



Stress First Aid

for HEALTH CARE
WORKERS

FOUR HOUR TRAINING 2020
Instructor Manual



National Center for
PTSD

POSTTRAUMATIC STRESS DISORDER



Acknowledgements



This instructor's manual, intended for those in high-stress jobs such as fire/rescue, health care, law enforcement, rail, and pretrial/probation settings, is derived from the Stress First Aid for Firefighters and Emergency Medical Services Personnel Student Manual, developed by the National Fallen Firefighters Foundation. The principle authors of The Stress First Aid for Firefighters and Emergency Medical Services Personnel Student Manual are Patricia Watson, Ph.D., of the National Center for PTSD, Vickie Taylor of Prince William (VA) Community Services/NFFF Behavioral Health Specialist, Richard Gist, Ph.D., of the Kansas City (MO) Fire Department, Erika Elvander of the Defense Centers of Excellence for Psychological Health

and Traumatic Brain Injury, Captain Frank Leto of the FDNY Counseling Unit, Captain Bob Martin of the Chicago Fire Department, Captain Jim Tanner of Prince William (VA) Fire and Rescue, District Chief Don Vaught of the Eugene (OR) Fire & EMS Department, William Nash, MD, Captain, MC, USN (Retired), Richard J. Westphal, Ph.D., PMHCNS-BC, Captain, NC, USN (Retired), and Brett Litz, Ph.D., of the Mental Health Core of the Massachusetts Veterans Epidemiological Research and Information Center at the VA Boston Healthcare System.

The Stress First Aid for Firefighters and Emergency Medical Services Personnel Student Manual represents a civilian adaptation of the Combat and Operational Stress First Aid (COSFA) Field Operations Manual, developed by the Bureau of Medicine and Surgery, Department of the Navy, in cooperation with the Combat and Operational Stress Control, Manpower & Reserve Affairs, Headquarters Marine Corps, the Navy Operational Stress Control, Chief of Naval Personnel, Total Force N1, and the National Center for PTSD, Department of Veterans Affairs. The principal authors of the COSFA Field Operations Guide included William Nash, Richard Westphal, Patricia Watson and Brett Litz. We are grateful to the military units and bureau listed above for allowing the adaptation of their work to help our nation's first responders.



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Overview

A. Enabling Objectives

Upon completion of this half-day presentation, participants will be able to:

1. **DESCRIBE** the basic foundation of Stress First Aid.
2. **DIFFERENTIATE** between stress reactions and stress injuries.
3. **RECOGNIZE** Orange Zone Indicators.
4. **DESCRIBE** different types of situations in which it would be appropriate to use each SFA action.
5. **EXPLAIN** why Check must be performed continuously and often for every member of the organization.
6. **DESCRIBE** the steps that make up the Check function.
7. **EXPLAIN** the goals of the Coordinate function.
8. **DESCRIBE** the spectrum of both verbal and non-verbal Cover and Calm techniques.
9. **DESCRIBE** the methods for performing Cover, Calm, Connect, Competence and Confidence, and the different ways of mobilizing resources for each.
10. **APPLY** the SFA skill sets to discussions and scenarios of individuals in crisis.

K. Training Materials Required

1. Attendance Form
2. Course Evaluation Form
3. PowerPoint Slides

D. Presentation Notes

To improve the presentation of this material:

1. **REVIEW** the notes for each slide to familiarize yourself with more detailed material related to the slide content.
2. **PRESENT** real stories to illustrate the core actions of SFA.
3. **ASK** trainees to share relevant stories and situations.
4. **ENCOURAGE** trainees to participate, ask questions, role-play and discuss cases in small groups.
5. **DRAW** attention to relevant portions of the SFA Student Manual during the presentation and encourage trainees to read the full manual.
6. **INSERT** short media clips (in.mov or .wmv file format) into the slides from documentaries, training films, television shows or movies displaying health care setting scenarios that illustrate either a need for SFA or provision of SFA-like actions. Afterwards, ask trainees to report back on what they saw, and how the scene relates to actual or potential SFA actions.
7. **CHALLENGE** trainees to apply the skills of SFA to the skill application case.

