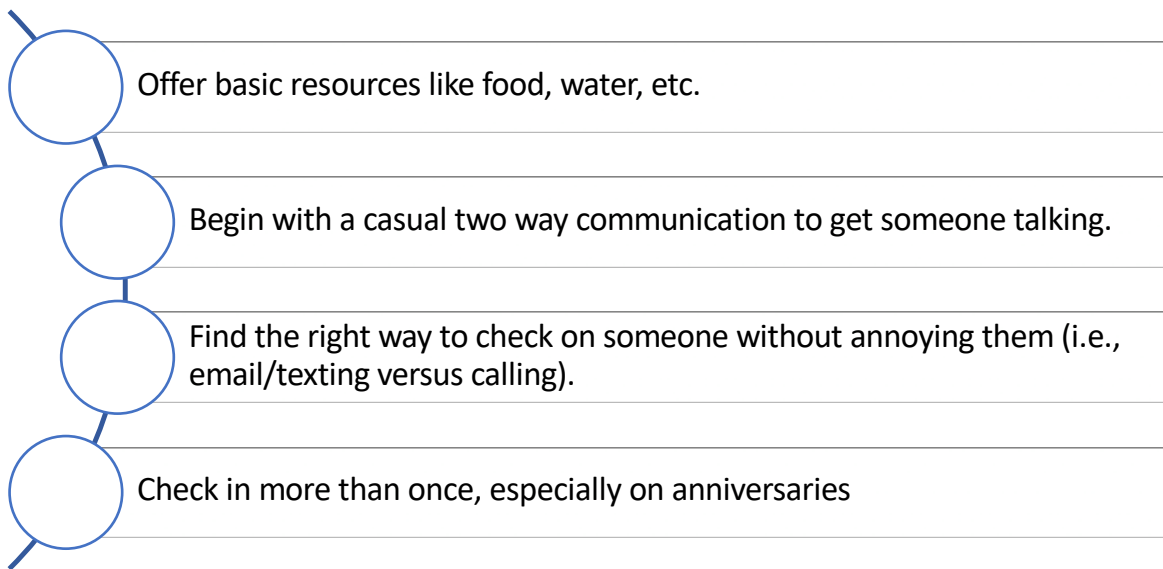
- Becoming more isolated from others
- Uncharacteristic behavior
- Making mistakes
- Calling home more often

Symptoms: Not feeling in control of one's body, emotions or thinking

- Sleep changes or nightmares
- Loss of focus, memory, or the ability to think rationally
- Inability to engage in or enjoy things you usually like
- Feeling unusually numb or remorseless
- Compulsive behavior
- Experiencing intense sadness, anger, or anxiety
- Feeling persistent, intense guilt or shame
- Wanting to avoid reminders

Check: Indicators of Severe Stress Reactions

Potential Check Strategies: Others



Check Examples

“The groundwork or the ***foundation*** that you lay at the human level is going to make a difference when it's time to have a hard discussion or conversation that's way below the surface. Having something else to engage people on a personal level outside of the profession is hugely important. Caring about your people beyond the task and duty is one of the key top rated leader characteristics in research studies.”

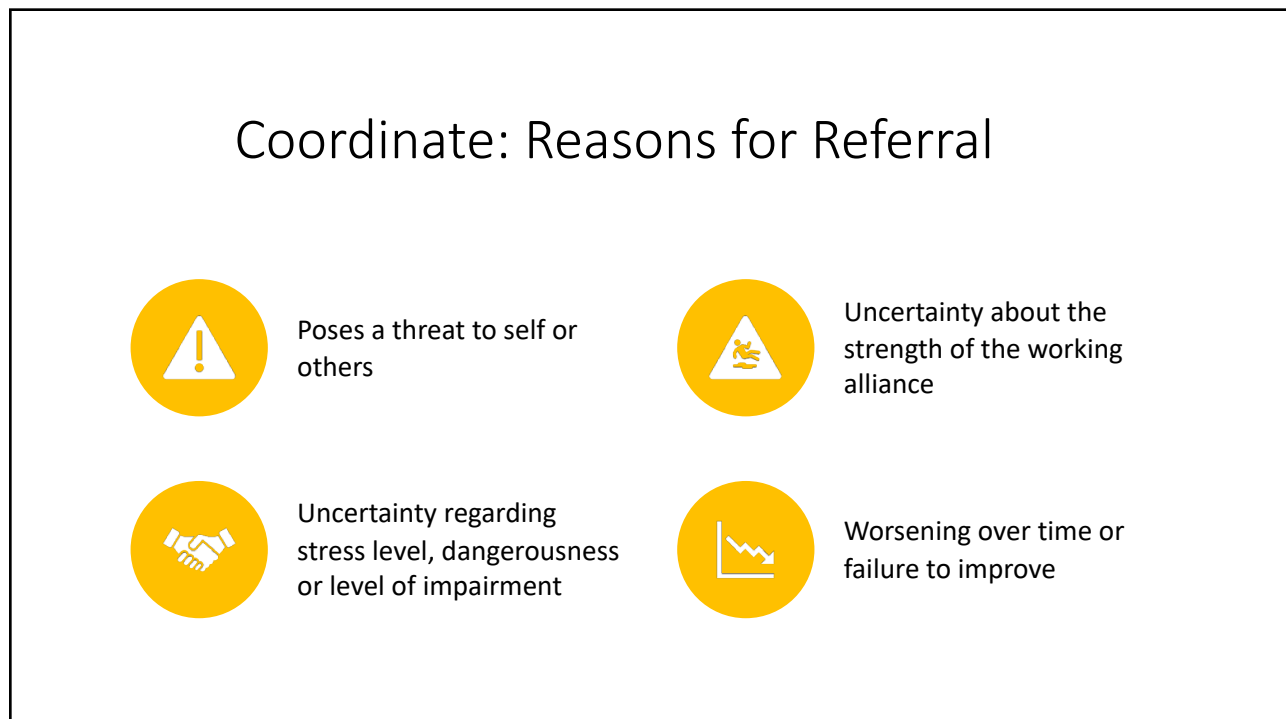
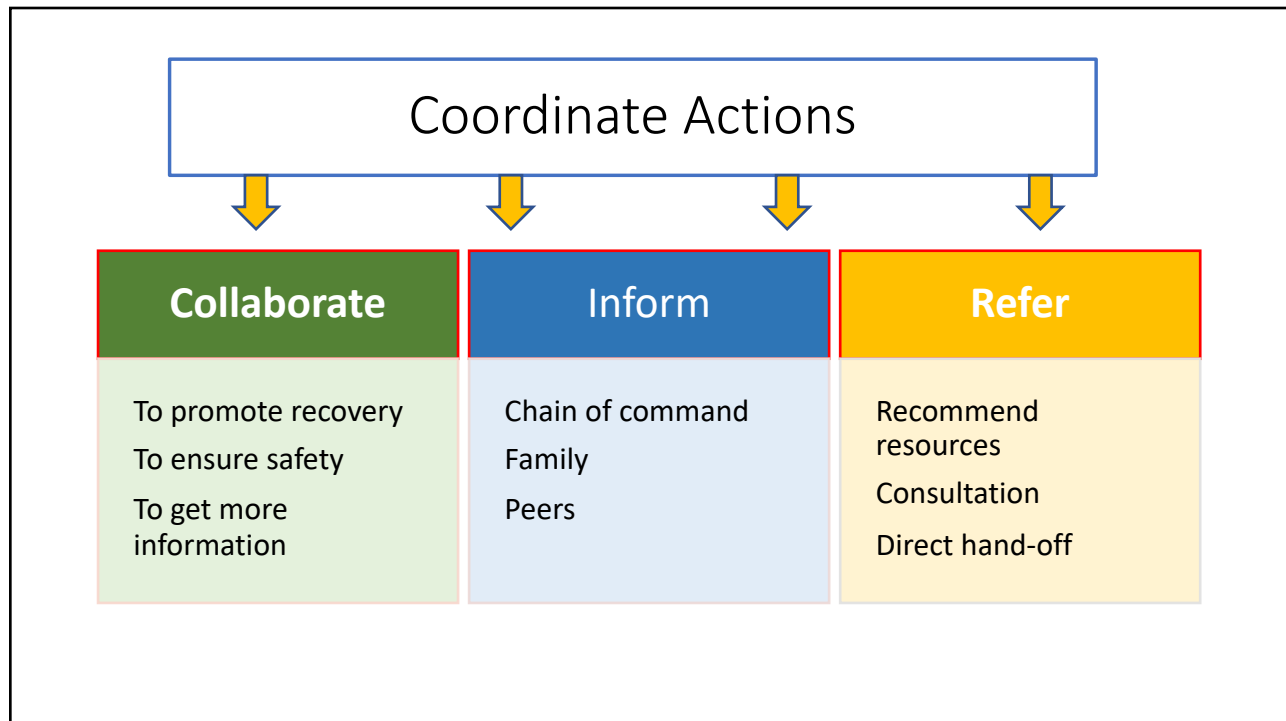
“The way we operate is that ***we're pretty close***. We work together, we live in the same town in the winter, and we see each other from time to time in the winter. If I'm not showing up for hockey, they know something's going on, because I love hockey.”



