



Stress First Aid (SFA)

Patricia Watson, Ph.D.
National Center for PTSD

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



Course Objectives



Describe how Stress First Aid reduces the risk for stress reactions



Identify the core set of principles that guide Stress First Aid



Understand the Stress Continuum Model



Describe the Seven Core Actions of Stress First Aid

Introductions:

- Name
- Work
- Expectations





5

Background

Reasons for a Stress First Aid

Acute Stress

- Short-lived
- What you feel after a difficult call
- Once the situation is resolved, it diminishes

Chronic Stress

- Long-term
- Might be the result of an eventually traumatic event or other ongoing situation
- Feelings may not have been dealt with and chronic stress remains

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 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

7

Obstacles to Self-Care

What values / ideals / or other obstacles create self-care challenges for you and others?



Stress Injuries



Two Faces of Stress



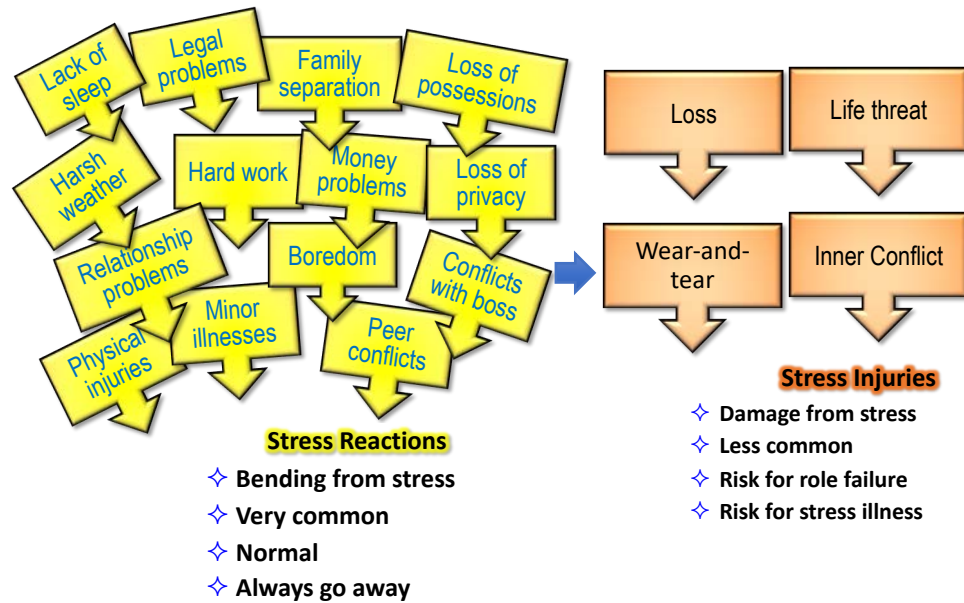
Four Causes of Stress Injury

Life Threat	Loss	Inner Conflict	Wear and Tear
A traumatic injury Due to an experience of death-provoking terror, horror or helplessness	A grief injury Due to the loss of cherished 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



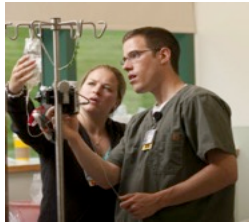
Symptoms (Felt by Person)

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

- 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)



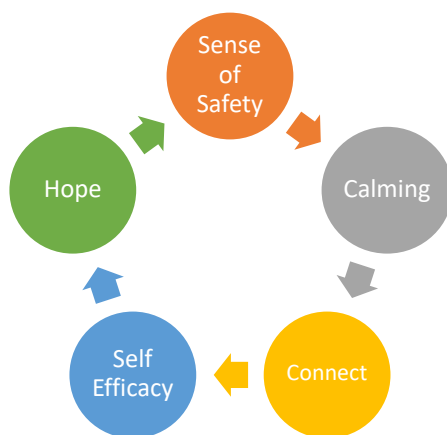


Stress First Aid Introduction



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 healthcare.
- 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”).



Factors in Recovery From Adversity and Stress

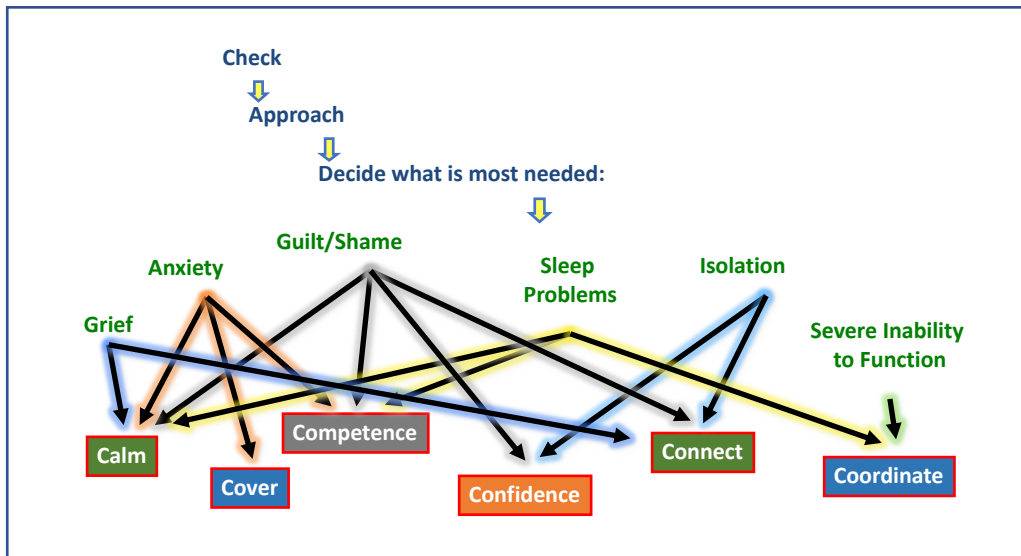
STRESS FIRST AID MODEL



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?



Essential SFA Skills

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

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



SFA fosters strong leadership and peer support



SFA catches stress reactions early



SFA occurs wherever and whenever it is needed



SFA is individualized, not one-size-fits all

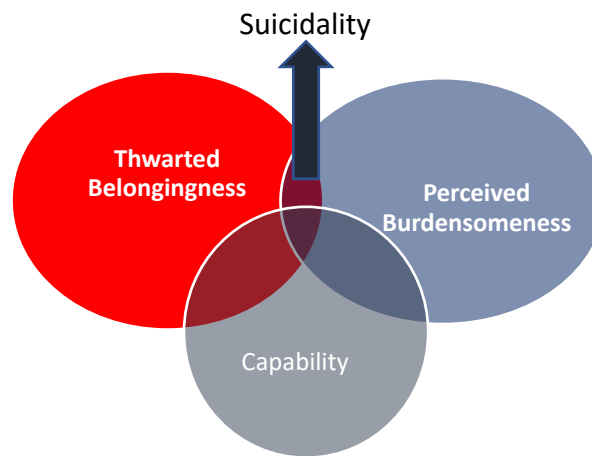


SFA is an ongoing process

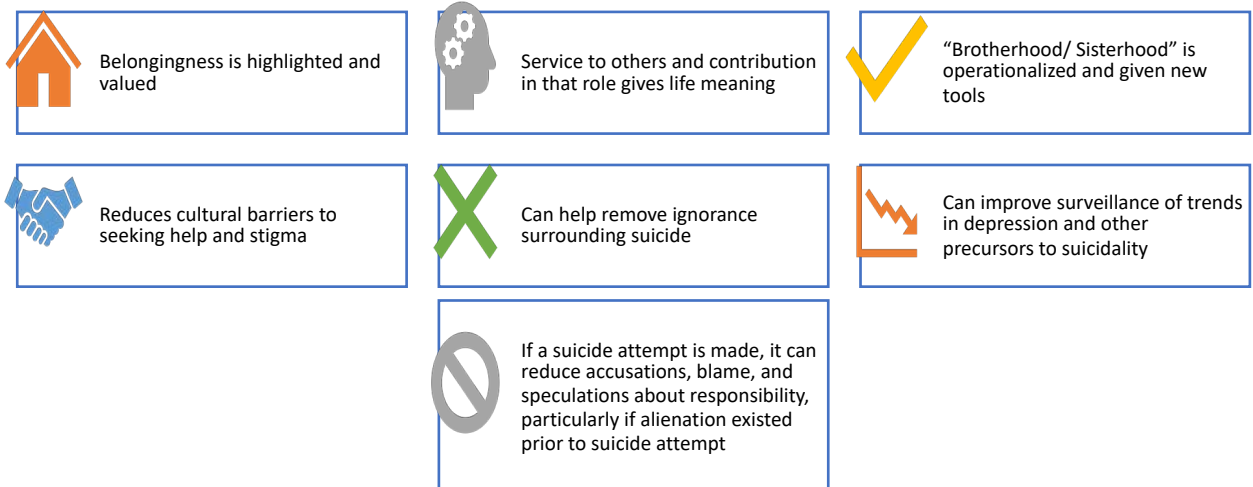


SFA bridges individuals to higher levels of care.