References

- Watson, P, Gist, R., Taylor, V., Nash, W.P., Westphal, R.J., & Litz, B. (2012), *Stress First Aid (SFA) Student Manual for Firefighters and Emergency Medical Services Personnel*.
- Hobfoll, S. E., Watson, P.J., Bell, C. C., Bryant, R.A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70, 283-315.



Slides and Discussion Points

SLIDE 1

Introduction

NOTE to Facilitators: Each slide in this presentation has notes to give more detail to the content on the slide. Notes that are italicized are suggested instructions for presenting the slide, and those that aren't italicized are details about the content on the slide to help illustrate the points being made on the slide. It is not necessary to read the content or even present all of the content in the notes — they are included as reference material to enrich understanding of the slide material. Indeed, it will make for a better training if you have read the material beforehand and then present it without reading from a script during the presentation.

Welcome trainees to the Stress First Aid (SFA) Training.

SFA is a set of supportive actions designed to help health care workers help themselves and each other in mitigating the negative impacts of stress.

Stress First Aid is a coworker support and self-care intervention that was developed originally for Service members in the Navy and Marine Corps. It has been adapted for other potentially high-stress professions such as firefighting, emergency medical service, law enforcement, probation, and health care.

Logistics/Ground Rules

Introduce yourself and the topic.

Inform trainees of any additional requirements, rules, location of restrooms, approximate length of class and anything else pertinent for successful module delivery.



Inform trainees that as an instructor, you appreciate their input during class.

SLIDE 2

Optional Activity: Introductions

If time allows, have everyone in the group introduce themselves.

Have each trainee introduce themselves with:

- *Their name*
- *Where they work*
- *Their expectations for the training: "What would you like to get out of today?"*



- *Optional:*
 - *Their superpower (either one they have or one they'd like to have)*
 - *Their ideal vacation*

SLIDE 3

Optional Activity: Five Helpful Things

Time: 10 mins

Ask trainees to take a few minutes to answer the question on this slide:

- *What are five things that have been helpful for you to get through difficult times?*

The goal is to have the trainees start to reflect upon their own experiences and begin to understand their own preferences for self-care. Tell trainees that they don't have to share their writing with anyone.



SLIDE 4

Transition Slide: Background

Use this slide to introduce trainees to the next topic: the background for developing Stress First Aid by saying something like: "First we're going to be discussing the background to the model, including the reasons for the model and some of the research related to peer support and resilience in health care settings."

SLIDE 5

Reasons for Stress First Aid

Stress First Aid is designed to address both acute and chronic stress, as well as stress that can reduce employee morale, increase turnover due to burnout, and increase organizational costs associated with recruiting and training new employees.

Acute Stress:

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

Chronic Stress:

- Long-term
- Might be the result of a series of traumatic or loss events, or ongoing stressful situation
- Feelings may not have been dealt with and chronic stress remains
- Chronic physical health conditions linked to stress

Cost/Longevity:

- Lowered morale or absenteeism/presenteeism (being at work physically but not fully engaged)
- Increased turnover of employees due to burnout
- Increased costs associated with hiring and training new employees due to turnover



SLIDE 6

Double Edged Sword of Values and Ideals

Stress First Aid is particularly well-suited for health care settings because those who are drawn to work in these settings often live according to strong values and ideals. These values and ideals often give people the strength to persevere through very stressful situations. The strength and capacity to endure hardship often become more developed over time by what is required from them on the job. They are fortunately also often surrounded by people who have similar values and ideals. However, these ideals can create challenges as well. For instance:

- Selflessness often results in not taking care of oneself when it is necessary, such as not making medical appointments for oneself in a timely fashion.
- Loyalty also creates a vulnerability to greater guilt when someone feels like they couldn't do enough for others who need help.
- Stoicism can often result in not attending to one's own needs and red flags and can therefore be at odds with personal problem identification and help seeking.
- Having a strong inner moral code can result in frustration when others don't have the same values and can also lead to moral injury. It can also mean a person's social support network is limited to those who they feel can understand their experiences.
- The value of excellence can predispose a person to feeling ashamed when they don't live up to their own high ideals and can reduce the likelihood of reaching out for mentoring.