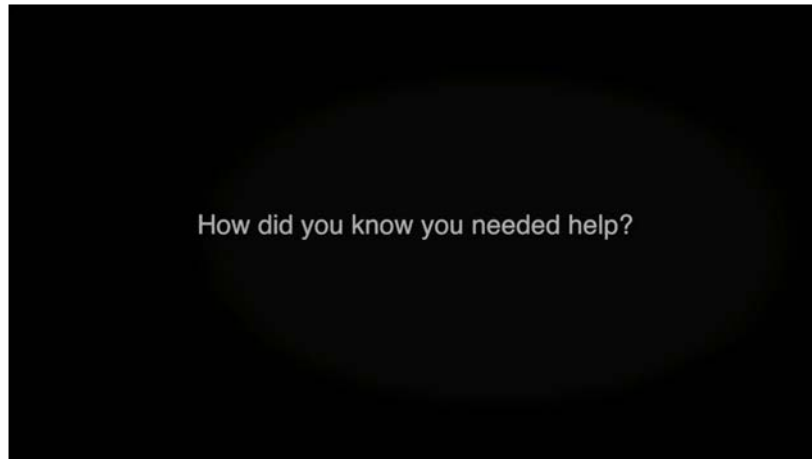
Group Discussion

What are some ways that have worked well to ***check*** how a peer is doing when you see:

- Role compromise during a call
- Withdrawal and isolation
- Anger, outbursts, rage
- Excessive shame, guilt, or self-blame



Coordinate: Referral is Helpful



Pocketpeer.org

Red Zone Examples



Beneath the Vest, Youtube

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 helps in overcoming potential barriers to providing or succeeding with SFA

Coordinate Examples

"We have a **contact list** with information, and options, so you have names of people you could contact easily."

"We have an **invited an EAP representative** to come to our "you will not stand alone" class: The person will come with some options for us. They will come armed with that. Invite them in, and hopefully they will take a seat at the table and give us an idea of what resources we can bring to bear. Sometimes there's no resolution, but there can be understanding."

Finding Good Clinicians



Get a reference from someone who has been helped by a clinician



Ask questions before making an appointment:

How long have you been in practice?
 Are you licensed (if not working for a state agency)?
 In what evidenced-based practices are you trained and do you practice?
 What experience do you have with the fire service or other first responders?
 What experience do you have with trauma, depression, PTSD and family issues?



Keep looking until you find the right one for you.



Refer clinician to Helpingheroes.org

MUSC
 MEDICAL UNIVERSITY
 of SOUTH CAROLINA
 National Crime Victims
 Research & Treatment Center

**NATIONAL FALLEN FIREFIGHTERS
 FOUNDATION**

My Account Introduction Resources Contact Us Logout

HELPING HEROES

A WEB-BASED TRAINING COURSE FOR PROVIDERS
 WORKING WITH FIREFIGHTERS

- Firefighter Culture
- Assessment
- Psychoeducation
- Behavioral Activation I
- Behavioral Activation II
- Exposure Therapy Overview
- Situational Exposure
- Writing Exposure
- Stress Management
- Evaluation

A strategy to heal

Helping Heroes Online Training



Targeted at educating providers of treatment for firefighters on evidence-based protocols for behavioral activation, in-vivo & imaginal exposure, & relaxation



10 education modules + 1 training & website evaluation module



Each module contains pre- & post-knowledge check questions, videos demonstrating application of technique, & videos of answers to common questions



Understand the unique needs of a first responder.

First Responders do not all respond similarly to potentially traumatic events (PTEs).

There is an “unfortunate regularity” that they will be regularly exposed to horrible, dangerous and stressful situations.

Use the Trauma Screen Questionnaire to determine need for trauma-informed behavioral health assistance.



Be prepared to adjust the logistics of treatment to needs.

Meeting outside of a clinic or clinical office

Meeting outside of normal business hours

Meeting outside of the “normal” work week (i.e., weekends)

Use of technology like text messages, calls, emails, online treatment, mobile apps



Understand the importance of confidentiality.

Being taken off the job is a significant fear for many first responders



Understand the physical requirements and stressors of being a first responder.