Interpersonal Theory of Suicide



How Peer Support Can Reduce Suicide Risk



Typical Behavioral Health Program



Limited or no peer counseling



Limited education about behavioral health



Stigma associated with any behavioral health



Lack of trust with EAP (if one exists at all)

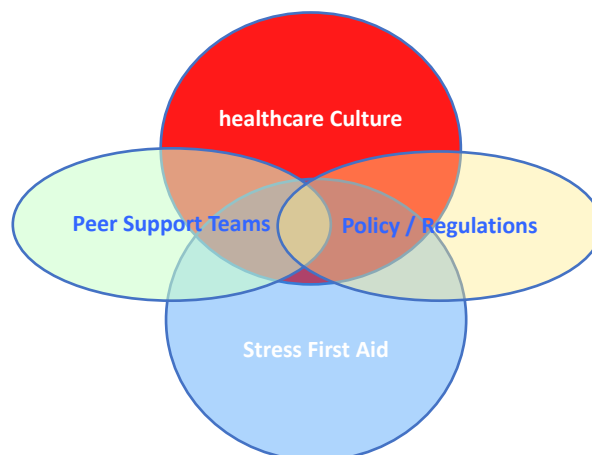


Lack of understanding of behavioral health benefits (e.g. insurance)



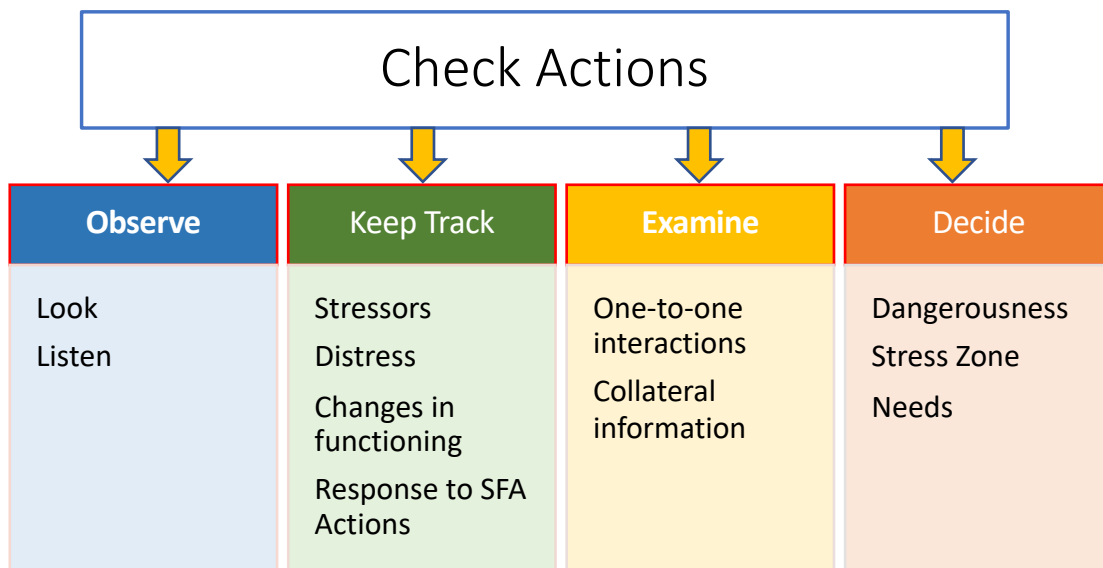
Critical Incident Stress Management (CISM) response

SFA Cultural Fit

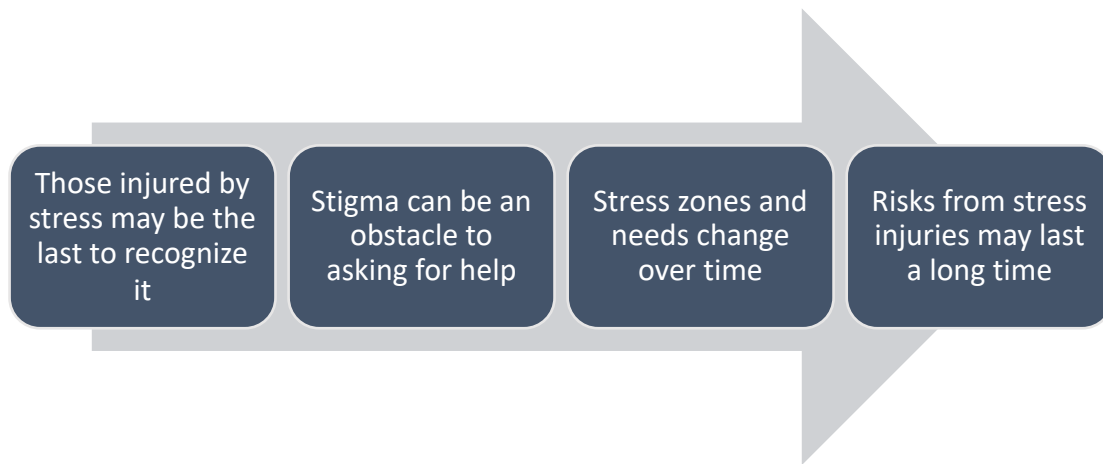




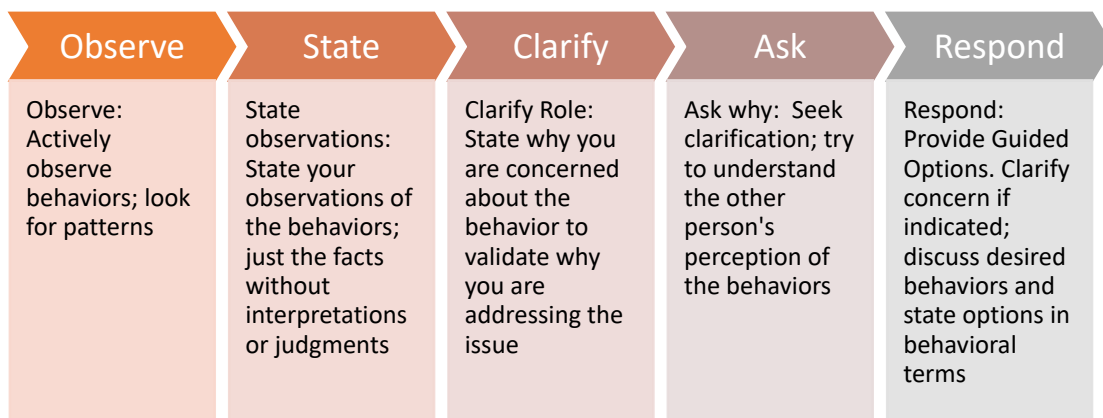
Stress First Aid Actions



Check: Why is it Needed?