While it is important to understand how elements of culture can be both sources of strength and vulnerability for personnel, it is equally important to acknowledge that these elements can create additional challenges or vulnerabilities in seeking help.



SLIDE 7

Self-Care Obstacles: Attitudinal

Stress First Aid has been designed to address both stigma and common obstacles to self-care in high stress jobs. One important component of self-care is attitudinal. Health care workers often have a tendency to get caught in self-talk that contributes to less self-care, such as making the following assumptions:

- "It would be selfish to take a break from this work."
- "I'm okay, I'm fine, I'm not even tired."
- "The needs of those I'm supporting are more important than my own needs."
- "I'm not doing enough."
- "I can contribute the most by working all the time."
- "I don't want anyone to know how affected I am."
- "Only I can do x, y, and z."



SLIDE 8

Self-Care Obstacles: Behavioral

Attitudinal assumptions and beliefs can often reduce self-care by affecting a person's behavior. Here are some common behaviors that can increase risk for stress reactions:

- Working too long by oneself without checking in with colleagues
- Keeping stress to oneself
- Ignoring declines in functioning
- Underestimating needs
- Relying only on alcohol/substances to relax for extended periods of time
- Becoming more disengaged/isolated
- Overworking
- Not doing enough self-care to balance out the demands of work
- Not seeking help/expertise

While it may not be possible or preferred to avoid these behaviors entirely, SFA recommends increasing awareness of how these actions might impede self-care and work, in order to make whatever changes can be made to reduce their frequency.

SLIDE 9

Why is coworker support important?

Coworker support is important in health care settings because:

- Health care workers are often focused on others' welfare before their own
- Most people experiencing significant stress will cope, but some will become ill
- Those that do become ill often do not seek formal help
- Coworkers can give informal support to prevent more significant problems
- They can also be a bridge to more formal treatment
- There is evidence that early treatment for significant stress is effective

SLIDE 10

Health Care Research: Personal Factors Related to Resilience

Stress First Aid principles are supported by empirical research. A synthesis of systematic reviews (an overview of all previous studies in this area) on resilience in health care organizations concluded that the following personal self-care factors were related to greater resilience in health care workers:

Balance skills:

- Finding work shifts that fit one's lifestyle
- Consciously making time for meals, sleep and social activities
- Being able to set boundaries; able to "switch off" after work



- “Professional shielding,” or establishing internal mental/emotional boundaries to intense work
- Being able to seek out social support

Varied coping strategies, that worked depending on a person’s preferred modes of coping:

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

The review noted that, while the balance skills seemed to be more uniformly related to resilience in health care workers, preferred self-care strategies were highly individualized. The SFA model recognizes the need for individualized tailoring of self-care strategies and highlights the need for more disciplined attempts at incorporating the balance skills that have received broad research support, such as social support and setting boundaries.

Cheong Wei Terence Huey & Janice C. Palaganas (2020): What are the factors affecting resilience in health professionals? A synthesis of systematic reviews, Medical Teacher, DOI: 10.1080/0142159X.2020.1714020

SLIDE 11

Health Care Research: Organizational Factors Related to Resilience

The same synthesis of systematic reviews related to resilience in health care organizations concluded that the following organizational factors were related to greater resilience in health care workers:

- A genuine interest in the well-being of staff
- Accessibility of support without being judged as “not coping”
- Enhancement of coworker support and social support



- Safe discussions of events and sharing
- Providing opportunities for coworkers to work collaboratively
- Recognizing the importance of boundaries between work and home life
- Greater autonomy over time and content of work
- Regulated working hours and adequate staffing
- Meaningful recognition

As with the research on effective self-care strategies, the SFA model highlights the importance of organizational and leadership support strategies that have received broad research support, such as sustained interest and appreciation for the well-being of staff, enhancement of social support, clear work boundaries, and regular staff recognition.

These strategies, as well as the ones in the prior slide, are particularly important to highlight because a recent Cochrane review found that the evidence for formal resilience training of health care professionals is limited



and very uncertain (Kunzler et al., 2020). Cochrane Reviews are internationally recognized as the highest standard in evidence-based health care because they base their findings on the results of studies that meet their standards of quality criteria, with the most reliable studies included to inform decisions related to health care.