Understand and “take in stride” the intensive physical, mental, and emotional nature of firefighting and the conditions in which the work is done

Ethics: Clinical Support's
Role Adjusted to Culture



Over 90% reported high overall satisfaction with the site



Over 90% said they would recommend the site to other learners



Over 95% said they gained a lot of knowledge about firefighter culture from the website



90-95% reported they gained a lot of knowledge about specific components of treatment (behavioral activation, exposure, stress management, treatment planning)



Over 90% would be likely to utilize the information in practice

Helping Heroes Evaluation Data

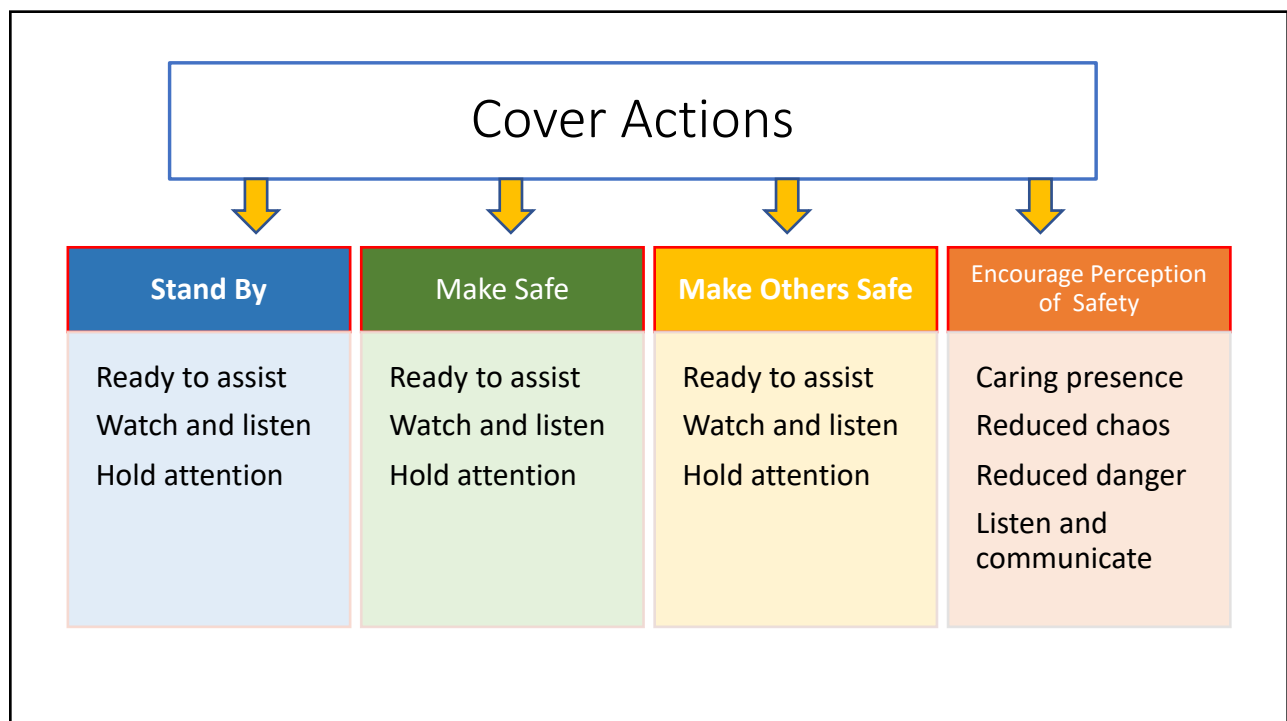
Coordinate Examples

AFTER A YEAR OF TREATMENT,
Rob returned to work part-time.

Beneath the Vest, Youtube



- What are some of the barriers or challenges to connecting with resources?
- What are some of the characteristics of a trusted resource?
- Identify at least two trusted resources you would refer a friend with a stress injury to.



Examples of Need for Cover

Someone in an immediate life-threat situation is not thinking clearly or making good decisions because of stress

Someone has frozen or panicked in a life-threat situation

Someone feels guilty when they report to work because their family is anxious and has serious concerns about their safety following a line-of-duty death of a co-worker

Threatening others

Someone talks about being trapped with no way out or expresses thoughts of suicide

A supervisor set the tone of an unsafe social environment by cultivating a judgmental attitude for whoever didn't fit with the unspoken norms to be tough.

Cover: Immediate Actions

Verbal	Non-verbal
<ul style="list-style-type: none"> • Ask "Are you okay?" • Ask "Do you need help?" • Suggest an alternate, safer course of action • Yell a warning about impending danger • Forcefully command the person to stop 	<ul style="list-style-type: none"> • Make eye contact • Hold up your own hands in a "stop" gesture • Keep pressure on the arm with one hand • Shake or nudge the person to get their attention • If necessary, protect the person from further danger

Cover: Long Term Actions

To Support and Environment of Safety:

- Conduct After Action Reviews (AARs)
- Foster balanced shift rotations
- Mentor
- Train on situational awareness and decision-making
- Empower peers to have situational awareness and stop unsafe behaviors
- Support consistent teams
- Ask about and address concerns for safety
- Support and educate concerned family members



Find those people, places, or actions that feels safe to you and call on them when you need to feel more safe.



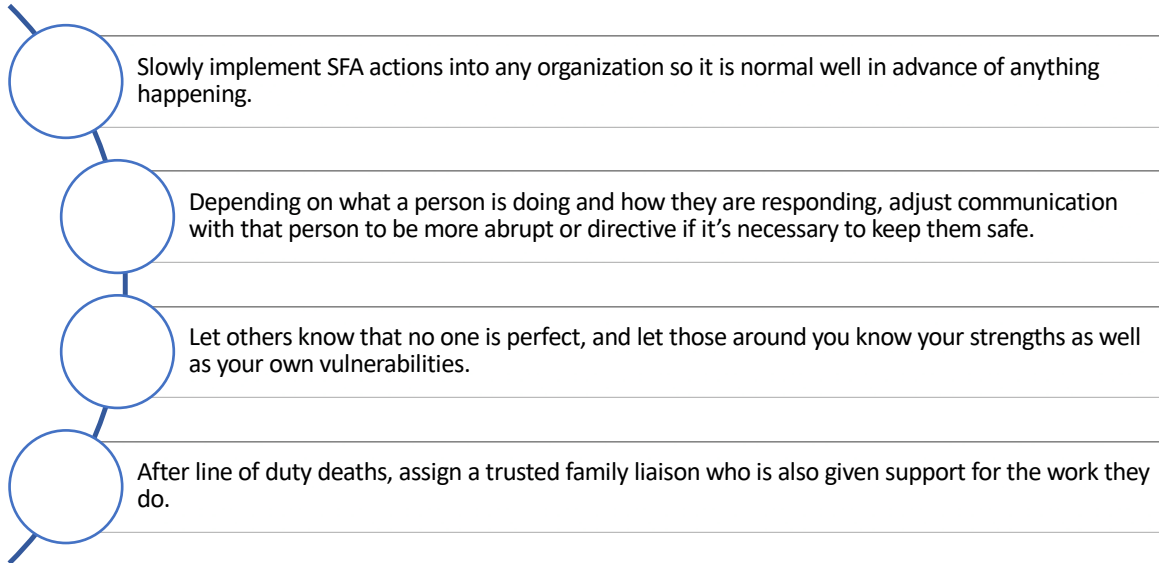
When you feel unsafe, distract yourself by focusing on something near you or your own breath or thought (i.e., counting).



Realize that no one is perfect and everyone is going to have strengths and vulnerabilities – be aware of your own.

Potential Cover Strategies: Self Care

Potential Cover Strategies: Others



Cover Examples

"One way Cover is achieved is by **showing vulnerability yourself** and by knowing your employees. SFA needs to start well in advance of anything going on. You slowly implement it into any organization so it is normal. We talk, drop our guards, and show our vulnerability. It has to begin well in advance of anything happening."