Check Skill: OSCAR



Signs: Significant and persistent negative changes in behavior / habits

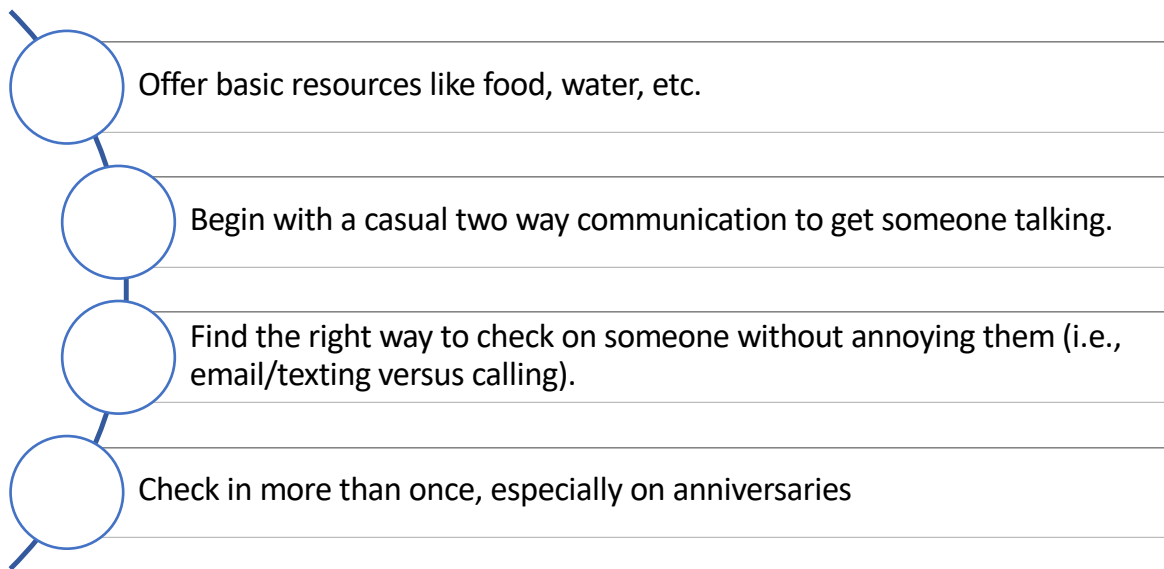
- Becoming more isolated from others
- Uncharacteristic behavior
- Making mistakes
- Calling home more often

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

Check Strategies: Others



Check Example

"I try to get to know each of my staff individually, so I know their baselines and what could potentially be a red flag. Instead of staying in my office or staying too busy, I make a point to sit and talk with them during breaks. That helped when one of my staff members had a pregnant wife, and we responded to a stillborn birth. After that call I took a little extra time to sit and talk with him, to make sure that he was okay."



Check Example

We cared for a pediatric patient for 9 months when she developed an infection and died within a few days. The next day, the nurse who had been caring for her, as the child became progressively more ill, called in sick with a bad cold. I gave her a call just to let her know that I was thinking of her. She said she was sure that her immune system had taken a hit due to the stress of the past several weeks and that she questioned why she continued to do this work. I listened and encouraged her to simply focus on taking care of herself. I reminded her how comforted the child's family had been by the extraordinary care and compassion she had shown them and their daughter.



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

- Not functioning well
- Withdrawal / isolation
- Anger, outbursts, rage
- Excessive shame, guilt, or self-blame



Group Discussion: Accident

A local coach bus overturns on the interstate during an icy storm. Many people are injured and 50 are brought into the ED with various levels of injury. You are asked to respond as a member of the Staff Support Team to the ED. It has now been 12 hours since the accident, and many staff are now working on overtime.



Check: Group Discussion

How should you introduce yourself to the ED staff, and what should you be looking for in the staff as signs of stress?



Group Discussion: Workplace Violence Incident

- A man with a firearm entered the pediatrics unit and confronted his child's mother and her boyfriend, taking the three of them and the child's nurse hostage, barricading himself in the room. Police were able to extract the perpetrator from the room, place him in custody, and remove him from the building, but shots were fired.
- Peer support Team members are assigned to several units. The team has clearance from police to go to the pediatrics ward. The Team has been given information that the boyfriend is a hospital employee and was injured in the shooting, and that there were no other casualties.



Check: Group Discussion

- You and a support team partner go to the pediatric unit, introduce yourself and your role to the nursing director, charge nurse, and staff.
- How do you introduce yourself?
- What behaviors or concerns are you looking for?



Group Discussion: Flood I

After an extended period of above average rainfall, local areas have experienced 24 hours of downpour dumping 10 inches in 12 hours, with resultant flash flooding throughout the region. A surge of casualties have been admitted from communities devastated by flooding. Many staff members who were here at the onset of the storm are unable to get home, many are unable to communicate with their families and don't know the safety status of loved ones or property, many who are scheduled to work are unable to come, and regional power, telephone lines, and cell towers, are out of service.



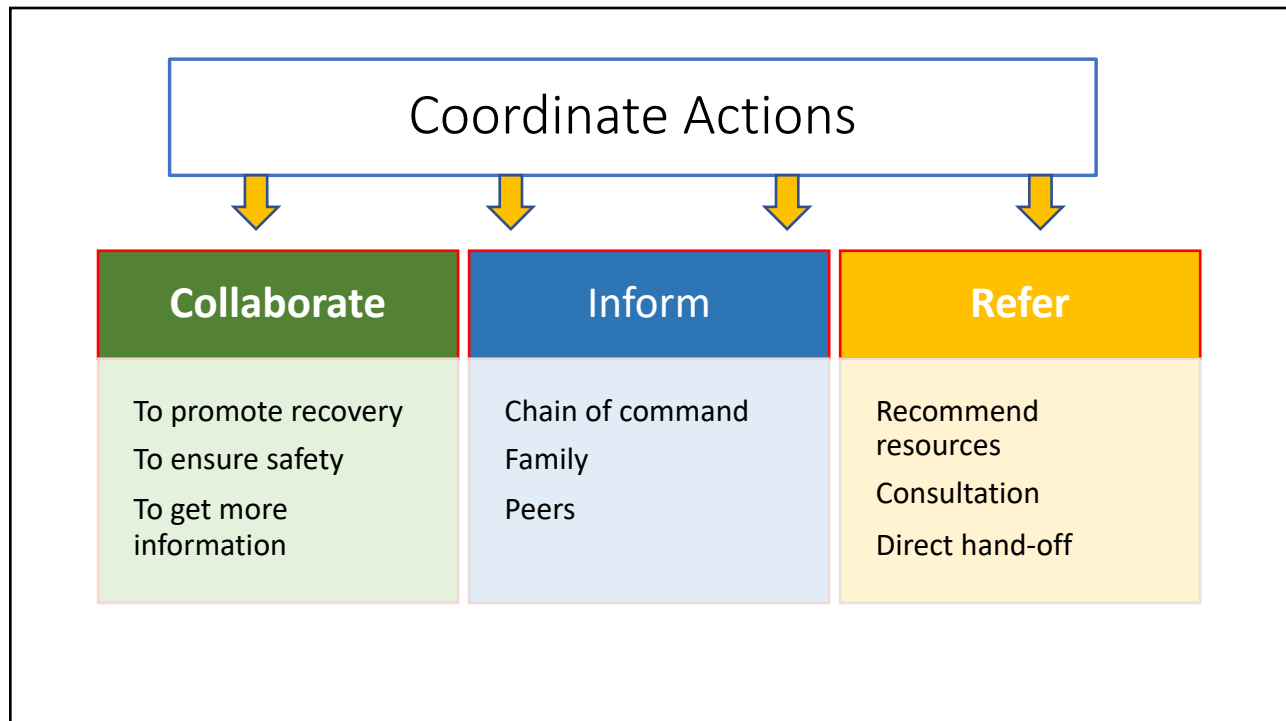
Group Discussion: Flood II

You are assigned as Staff support team member to the orthopedic unit. You have been told they have five extra patients due to this emergency, two are being housed right in the hallway since there are no available rooms, and several nurses have now been there for 24 hours, with only a short rest break. As you walk onto the unit, a tired looking unit secretary looks at you, and asks "So, why are you here?"



Check: Group Discussion

- What you should you say to explain your role to this secretary and other unit staff, and what might you do to assess the needs for staff support?



Coordinate: Reasons for Referral



Poses a threat to self or others



Uncertainty about the strength of the working alliance



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 role function	Get help
You are occupied with keeping yourself safe and calm	Make yourself safe and calm first, then attend to others
You cannot acquire or hold the person's attention and trust	Involve other leaders, trained peers or family members
The person stress behaviors do not respond to SFA actions	Consider peer support or Behavioral Health Assistance Program (BHAP) involvement
You have negative beliefs about the person, family and peer influence are part of the stress injury, or the person actively resists attempts to help	<ul style="list-style-type: none"> • Find a trusted helpful peer, • Consider ways to involve leaders or family support teams to address barriers • Consider peer support or Behavioral Health Assistance Program (BHAP) involvement

Overcoming Potential Barriers



Coordinate Example

“We had an irritable, difficult nurse who wouldn’t open up to anyone, but we knew a good friend of hers and let this friend know that we had some concerns. She took the crew member out hiking and made more time to do things with her. After that, we stayed in touch with her friend to make sure the nurse was doing okay.”