The research that was included in the Cochrane review has shown that resilience trainings may improve resilience and may reduce symptoms of depression and stress immediately after the end of the training, but they do not appear to reduce anxiety symptoms or improve well-being.

Kunzler, A. M., Helmreich, I., Chmitorz, A., König, J., Binder, H., Wessa, M., & Lieb, K. (2020). Psychological interventions to foster resilience in health care professionals. *Cochrane Database of Systematic Reviews*, (7).

Cheong Wei Terence Huey & Janice C. Palaganas (2020): What are the factors affecting resilience in health professionals? A synthesis of systematic reviews, *Medical Teacher*, DOI: 10.1080/0142159X.2020.1714020



SLIDE 12

Stress First Aid (SFA) Model

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

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

Stress First Aid is:

- A flexible framework that gives guidance on how to quickly assess and respond to stress reactions resulting from both personal and work stress
- A way to preserve well-being, prevent further harm, and promote recovery
- A practical tool to use whenever needed for yourself or your coworkers

SLIDE 13

Transition Slide: Stress Injuries

Use this slide to introduce the topic of stress injuries. As an analogy, physical first aid starts with the recognition that there is an injury. However, physical injuries are usually easy to see.

In contrast, stress injuries are sometimes called invisible injuries, but they are not invisible. Behavior and words are how we see stress injuries. The next section describes the stress injuries that might occur in health care work.

SLIDE 14

Four Causes of Stress Injury

In high stress settings like health care services, trauma is not the only potentially harmful exposure. Stress injuries can arise from four possible mechanisms or causes:



Examples of Potentially Traumatic Events:

- Exposure to very difficult cases
- Exposure to extreme violence, murder, or suicide
- Exposure to life-threatening infectious agents
- Sexual assault or offenses
- Working with families who have seriously ill or injured children
- Dealing with hostility/resistance/violence from patients
- Exposure to similar potentially traumatic events in one's personal life

Examples of Loss:

- Death or significant illness in patients, coworkers, family, or friends
- Working with families who have lost their child
- Loss of ideals
- Loss of time
- Loss of personal wellbeing
- Loss of innocence

Examples of Inner Conflict:

- Conflicts with personal values and the job
- Finding time to satisfy work and personal responsibilities
- Second guessing what could have been done differently to prevent a negative outcome
- Concerns about the impact of one's job on family or friends

Examples of Wear and Tear:

- Long hours and rotating shifts
- Working when ill or injured
- Dealing with different personalities
- Addressing substance abuse
- Working through personal illness
- Lack of supervisor support
- Personnel turnover
- More record keeping and accountability in records



- More attention to things done wrong than things done right
- Balancing homelife with job duties
- Trying to manage a growing caseload
- Extra duty assignments
- Pressures from supervisors
- Multiple updates in patient care, insurance policies, and programs
- Multiple stressors in one's personal life over extended periods

SLIDE 15

Stress Continuum Model

The Stress Continuum Model was developed as a visual tool for assessing an individual's stress experiences, zones of stress, and stress responses. It forms the foundation for Stress First Aid. It also indicates that four possible types of stress injury---trauma, loss, inner conflict/moral



injury, and long-term chronic stress, or “wear and tear” — might move a person from the Yellow Zone of stress to the Orange or Red Zones.

Stress responses lie along a spectrum of severity and type — from transient and mild to chronic and debilitating. The continuum has four zones: Ready (Green), Reacting (Yellow), Injured (Orange) and Ill (Red). It is important to note that 100% of people will react when faced with significantly stressful experiences. However, the way in which they respond will depend on many factors, including how prepared they are for the stressor and how they interpret it.

Stress First Aid was adapted from the Navy/Marine Corps Combat Operational Stress First Aid (COSFA). The Stress Continuum Model was developed as a visual tool for assessing an individual’s stress responses and forms the foundation for both COSFA and SFA. It was also designed to reduce stigma by showing that people can go in and out of ranges of stress reactions frequently, based on a variety of factors.