"Maybe you don't need to have the exact AAR questions, but you do have **quick questions**. It's how you talk about it. I asked every day, 'How did things go today? Anything we need to discuss? OK, let's go eat.' The question needs to be asked. But it's all about how you execute it. If you're not having that open dialogue every shift, or every transition period, whatever it is, something is going to get missed. When something bad does happen or something big does something, if your structure already has that open dialogue in place, then you plug in the crew members, and it makes it a lot more feasible for them to communicate comfortably back-and-forth."

Cover Examples

"One way Cover is achieved is by **showing vulnerability yourself** and by knowing your employees. SFA needs to start well in advance of anything going on. You slowly implement it into any organization so it is normal. We talk, drop our guards, and show our vulnerability. It has to begin well in advance of anything happening."

"Maybe you don't need to have the exact AAR questions, but you do have **quick questions**. It's how you talk about it. I asked every day, "How did things go today? Anything we need to discuss? OK, let's go eat." The question needs to be asked. But it's all about how you execute it."

"If you're not having that open dialogue every shift, or every transition period, whatever it is, something is going to get missed. When something bad does happen or something big does something, if your structure already has that open dialogue in place, then you plug in the crew members, and it makes it a lot more feasible for them to communicate comfortably back-and-forth."

Cover Example



BodyCam Shows Moment Deputy Suffers Panic Attack While Armed; Youtube

I

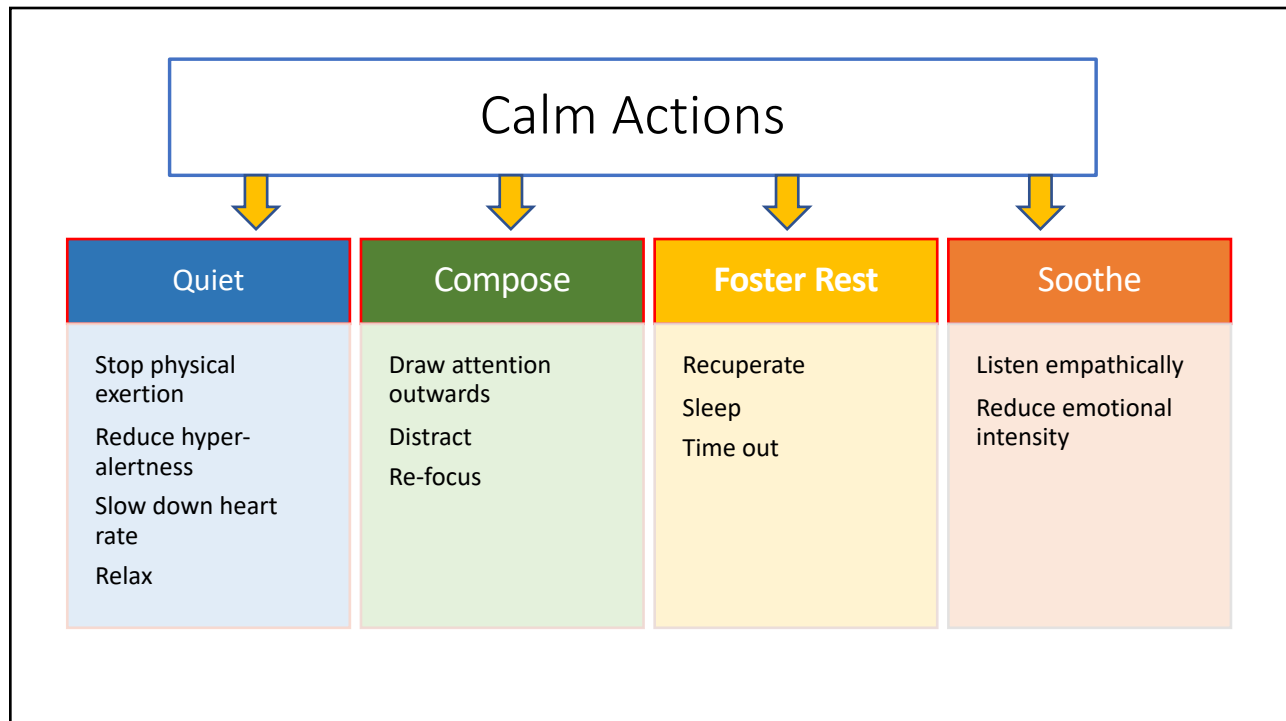


Disaster Cover Actions: Organizational


- Provide information on keeping oneself safe, on how the organization is planning to keep workers safe, and on disaster preparedness.




- What are some ways that you have seen that cover might be needed in your work?
- What are some ways that you find cover for yourself?
- What are some ways that you have offered or been offered cover?




Examples of Need for Calm



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



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



Someone punches their locker and is yelling and kicking things. They have just returned from a call responding to a baby in a coma after being shaken by a parent.



regular physical activity.



Spend time with family and close friends



Take a Short break










build in rewarding activities to get energized during down cycles



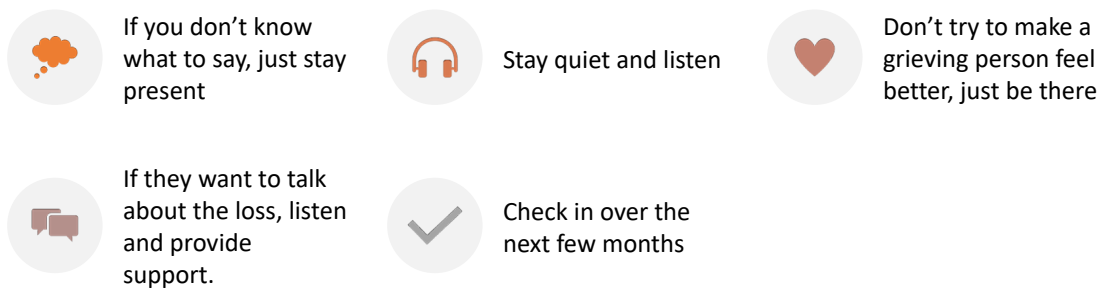
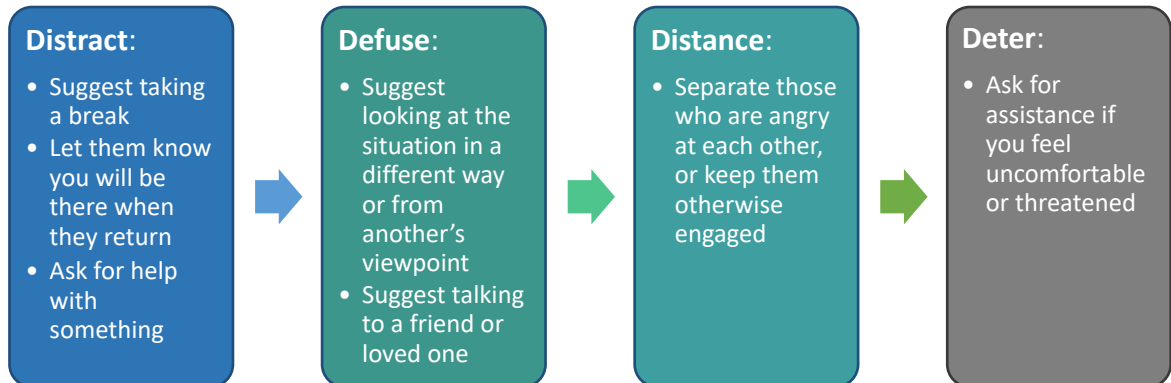
Try to see things from a higher vantage point