Coordinate Example

I noticed that a newly assigned OT was much quieter than usual. I checked in with her and she confided in me that it had been her lifelong dream to work with burn survivors. She said she finds the work regarding but wondered what I did to manage the stress of the work. I invited her to yoga class and to play laser tag with some of the other members of the staff.



- 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.





Coordinate: Group Discussion

A local coach bus overturns on the interstate during an icy storm. Many people are injured and 50 are brought into the ED with various levels of injury. You are asked to respond as a member of the Staff Support Team to the ED. It has now been 12 hours since the accident, and many staff are now working on overtime.

- You have now been in the ED for 30 minutes, and have talked with a few staff. Many of them are exhausted, missed all of their break-times and never got to any meals today.
- What should you report back to the staff support Team coordinator about the needs of this department?



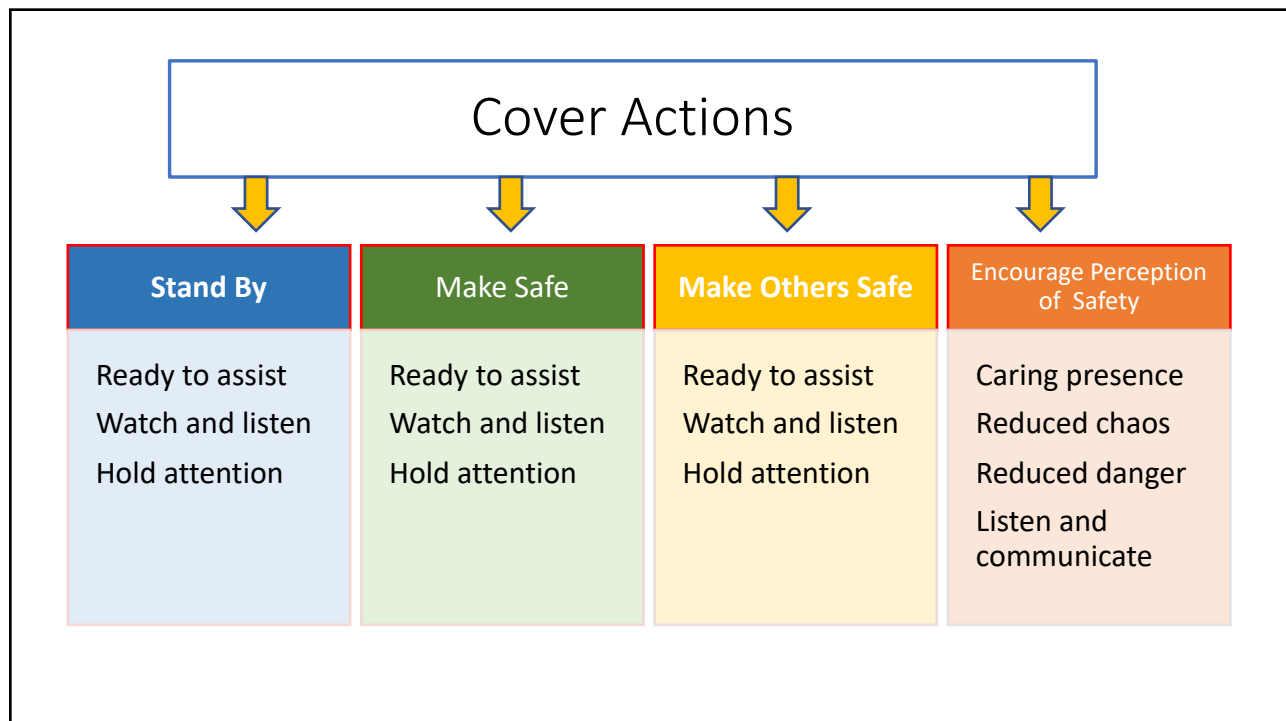
Coordinate: Group Discussion

- The charge nurse explains that the staff has been focused on maintaining care for patients despite threat in adjacent unit. The extra attention required for care in these circumstances, compounding the isolation due to building security measures has resulted in limited knowledge of the status of the Code. Nursing staff, patients, and visitors are speculating and anxious about unfolding events.
- Are there needs for additional resources at this point?
- How would you obtain them?



Coordinate: Group Discussion

- What kind of information should you tell to the unit manager?
- What should you report back to the Staff support team coordinator?



Examples of Need for Cover

An healthcare provider in a life-threat situation is not thinking clearly or making good decisions because of stress

An healthcare provider has frozen or panicked in a loss situation

An healthcare provider with wear and tear stress loses the ability to think clearly, putting patients in danger

An healthcare provider has threatened others

An healthcare provider has expressed serious thoughts of suicide

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.



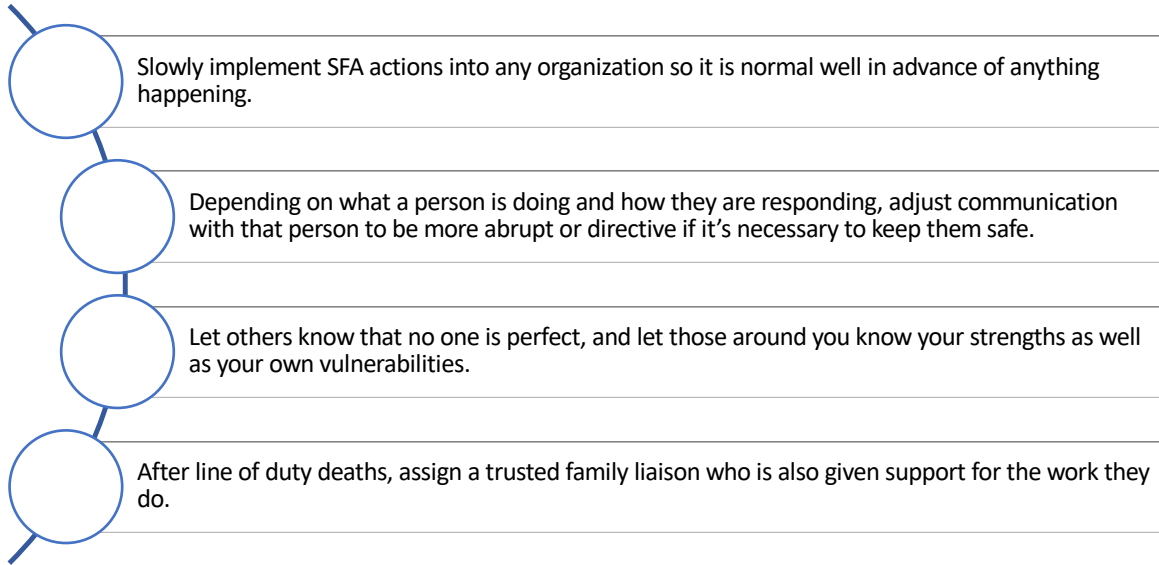
When you feel unsafe, distract yourself by focusing on something near you or your own breath or thought (i.e., counting).



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

Cover Strategies: Self

Cover Strategies: Others



- 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?





Cover: Group Discussion

John is an RN who has been working his regular 12 hour shift and then an extra 6 hours due to the recent local coach bus accident that brought 50 people through the ED today. Along with the hectic pace, he has functioned as the unofficial patient family contact person. He has fielded numerous phone calls from distraught families, and has met in person with families of 20 + patients. Some of those families, in their desperate need to see and touch their loved ones, have muscled John aside to run into the ED trauma rooms, trying to see their loved one. John has gotten shoved and even kicked by some of these families. You are the staff support team member assigned to the ED, and have come down to the ED to try and lend support to the exhausted staff.

How can you check to see if John is safe to himself or patients? If not, what can you do to help?