This model acknowledges that within this range of reactions to stress, a person can go from being in optimal functioning—feeling good, mentally and physically fit, mission focused, calm, and motivated—into the Yellow Zone. In the Yellow Zone a person can feel irritable, anxious or down, lack motivation, lose focus, have trouble sleeping, or have muscle tension or other physical changes, but these are transient reactions.

Movement into the Orange Zone is usually caused by an accumulation of different types of stressors or a pretty severe stressor. In the Orange Zone you start to see more severe and persistent distress or impairment, the person doesn’t feel like themselves, or they have a loss of control of their stress reactions. They might feel strong panic or depression, rage, guilt, or blame. In this zone it starts to feel like the stress “leaves a scar,” and the person is at high risk for having trouble functioning and strong or persistent distress.

The Red Zone is usually reserved for diagnoses like PTSD, depression, anxiety, or substance use disorders. What signifies a person being Red Zone is that their symptoms are very persistent or worsen over time, the person experiences severe distress, or has significant difficulty functioning at work or in their home life.

Stress First Aid was designed to help people move themselves or their coworkers from the Red and Orange Zones back to the Yellow or Green Zones.

The norm in many high stress work cultures has been that after a difficult event, one should be able to “tough it out.” This is still the case in many settings, where the stigma associated with reacting to stress or stress injury behaviors is still very real and people will try to conceal stress reactions from supervisors to avoid medical or psychological intervention.

However, it is usually not possible to keep these behaviors hidden for long from family members, coworkers, and friends. When a coworker recognizes that someone is in trouble, it is important to try to assist in some way. Getting



this individual connected with the next level of help as soon as possible may help prevent their reaction from progressing into the Red Zone. And once an individual has moved into the Red Zone, the goal is to help get them into treatment as soon as possible.

SLIDE 16

Orange Zone Indicators

There are three Orange Zone Indicators:

RECENT STRESSOR EVENTS: An individual was involved in a situation that has a high potential to cause stress injury. Examples include exposure to potentially traumatic events (PTEs) or life threat, the loss of someone or something cherished (such as a divorce, a death, retirement or being passed over for promotion) or violations of one's moral code or values. Recent exposure to one of these types of situations may be an important Orange Zone Indicator.

DISTRESS: The individual is experiencing significant and persistently troubling feelings, such as fear, anger, anxiety, sadness, guilt or shame.

CHANGES IN FUNCTIONING: Significant and persistent changes in the individual's physical, mental, social or spiritual functioning seem to be outside of the individual's control.

SLIDE 17

Transition Slide: Stress First Aid Introduction

Use this slide to transition to an overview of the development of and rationale for Stress First Aid.

SLIDE 18

Factors in Recovery from Adversity and Stress

The Core Actions of SFA are derived from an exhaustive literature review and international expert panel (Hobfoll,

et al. 2007). There are five essential elements of immediate and mid-term intervention that are related to better recovery from stress:

1. **Promote a sense of safety**—safety can be relative, and it is important to have a balanced view about the levels of danger in the world.
2. **Promote calming**—some anxiety is normal and healthy. However, extended arousal of heart rate, blood pressure and respiration is associated with disruption of sleep, lack of hydration, poor decision-making and long-term health problems.
3. **Promote connectedness**—social connectedness is one of the strongest protective factors against stress injury and is linked to emotional well-being and recovery following traumatic stress.
4. **Promote sense of self and collective efficacy**—people who believe that they can overcome adversity and/or threat can handle stressful events, solve their problems and show greater recovery in stressful times.





5. **Promote a sense of hope** —hope maps onto optimism, faith, spirituality, and the belief that things will work out in the best possible way.

SLIDE 19

The Stress First Aid Model

Provide a brief overview of the Stress First Aid Model. The goal is to cover the core actions of the model briefly and then go into more detail about each core action in future slides.

The SFA model maps onto the five essential elements presented on the last slide.

One potential analogy for SFA is that of physical first aid and CPR. Ask the audience how many are CPR certified, and how many have actually performed CPR to save a life. Then ask how many in the last 30 days have interacted with someone who was having a strong stress reaction or possible stress injury. Note that, if the organization invests time and energy for responding to a relatively rare experience, they should



probably spend at least some time learning how to respond to a more common, and potentially injurious experience.