Potential Calm Strategies: Self-Care

Potential Calm Strategies I: Others

-  Emphasize the importance of personalized self-calming strategies
-  Ask for help to empower and distract the other person
-  Get the person to look at you, and be very specific about what you want them to do
-  Use light humor
-  Make every effort not to call attention to someone's stress
-  Acknowledge future stressors and possible need for support in a matter of fact way
-  If the person can't focus or make good decisions, calmly use their name and say exactly what is needed

Calm Procedures for Angry Peers



Calm: Procedures for Bereaved Individuals

Calm Examples

"Asking for help" is a good way to calm people. Saying, "in order to get through this, I'm really going to need you to 'x,y, and z.'" I can't do it by myself, if you could just help me out here that would be great." It's empowering. It appeals to all the parts of us that are doers, fixers, and movers."


"Humor" is a very safe to Calm down. Being self-deprecating always works, because you're the butt of it, not anyone else, although you have to be careful because you don't want to undermine your own leadership."

"There was a guy who would start picking the lint off his sweater when he was anxious. I would say, **"just look at me for a second."** I would get him to stop doing what he was doing and focus just for that second, and say, "here's what I need you to do," then be very specific and detailed. It was great. He could get right back there and focus. Something needed to jog him out of his funk."

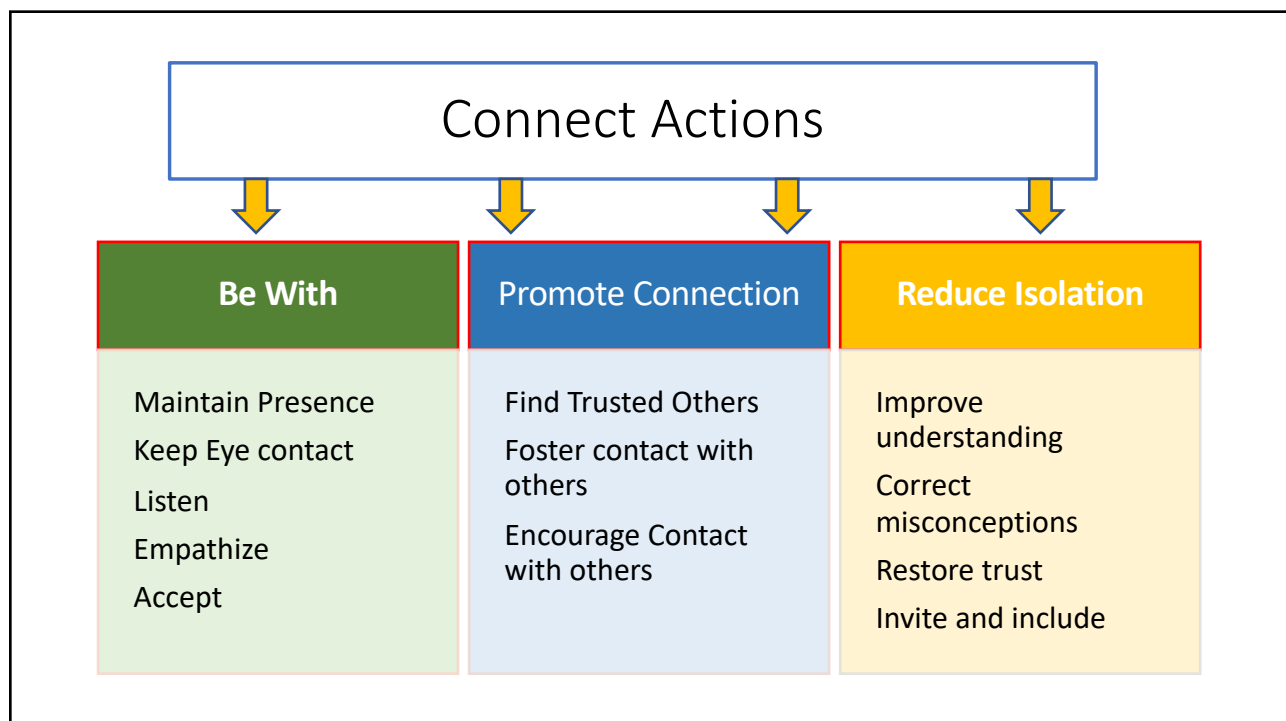


Disaster Calm Actions: Organizational

- Wellness speakers
- Journaling group
- Art collage
- Newsletter pages on resilience
- Hire Social Workers to help with staff and patients
- Exercise series (yoga and cardio)
- Bringing resources to the staff



- What are some examples of how calm might be needed in your work?
- What are some ways that you find calm for yourself?
- What are some ways that you have offered or been offered calming actions?





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

Examples of Need for Connect

An inexperienced person freezes during their first major call. Although only disabled for a few seconds, they feel ashamed and withdraw from all contact with others.

Someone on a call is killed. Some department members feel that better coordination could have prevented the death. Those not involved in the call avoid speaking or interacting with those who were involved.



Surround yourself with people who are genuine, authentic, and honest.



Make friends with people you can be yourself with, and talk with about what bothers you.



Discipline yourself to have conversations people who know you well enough to know when something is bothering you.



Reprioritize your schedule to spend more time with those who mean the most to you.

Potential Connect Strategies: Self-Care



Hold the crew accountable for treating each other with respect.



If someone has retreated because of an incident, find ways to indirectly include them in collaborative projects, to get them back into doing something meaningful.



With introverts, get them re-connected after they recharge, whatever that looks like for them.



If someone is resistant to getting support, and they trust you, don't be afraid to be more authoritative in getting them the help they need.



In the middle of intensive stress, keep people moving or get them engaged in activities that facilitate talking while you do things.

Potential Connect Strategies: Others


Connect Example

“There was a fatality and one of the crew felt overwhelmingly responsible for the incident. We rallied around him as much as he would let us. He was a solitary kind of guy before the incident, so it would be normal for his reaction to be one of retreat. A year ago, I would have let him retreat, but because I was introduced to the SFA model, I rallied an effort to help. Post-accident, I included him in discussions and projects for which I would not have in the past. They were positive projects that would benefit from his expertise, and created collaborative opportunities with peers. It gave us the opportunity to include him, take his temperature from time to time. It redirected his energy to get him back to a sense of competence, confidence and connection, to get him back into doing something that was in his wheelhouse professionally. These actions have all the appearances of being effective.”