Cover: Group Discussion

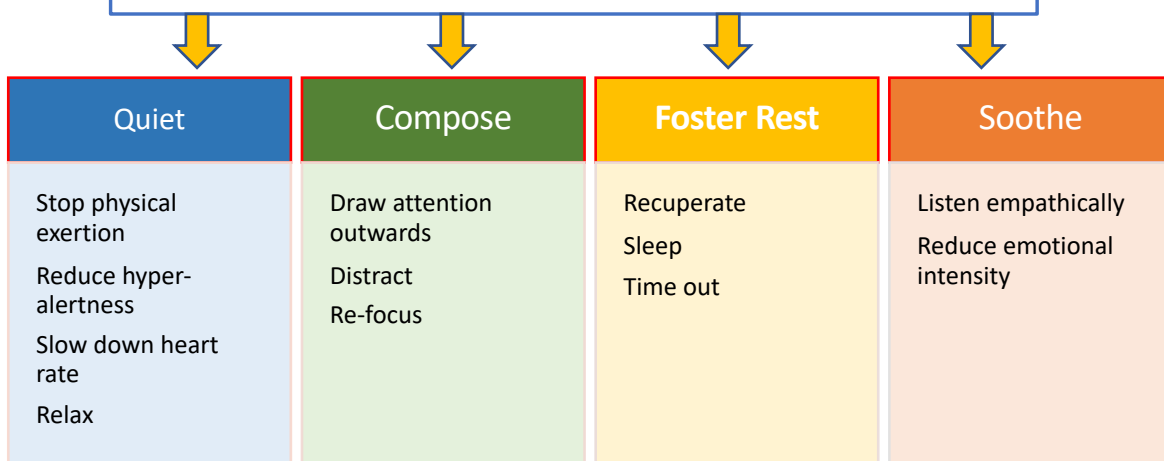
- Some staff members are closely watching the hallway in the direction of shooting, inquiring nervously about unfamiliar sounds and retreating into patient rooms at the appearance of unfamiliar people. Someone reports hearing from a friend who called on a cell phone that the perpetrator has an accomplice who works on another unit.
- How do you assess the safety status of the staff on the unit?
- If there are safety needs, what are they and how can they be secured?



Cover: Group Discussion

- As you walk farther onto the unit, you watch several nurses at the work table huddling and talking with great animation. You hear one of them mention "Not only have I not gotten home in 24 hours, but I haven't even been able to get off the unit to go to the cafeteria to get anything to eat ...all of my breaks have been right here listening to call lights". The other nurses all nod their heads and say "me too".
- What should you do to make the situation safer?

Calm Actions



Examples of Need for Calm

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

An healthcare provider is pacing and wringing her hands while on duty. She just heard that her son, an Army Sergeant deployed overseas, has been seriously injured.

An intern punches his locker. He has just returned from 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



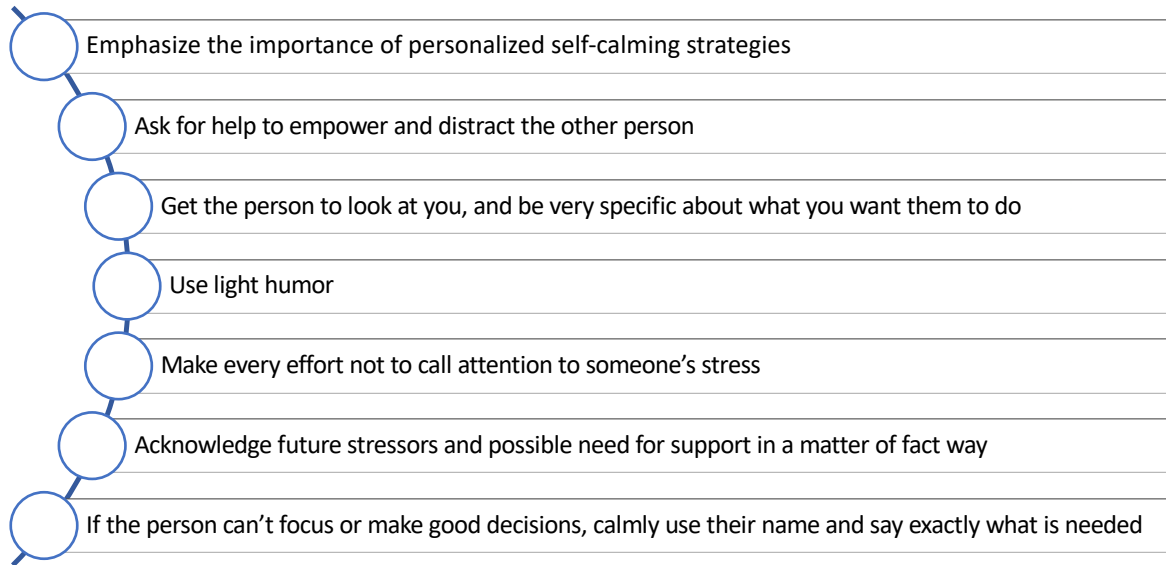
build in rewarding activities to get energized during down cycles



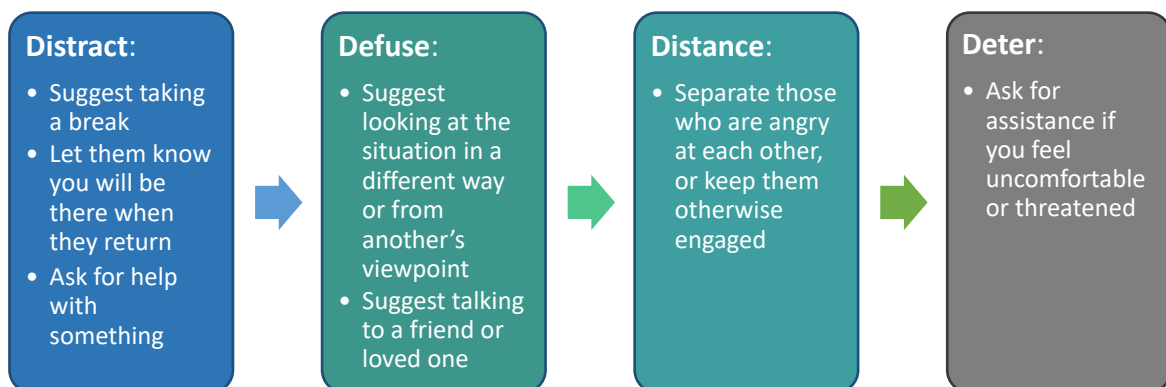
Try to see things from a higher vantage point

Calm Strategies: Self

Calm Strategies I: Others



Calm Procedures for Angry Peers





If you don't know what to say, just stay present



Stay quiet and listen



Don't try to make a grieving person feel better, just be there



If they want to talk about the loss, listen and provide support.



Check in over the next few months

Calm: Procedures for Bereaved Individuals

Calm Example

"After we had a couple of particularly tough shifts, I brought pistachio nuts in for the staff on duty. Shelling pistachios takes time and makes people slow down, so it gave us a chance to unwind and talk about what happened. Doing something supportive doesn't have to look like a mental health intervention. In fact, the best interventions are often the least noticeable ones."



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.



- 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?





Calm: Group Discussion

You have arranged for John to come to the designated break room near the ED. He is clearly 'revved up', he is talking rapidly, pacing, unable to sit down for very long. Every now and then he says "I am exhausted but I can't seem to relax enough to even sit!"

What ways could you help John be calmer?



Calm: Group Discussion

- You have provided staff members with information about the status of the code, arranged a walk-through by a police information officer and hospital administrator. You have also arranged for space and refreshments in a conference room, and the charge nurse is coordinating opportunity for staff to rotate through. You notice that one of the nurses is talking rapidly, and he spills his tea.
- How can you help him be more calm?



Calm: Group Discussion

- You have talked to the Staff support team coordinator and the unit manager about the rest needs of the staff, and a rest room has been arranged for staff to retreat to and take a rest break. They can even take a nap if they want, using cots and recliner chairs. You are re-assigned to this rest area for a few hours. Mary, one of the other RNs from another ward, comes to the rest area while you are there. You start to talk to her and find out she really wants to rest in a recliner chair, but she is afraid she is 'too tired and too anxious to really rest'.
- How can you help Mary be more calm?