The SFA model always starts with some stressor, which can occur at work or in the person's personal life.

A stressor alone is not usually sufficient to consider Stress First Aid. It has to be accompanied by either distress or loss of function due to that stressor. In this way, SFA is similar to CPR in its first two core actions are Check and Coordinate.

In CPR training, each person is instructed to first recognize that something might be wrong. Next they are instructed to simulate saying to the CPR dummy, "Annie, Annie are you OK?" If, in the simulation, Annie wakes from a nap, rescue breaths are not initiated.

Similarly, Check is used over time to determine if a coworker may be experiencing significant stress. It involves observing, paying attention to, and checking in on coworkers on a regular basis, to identify both their baseline functioning and behavior, as well as any changes in behavior or functioning. If the person continues to be okay, then SFA is not needed. However, if changes in their baseline occur that seem indicative of stress reactions, Check involves noticing those differences and finding out if that person is okay or acting to reduce their stress.

In CPR training, if Annie is not okay in the simulation scenario, a quick Airway, Breathing, and Circulation (ABC) check is made, and EMS is called for help. Similarly, Coordinate involves getting assistance, if needed. Coordinate includes being aware of additional resources in case SFA actions aren't sufficient in alleviating stress reactions.

In addition to these two ongoing core actions, the five elements on the earlier slide have been adapted for the SFA model. The core actions of Stress First Aid are based on these five elements, but each element now starts with the letter "C" in order to make them easier to remember:

1. Safety is now **Cover**. Think of Cover as enclosing something to protect it, or as a method of defending



someone, such as by providing cover while someone runs for safety. If there is a physical safety risk or the person's own perception of risk is endangering their well-being, use Cover actions to make sure the person is safe or feels safer.

2. *Calm* stays the same. In addition to checking and addressing sense of safety, you also assess if they are calm, and act to reduce distress if they are not. We know that people with post-stress elevated heart rate, respiration, and blood pressure show greater risk for long term health and mental health problems. This is where calming reduces the risk for further stress reaction.
3. *Connect* stays the same. We may also assist by facilitating connectedness. In fact, this may be all that is needed to reduce stress.
4. Self-Efficacy is now *Competence*. This involves helping a person build or regain their competence for coping and functioning.
5. Hope is now *Confidence*. Actions to build a stress-affected person's confidence may be needed. They may have lost confidence in self, coworkers, leaders, or lost hope and/or faith that things will be okay.

Stress reactions can be delayed so be ready to respond in the future if stress injury behaviors emerge over time.

The goal of SFA is to move people towards wellness.

SLIDE 20

How Can You Use SFA?

This slide shows the actual flow of Stress First Aid. It is not a linear process as might be implied in the prior slide. SFA actions are chosen based on need, and one or more actions can be used for each stress reaction.

This slide is an animated slide. The first click shows that SFA starts with CHECK, either through observations or by being informed about a high-risk event, sign of distress, or change



in functioning. The concerned coworker then approaches the stressed person to either act to reduce their stress, or to gather more information to inform what to do next.

The second click shows that one's actions should be based on the person's stress reactions.

The third, fourth, and fifth clicks highlight the stress reaction of anxiety, and show that a number of Stress First Aid actions could be considered for this stress reaction, including a: Calm, b: Cover, and c: Competence.

The sixth click highlights that for each of the stress reactions, there could be a number of SFA actions that would be appropriate, depending on the context, so there is an opportunity to tailor SFA actions to the needs of the person and the context.

SFA is not one-size-fits-all. More than one core action can fit different stress reactions, so the decision of how to act will depend first on what type of stress reaction a



person is experiencing, but also on a number of other factors, including:

- How much time do you have to spend with this person?
- What is the nature of your relationship?
- Which action would bring the greatest benefit?
- Which action would be most acceptable to the person?
- Which action would foster the most recovery?

Depending on the reactions and circumstances, more than one SFA action can be used concurrently. It is important to keep an open, flexible stance towards Stress First Aid and use it as a framework for remembering the factors that should be considered when someone is exhibiting moderate to severe stress reactions. Caring leaders and coworkers are most likely already providing support that is consistent with the SFA model. SFA can provide a framework within which to better check in with and support their own and others' wellbeing.