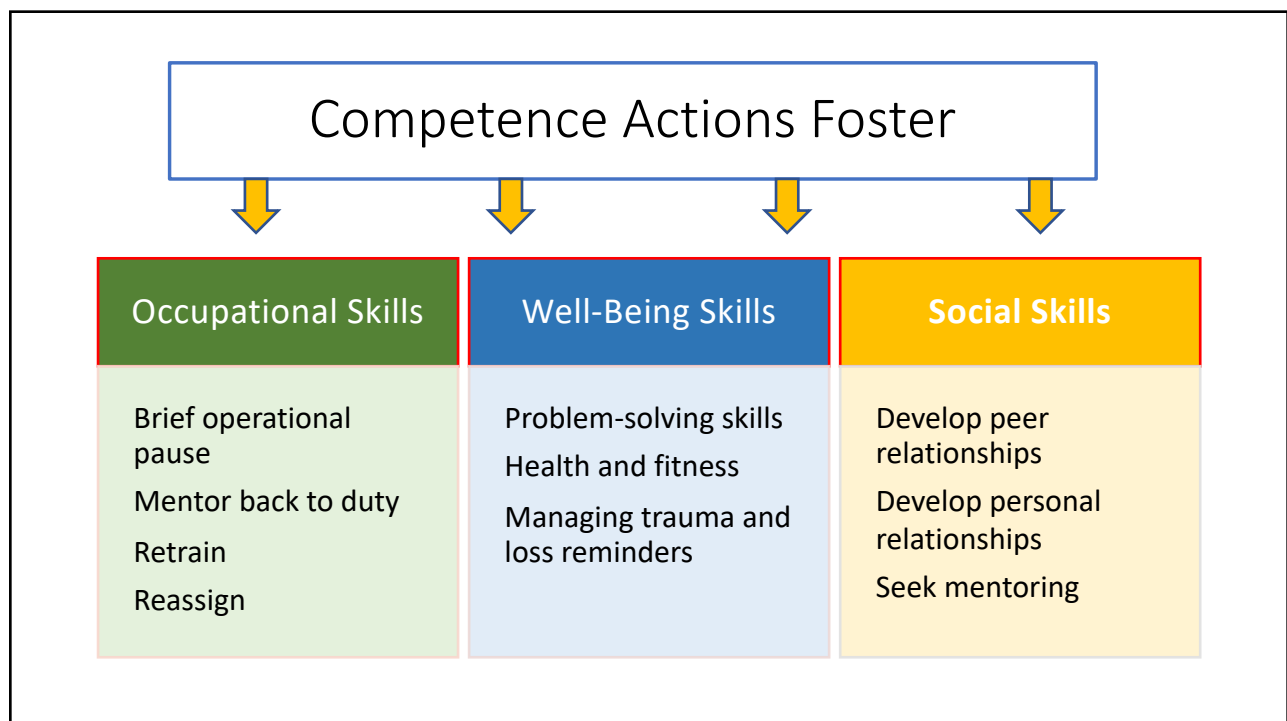
Disaster Connect Actions: Organizational



- Staff/team-building days or activities
- Open communication with co-workers
- Consider electronic support, which is time limited and convenient
- Staff check-ins
- Staff down-time and support
- Staff latitude and flexibility
- Confidence in staff abilities from managers
- Humor
- Show of caring, like care packages
- Resilience building
- Fix up work spaces
- Allow staff to check in with families
- Gatherings
- Designated spaces for talking



- What are some examples of how connect might be needed in your work?
- What are some ways that you have been able to connect with others that have been helpful for you?
- What are some ways that you have offered or been offered connect actions?



Competence: When is it Needed?

1. When lack of experience or training contributes to difficulty meeting job demands
 - Operational challenges are new to a crew member
 - An individual is unprepared to handle specific emotional aspects of the job
 - There is a lack of sufficient training in certain aspects of the job
2. When stress reactions cause loss of previous skills or abilities
 - Mental focus or clarity, cognitive functioning
 - Emotional or behavioral, physiological self-control
 - Enthusiasm and motivation
 - Social aptitude
3. When stress reactions cause new challenges to coping
 - Trauma or loss reminders, intrusive memories
 - Difficulty relaxing, slowing down or getting to sleep
 - Difficulty maintaining an emotional “even keel”
 - Dread and desire to avoid re-exposure



Examples of Need for Competence

Someone on a traumatic call experiences persistent mental confusion and slowed, unclear thinking.

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

A leader who loses one of his crew becomes hesitant about sending subordinates into hazardous situations.

Competence Procedures

STOP

- Rest, time to recover
- Identify challenges to recovery
- Don't do things that aren't working

BACK UP

- Retrain/refresh skills
- Mentor/problem solve
- Learn new skills

MOVE FORWARD

- Practice skills
- Gradually increase responsibilities
- Trouble shoot obstacles
- Celebrate success



If you're under too much stress, do something that is easy for you to give you a sense of accomplishment.




Be more disciplined in taking whatever healthy steps support you in dealing with stress.




Regularly reflect on the balance between the satisfaction of fulfilling work duties and the personal sacrifices you are making. Be prepared to adjust behaviors and expectations if that balance changes over time.

Potential Competence Strategies: Self-Care

Potential Competence Strategies I: Others

- 
- Start with absolute basics , and provide stepped escalation of responsibility in a calculated manner.
 - If someone is overthinking, give them simple ways to occupy their thoughts, like counting random numbers or steps.
 - If someone is struggling, find someone who they can relate to and communicate with, and assign that person to them.
 - Figure out how the person is going to best learn something, and have them teach the same strategy to others.

Potential Competence Strategies II: Others

- 
- Give the person responsibility little by little, so that they are more and more in control.
 - Remind them that everyone is human and all reactions acceptable in the right context.
 - Help them figure out what they might do differently in the future.
 - If sense of duty and commitment lead to overworking, make sure they're getting rest.
 - Before recommending time off, make sure taking time off is feasible.

Competence Examples


“You can mitigate a lot of issues with the right mentoring. The platinum rule of treat others the way they need to be treated, it’s the same thing with teaching. It’s not about me, it’s about how are you going to learn this and how are you going to then get confidence to teach it as well. A lot of one on one is the way to do it.”

“Our fire department had training on conflict resolution because we saw that when our young firefighters were under stress, they didn’t really know how to manage their irritability and anger. They also did not know how to communicate directly, effectively and assertively with others—they were more used to texting than talking. The training helped all of us improve the ways we handle conflict individually, and as an organization.”