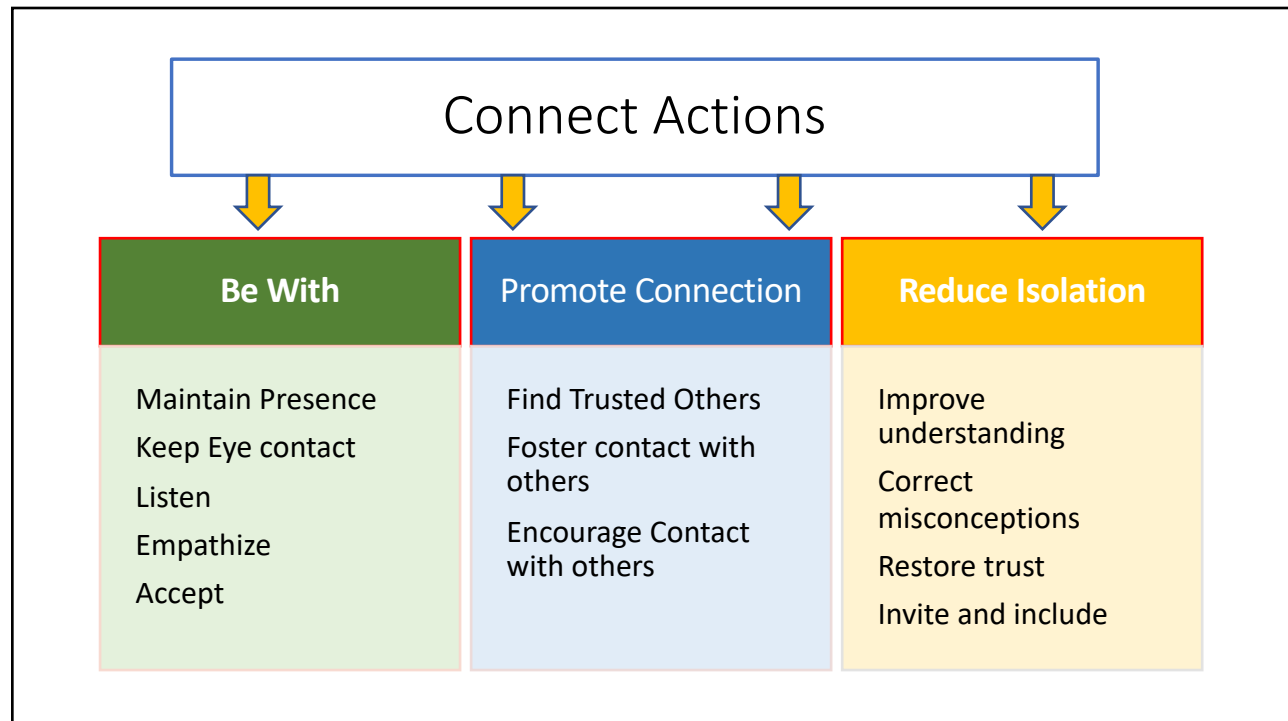


As a social worker on a burn unit, I often remind other professionals how important it is to have time just for themselves to recharge. It is so easy to become over-involved with this work and never allow yourself any down time. One of the things I find helpful is not to check work emails when I am at home.

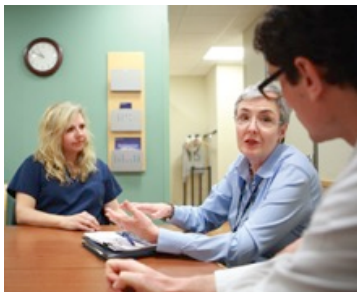


I encourage everyone to find ways to "consciously" decompress after work so you can be present in the rest of your life.

Calm: Examples



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

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 favorite 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.



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.

Connect Strategies: Self



Hold the department 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.

Connect Strategies: Others

Connect Example

“A staff member was drinking all the time. He had been on staff with someone who died, but it was hard to get him to talk to us. He had a kitchen remodeling project underway, so I went over and hung out in his home and helped him. While we worked on it, he opened up and I was able to get him some help.”



- 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?



Connect: Group Discussion

John tells you that although he has been an RN for 10 years, he is relatively new to working in the ED. Before this, he worked in long term care, and tells you it was very slow paced compared to a normal ED day, and that this pace today is 'over the top' for John. In fact, he has been working so fast and hard, he has not even had a chance to check in with his former preceptor who is working around the corner in another part of the ED. He wonders if his experience and reaction of feeling overwhelmed is normal or if he is not coping well.

How could you use the Connect action to help John?



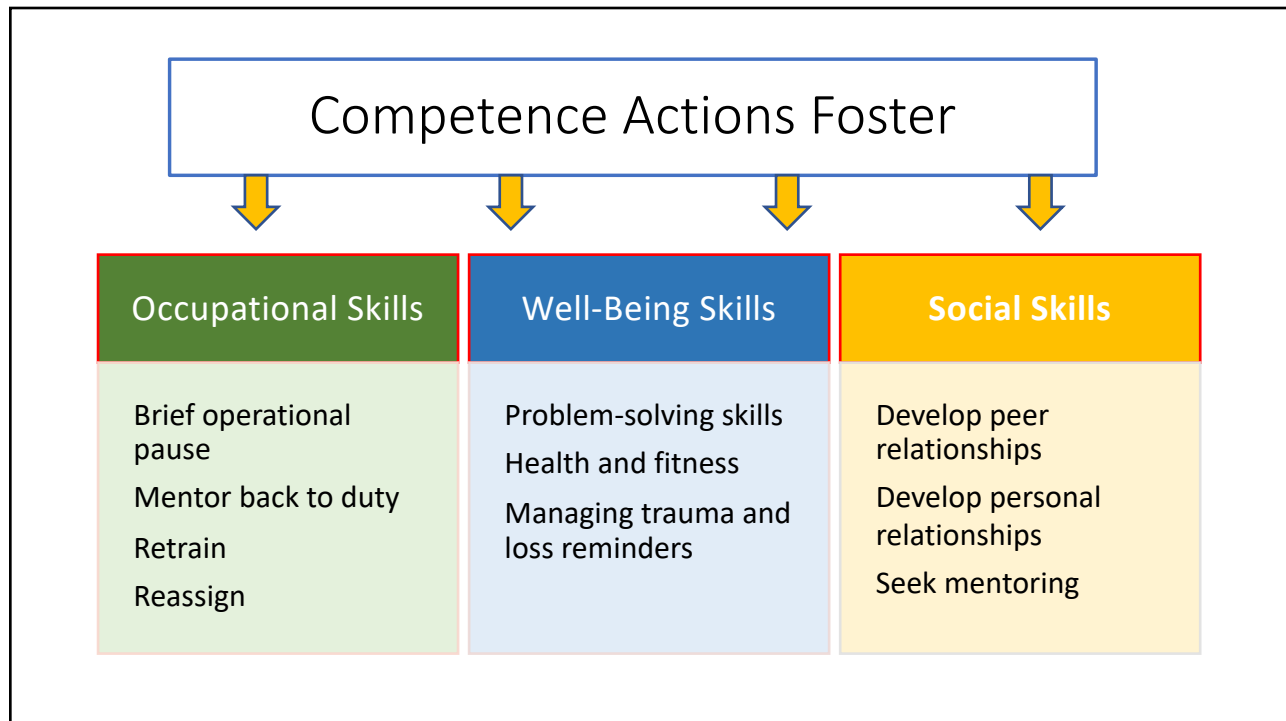
Connect: Group Discussion

- A week after the event, you have arranged a follow-up session for drop-ins and tea in the conference room. One of the staff is a recent graduate, new to the unit within recent weeks. She states that her nursing school was in her home state of New Jersey. She took the job here because her boyfriend is planning to move here in the near future. She has not made many local friends yet.
- How can you help her Connect?



Connect: Group Discussion

- Mary is able to get some rest in the recliner, she even closes her eyes and appears to sleep for 20 minutes. She opens her eyes and comes over to where you are sitting by a refreshment area where there is some bottled water, juice and cheese and fruit available. As she snacks, she tells you her husband is home alone with her three young children, and she is worried about whether they are safe, have electricity, water and that they might be worried about her, since she hasn't even had time to call them. She tells you that although he is good with the kids, having them all at home together without power is a stress.
- How can you help Mary Connect?



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

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

An 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.

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.



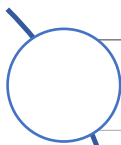
Be more disciplined in taking whatever healthy steps support you in dealing with stress.



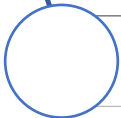
Regularly reflect on the balance between the satisfaction of fulfilling work duties and the personal sacrifices you are making. Be prepared to adjust behaviors and expectations if that balance changes over time.