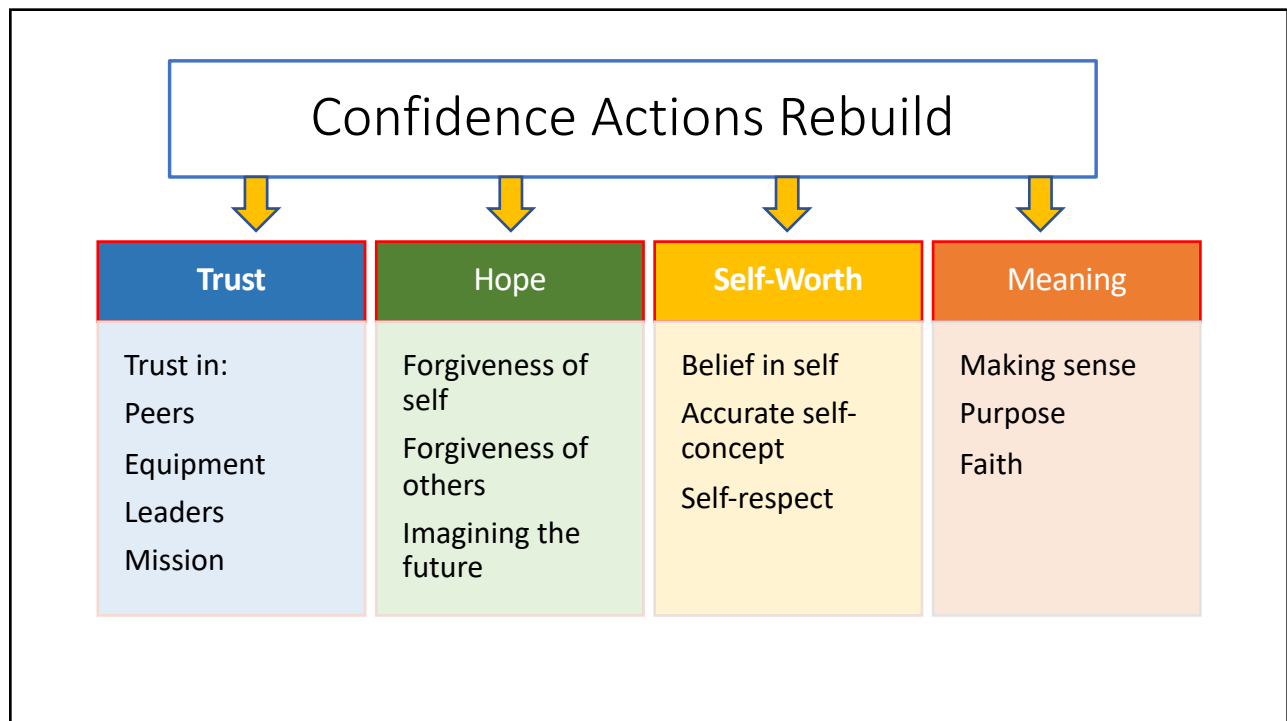
Disaster Competence Actions: Organizational



- Give people practical ideas when they are struggling to think for themselves
- Use lessons learned from previous local disasters
- Hearing other people’s stories is helpful
- Psychosocial, outreach, community, coordinated philosophical approach helps
- Hire the right kind of people to support staff self-care
- Scheduling / workload burden / relief
- Designated physical spaces that support staff



- 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?



Examples of Need for Confidence



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



Someone who developed wear-and-tear stress reaction loses respect for their leaders and becomes angry and irritable.



Someone with significant life threat stress suffers lowered functioning; loses their spiritual faith and their professional capabilities; and becomes depressed.

115



Use small triumphs to build confidence.



If you have self-doubt, read more self-help books or tactical reports.



Don't push yourself to "process" a situation in any particular time frame, but if something triggers you, give yourself time and space to integrate it.




Use the wisdom gained from hard experiences to reconfirm your values, make changes in your life, appreciate what you value, or help others.




If you have tried to mentor someone and cannot get them up to speed, realize that not all personalities fit this job, and sometimes you have to walk away.

Potential Confidence Strategies: Self-Care

Potential Confidence Strategies I: Others

- 
- 1. Normalize guilt and let them know they are not alone in experiencing stress reactions.
 - 2. Give inexperienced staff tasks that they can be successful at, solicit their opinions, or find some way they can contribute.
 - 3. If someone shows severe stress, talk with them, give them relevant reading materials, and connect them to people who have dealt with similar things.
 - 4. If someone continues to get triggered, mentor them to consider their options, including leaving the department.

Confidence Strategies II: Others

- 
- 1. Consider involving other disciplines or mentors/peers who can implement Confidence either more effectively or in a complementary way to you.
 - 2. Improve communication, mentoring and information about mission and acknowledgement of person's value.
 - 3. Make efforts to confront stigma about stress reactions.
 - 4. Foster and support doing things that will alleviate and mitigate harmful effects of stress.
 - 5. Help to re-establish belief in colleagues who have stress reactions.




Disaster Confidence Actions: Organizational

- Spiritual care program lunch drop-in prayer time
- Newsletter with positive messaging, updates from the town, community activities, opportunities for story telling, personal recovery activity and tip sheets
- Making people feel important. Going the extra distance, especially in the first year because of anniversaries: Christmas tree ornaments, healing rocks with a personal wellness message; What is meaningful to staff.

Confidence Examples

"As a leader, I saw that a young firefighter was struggling to find a way to contribute to the crew, which was affecting his confidence. I made an effort to give him tasks that I knew he would be successful at, asked his opinions, set him up for success, gave him some advice, and when he said "every time I open my mouth I say something that confirms how dumb I am," I joked with him, "you can always return to not saying anything."

"The people who can especially be helpful are the ones who have been through similar situations, and they have clout because they also went through a trial by fire. Sometimes a person in need of Confidence won't listen to anyone else, but they will listen to the person who has been through the hardest of times. It gives them a role model to show how to potentially go through things."



A graphic for a group discussion. It features a large white circle with a blue, paint-splattered border. Inside the circle, there is a logo of five stylized human figures in green, orange, and purple, arranged in a cluster. Below the logo, the text "Group Discussion" is written in a bold, blue, sans-serif font.

- What are some examples of how confidence might be needed in your work?
- 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?



Stress First Aid Group Format

SFA Group Format: Introductions



INTRODUCE YOURSELF. STATE THAT YOU WILL BE USING A STRESS FIRST AID FORMAT FOR THE DISCUSSION



IDENTIFY THE INCIDENT, AND GROUND RULES (FOCUS ON PEER SUPPORT)



SAY SOMETHING LIKE, "I AM NOW GOING TO ASK ABOUT SOME ESSENTIAL NEEDS THAT CAN BE IMPACTED BY SIGNIFICANT EVENTS."

Essential Need	Question
Cover	<ul style="list-style-type: none"> How has the incident affected your sense of safety?
Calm	<ul style="list-style-type: none"> What changes have occurred regarding sleep, feelings of being on edge, or ability to keep calm?

Essential Need	Question
Connection	<ul style="list-style-type: none"> Has there been an impact on how you talk with each other, work morale, or connecting with family and friends? Is there someone you feel comfortable talking with about this? Has anyone you know done or said something that really helped?

Essential Need	Question
Competence	<ul style="list-style-type: none"> Any concerns about being able to handle what's going on in your life, deal with your stress reactions, or do your work? What are some things that you have done to cope that have been helpful in the past, or have been helpful since this incident?

ESSENTIAL NEED	QUESTION
Confidence	<ul style="list-style-type: none"> Any change in your confidence in your ability to do your job in the same way as before the incident, in equipment, or in leadership? Does this event/incident hold special meaning or connect with other experiences in any way?

Group Format Wrap Up



Say: "We have talked about the ways that this experience has affected your sense of Safety, Calming, Connectedness, Competence, and Confidence. Is there anything else 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 unit?

Curbside Manner: Stress First Aid for the Street



Curbside Manner Core Actions



1	Cover
2	Calm
3	Connect
4	Competence
5	Confidence



Objectives of Curbside Manner



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 in Each Core Action of Curbside Manner

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

Cover Actions

Approach	<ul style="list-style-type: none"> • Convey that you are there to keep the person safe
Information	<ul style="list-style-type: none"> • Ask about concerns • Give simple, accurate information on your activities • Convey that you are there to help and to keep the person safe • Reassure of safety
Direction	<ul style="list-style-type: none"> • Remove person from scene • Protect from unnecessary exposure to reminders, media and/or onlookers • If you have to act firmly or abruptly, moderate the impact at your first opportunity • Reinforce compliance by promptly and positively acknowledging actions that follow your instructions

Calm Actions

Approach	<ul style="list-style-type: none"> • Maintain a calm presence • Respect needs • Reassure by authority and presence • Expect and show understanding of emotions • Validate
Information	<ul style="list-style-type: none"> • Ask questions in calming or distracting way • Use reflection, clarifying statements to communicate that you've heard correctly • Provide information about services • Explain your actions • Give reassurance • Convey that reactions are understandable
Direction	<ul style="list-style-type: none"> • Address basic needs • Emphasize the present, practical, possible • Let the person help • Direct to use simple self-calming actions • Use distraction



"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 transport you to the hospital right now. Your family will be told where you are going."



"If you could grab your belongings and bring your family to this area, we have a support person here who can get you information about temporary lodging."



"Try to calm down, we're here to help you through this. Try slowing down your breathing —this sometimes helps."



"I'm sorry that you have to go through this. Is there anything you need that we can get for you (i.e., food, drink, clergy, phone)?"

Calm Examples

Connect Actions

Approach	<ul style="list-style-type: none"> • Connect people to trusted supports however possible
Information	<ul style="list-style-type: none"> • Get contact information • Look for people in vicinity to connect individuals to • Ask about who are most trusted supports (including pets)
Direction	<ul style="list-style-type: none"> • Foster reconnection with family, friends • Encourage peer support with those available • Solicit volunteers to provide support

137

Competence Actions

Approach	<ul style="list-style-type: none"> • Get people connected to resources • Don't leave the scene without a relationship transfer
Information	<ul style="list-style-type: none"> • Determine people's needs, what your role is and what the exit plan is • Provide verbal and written information on resources, and encourage their use
Direction	<ul style="list-style-type: none"> • Get needed items • Give contact information to acquire resources • Make connections for specific MH and PH conditions

138

Confidence Actions

A pproach	<ul style="list-style-type: none">• Keep a neutral or positive attitude• Avoid judgment
I nformation	<ul style="list-style-type: none">• Clarify rumors, misunderstandings and distortions• Reduce guilt about actions
D irection	<ul style="list-style-type: none">• Focus the person on the present moment or future• Put the person on task

139

Curbside Manner Example



Captain Phillips, 2013 Sony Pictures

What is the
Value
Added?

Sets people up to recover from the event

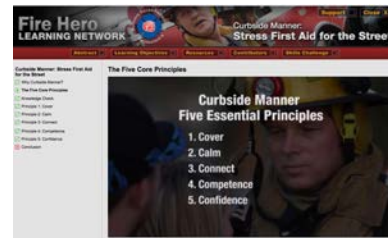
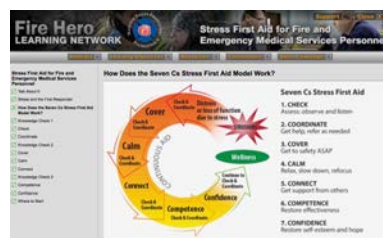
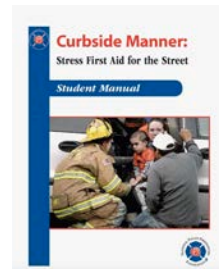
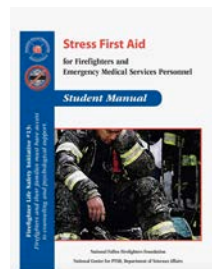
Creates strong
employee/community support

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

Helps you to remember SFA for self-
care and peer support

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

Fire / EMS Stress First Aid / Curbside Manner Resource

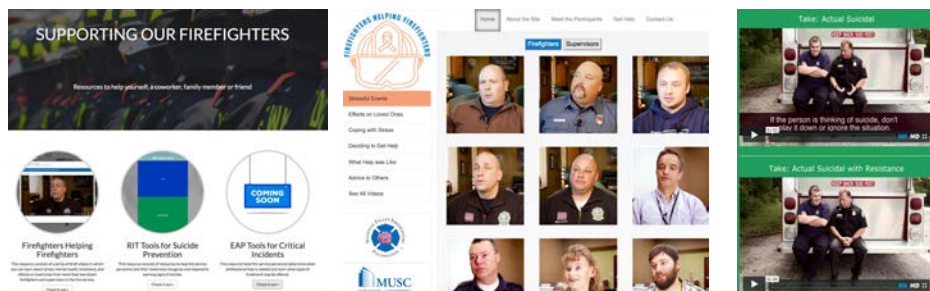


<https://www.fireherolearningnetwork.com/>

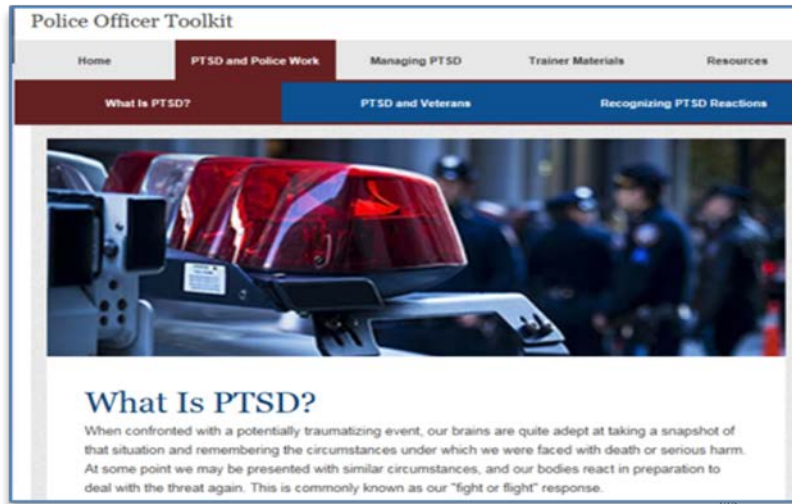


SFA / Suicide Prevention Resource

Pocketpeer.org



Resource: NCPTSD Police Officer Toolkit



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

A graphic for a group discussion. It features a large, light blue circle with a textured, splattered edge. Inside the circle, at the top, is a cluster of five stylized human figures in green, purple, and orange. Below the figures, the words "Group Discussion" are written in a bold, blue, sans-serif font.

- How can SFA work best in your role as a leader?
- What are potential obstacles to using SFA?
- What policy recommendations would you make to better support and preserve law enforcement personnel from the effects of stress injuries?
- What are next steps in the 6 months ahead?