Competence Strategies: Self

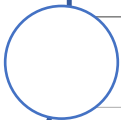
Competence Strategies I: Others



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.

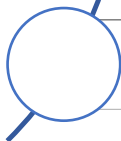


Figure out how the person is going to best learn something, and have them teach the same strategy to others.

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 Example

“Our team had training on conflict resolution because we saw that when our young staff 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.”



Competence Example

When a new staff member becomes a part of our burn unit team, we all work really hard to mentor and support that person. This work can be exhausting both physically and emotionally. There are so many difficult sights, smells and procedures, we don't want anyone to leave as the walking wounded. Some people try this work only to find that it is not for them. We make it possible for them to leave with support and hopefully without shame.



- 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?





Competence: Group Discussion

After his long shift, John goes home. The next day, he returns to work and calls you "just to talk". He mentions that he feels like, in retrospect, he "didn't prioritize" very well yesterday, and could have been more efficient.

How can you use your knowledge of Competence to help John? Who could best help John with Competence?



Competence: Group Discussion

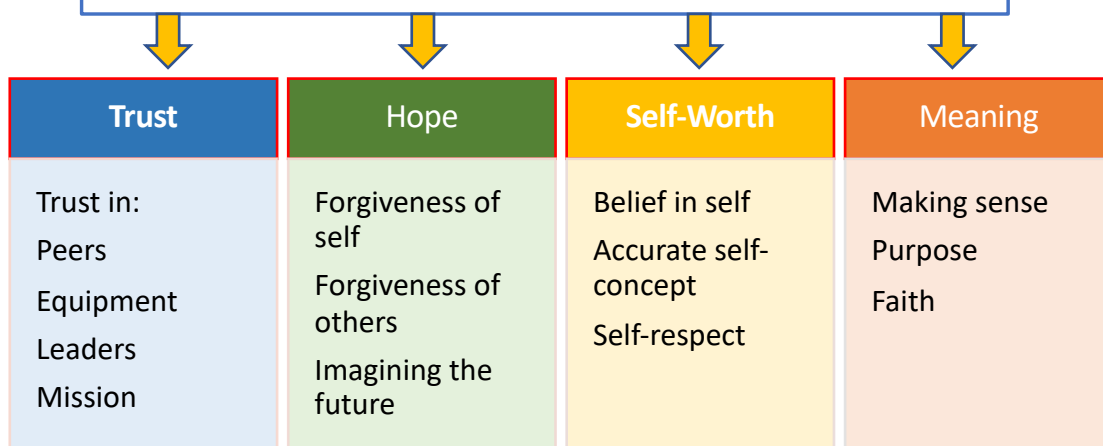
- In the follow-up session, some staff members report that they feel they are not giving full attention to patients as they did before the event. They are keeping up with nursing tasks and patient safety is not compromised, yet they feel on edge and less attentive to the emotional needs of patients. Thinking back on the event day, they wonder if they were attentive enough to maintain safe nursing performance.
- What can you do to improve the staff's sense of competence?



Competence: Group Discussion

- The nurse manager asks to talk to you in her office. When you get there, she closes the door and asks you “I know my staff are exhausted, but we still have to take care of all of these patients. I have come up with some staffing ideas, but am tired myself, so wonder if they are good ideas or not!” She asks you if you are willing to discuss the staffing ideas with her.
- What can you do to improve the nurse manager’s sense of competence?
- How can you help her improve her staff’s competence?

Confidence Actions Rebuild



Examples of Need for Confidence

An healthcare provider whose failure to take proper precautions contributes to the death of a fellow healthcare provider feels extremely guilty and becomes self-destructive.

An healthcare provider who developed wear-and-tear stress reaction loses respect for his leaders and becomes angry and irritable.

An healthcare provider with significant life threat stress suffers lowered functioning; loses his spiritual faith and his professional capabilities; and becomes depressed.



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.



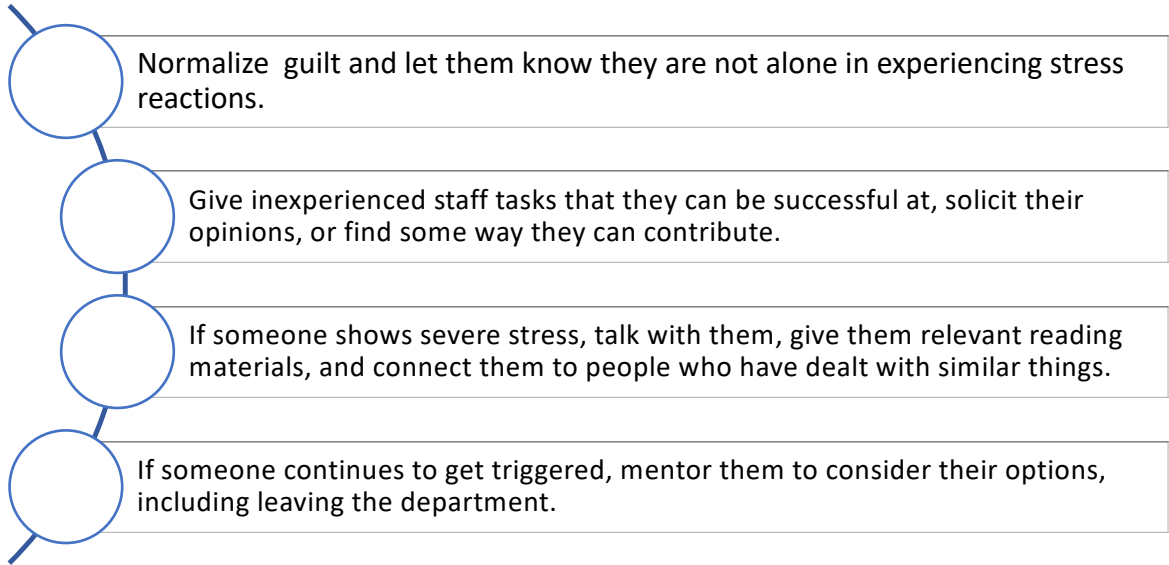
Use the wisdom gained from hard experiences to reconfirm your values, make changes in your life, appreciate what you value, or help others.



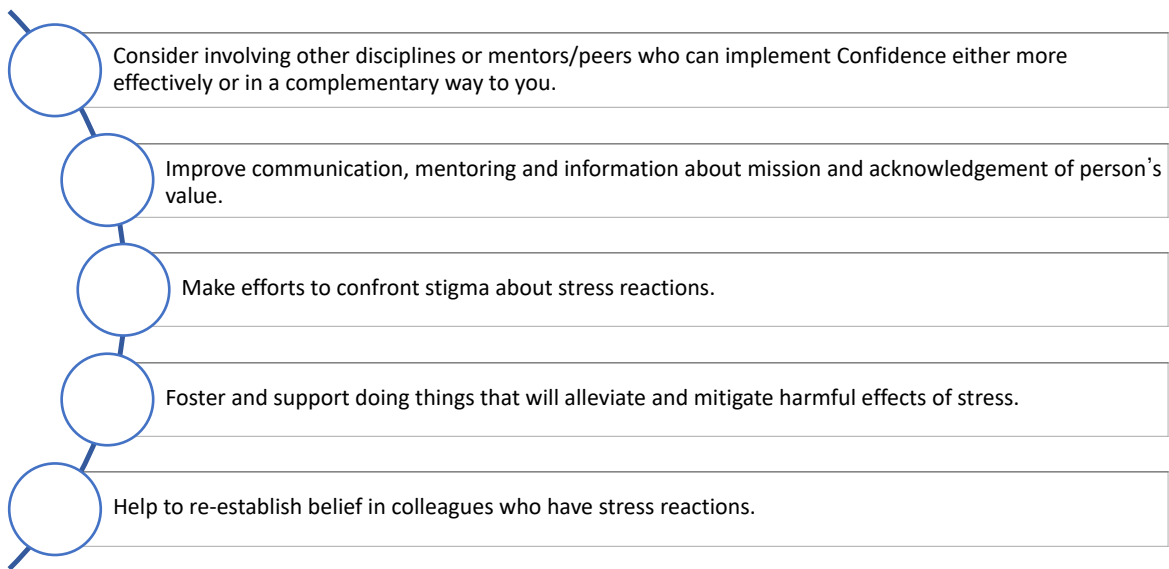
If you have tried to mentor someone and cannot get them up to speed, realize that not all personalities fit this job, and sometimes you have to walk away.

Confidence Strategies: Self

Confidence Strategies I: Others



Confidence Strategies II: Others



Confidence Example

“We had a particularly endearing child die of an unexpected complication after being in the hospital for awhile. A number of people felt responsible, so I got them in a room for an After Action Review. The ground rules were that they had to keep it to what they saw and did at the scene (to get all the puzzle pieces together) and to keep emotion out of it. Through the discussion they were able to see that they weren’t responsible.”



Confidence Example

“Recently a burn survivor returned to the unit to visit and thank us. When she left the unit she was in a wheelchair and now she was walking without assistance. Listening to her describe how she was rebuilding her life was such an inspiration. It reminded us what we do makes a difference. It is easy to lose sight of that due to the difficult nature of our work. Some of what we do to encourage healing and prevent infection can be excruciating to the patient. It helps to be reminded that we are not purposefully inflicting pain on our patients.”



- 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?



Confidence: Group Discussion

The next day after this terrible day in the Ed, the nurse manager calls you and asks what you noticed in her staff and what you think she should do to help them, now. You mention the exhaustion, but also mention that some staff felt like their skills were not sufficient to deal with the levels of trauma and the constant triaging and prioritization that they needed to perform. They also felt like they should have done a better job, and feel like they failed their patients in some ways.

How can you work with the nurse manager to improve Confidence in her staff?



Confidence: Group Discussion

- In a follow-up session arranged four weeks after the event, some members report thinking that they had not handled the situation with sufficient professionalism, though their patients suffered no harm and they had secured the unit as anticipated in the Code Silver plan. Though no one has said so, some confide that they believe nursing management is critical of their performance.
- How can you work with management to help these nurses regain Confidence in themselves?



Confidence: Group Discussion

- One of the staff's favorite flood victims, a little girl who was crushed by debris, dies unexpectedly after days of rallying with the help of staff. Two of the nurses in particular feel responsible for the death, and are noticeably shaken by the experience. The nurse manager reports to you that they made a few mistakes due to their exhaustion, but nothing that would have contributed directly to her death.
- How can you work with leadership to help these nurses regain Confidence in themselves?



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."

SFA Group Format: Cover and Calm

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?

SFA Group Format: Connect

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?

SFA Group Format: Competence

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?

SFA Group Format: Confidence

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 you. 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 Patients and Family Members



1	Cover
2	Calm
3	Connect
4	Competence
5	Confidence



119

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

120

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

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

123

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

124

Confidence Actions

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

125

Key Points: Curbside Manner



You will not be required to use *Curbside Manner* with every person you serve.



Incorporate CM actions into your duties in a natural, seamless way and implemented only when they do not interfere with your primary duties.



The connection you make can help people recover from the often overwhelming stress of what they have been through.



If you respectfully convey they people matter, you will help people get through the difficulties they face.

What is the Value Added of Curbside Manner?

- 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



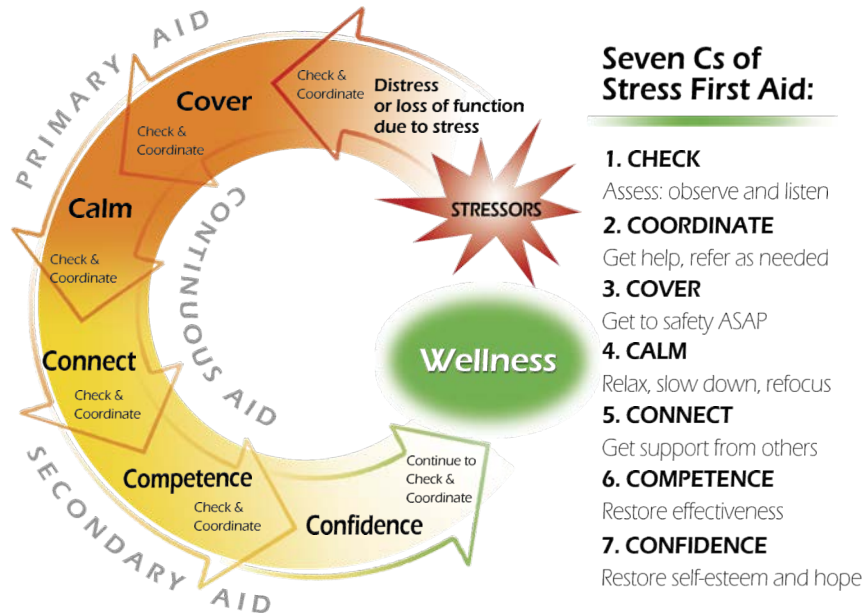
What people remember most is that you treated them as if they mattered

127



Stress First Aid Wrap Up

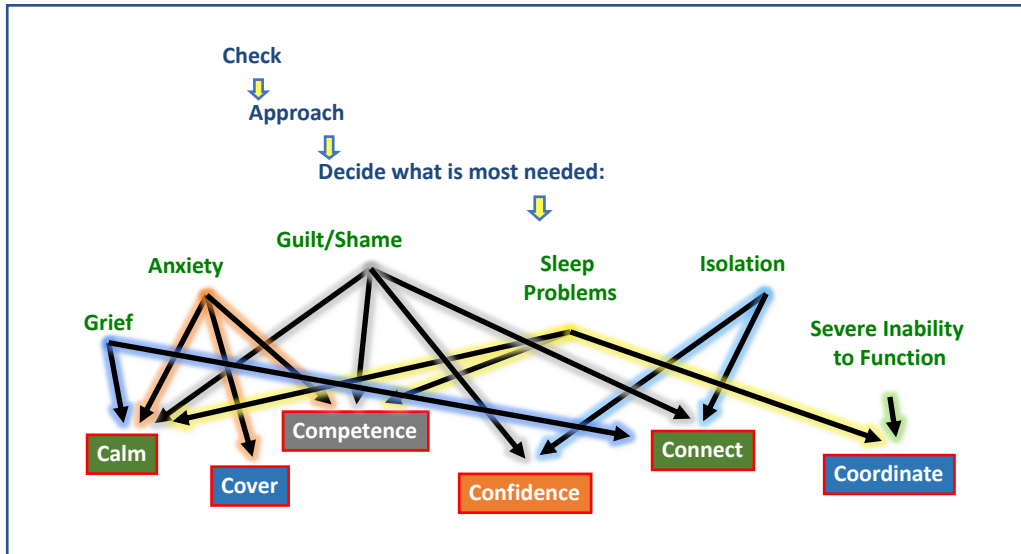
STRESS FIRST AID MODEL



Essential SFA Skills

Recognize	Act	Know
Recognize when a peer has a stress injury	<p>If you see something, say something</p> <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

How Can You Use SFA?



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

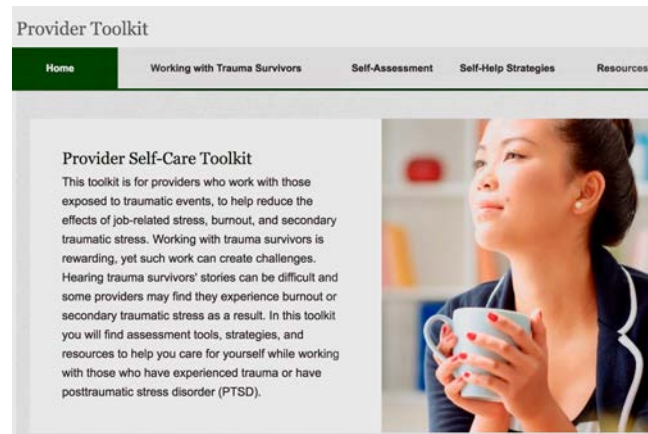


MENTORING AND
PROBLEM
SOLVING ARE
HIGHLIGHTED



BRIDGE TO
HIGHER CARE
WHEN INDICATED

Resource: NCPTSD Provider Self-Care Toolkit



133

- What adaptations need to be made to SFA to make it a better fit with local culture?
- What are potential obstacles to rolling out SFA?
- What policy recommendations would you make to better support and preserve healthcare personnel from the effects of stress injuries?
- What are next steps in the 6 months ahead?