SLIDE 21

Characteristics of Stress First Aid

The following points describe the characteristics of SFA:

- The timing and context are important. What can be achieved with any interaction depends on how much time is available, where one is, how open to support a stressed person is, and how long after the incident the conversation takes place.
- Flexibility and “tiny steps” are emphasized. SFA should always fit one’s personality and style, and should look different for each person who implements it and within each context it’s implemented in. SFA aims to help a stressed person achieve a sense of accomplishment by breaking down issues into small, manageable actions. Being flexible on the advice given is likely to result in more sense of connection and accomplishment.
- Mentoring and problem solving are highlighted. Providing support and possible assistance helping someone get back on their feet is a primary task, as is helping them manage the tasks that might seem overwhelming to them when they’re under a lot of stress.
- SFA is not meant to address all ranges of issues. It is a first aid model, and not meant to deal with lifelong problems, personality issues, serious mental health issues, or complex problems that would require more intensive interventions.
- Bridging to higher care is recommended when indicated. Always think in terms of referring a person on to EAP or local mental health providers if they are having difficulty adjusting and are experiencing strong stress reactions. Effective treatments are available and being a bridge to that care may be the most helpful SFA action.



SLIDE 22

Stress First Aid is NOT

The following points describe what SFA is NOT:

- An event-only intervention. SFA focuses on people and behaviors instead of focusing on events.
- A one-time only intervention. SFA is a way to identify people in distress and provide long-term emotional support.
- A replacement for needed medical or behavioral health interventions.
- A replacement for prevention efforts.

SLIDE 23

Features of Stress First Aid

SFA has a number of features that are different from other employee support models like critical incident stress debriefing (CISD) in many ways, such as:

- SFA is owned by the community and operated by its leaders and members
- SFA provides a common language with which to talk about stress reactions, via the Stress Continuum Model
- SFA strengthens rather than replaces existing physical, psychological, social, and spiritual supports
- SFA is longitudinal and ongoing
- SFA is intended to be a way of life, not just a response to specific events
- SFA targets both work and personal stress
- SFA promotes early actions for stress reactions
- SFA promotes referrals and coordination of care
- SFA is not “one size fits all”

SFA is not meant as a replacement for CISD if the model is working well in an agency, but it is a broader framework within which critical incident stress management (CISM), CISD and other employee support programs can reside.

SLIDE 24

Essential Stress First Aid Skills

There are three essential Stress First Aid skills.

1. Recognize when a coworker has a stress injury
2. Act: If you see something, say something:
 - to the coworker you're concerned about (Always try to communicate with the coworker first)
 - to a trusted support (If communicating with the coworker is not ideal because of circumstances or because of your roles, coordinate with a trusted other)
3. Know at least 2 trusted resources to offer to a stressed coworker. Knowing organization and community resources can come in handy when a person needs referral to other forms of support.





SLIDE 25

OPTIONAL GROUP DISCUSSION

Facilitate a discussion by asking:

1. What overall impressions do you have of the model?
2. Do you see the utility for SFA in both self-care and coworker support?

SLIDE 26

Transition Slide: Stress First Aid Actions

Use this slide to introduce the next section, which is a detailed description of each of the core actions of Stress First Aid.

SLIDE 27

Check Actions

The action of Check is different from other SFA actions in that it is not triggered by stressful events or signs of



distress, but rather is an ongoing process. It can mean having greater awareness of one's own "red flags," or indicators of more significant stress. It can also mean checking on coworkers regularly to have a better sense of when they are experiencing significant stress. This slide primarily describes the functions of Check with others.

1. The first Check action is to observe: to see and hear what is going on with a coworker, noting how they are being affected and by what. This is not meant to be an intrusive process, but one of awareness and caring.
2. Depending on your relationship with the person, you can also keep track of potentially stressful events (both at work and on the home front) and any signs of distress or changes in functioning. If SFA actions have already been used, keep track of whether or not they have been effective.
3. Examine the information that you have gathered by talking one-on-one to the person and, when appropriate, asking about how they are feeling and functioning. You can also gather information from other sources that might be helpful, including from coworkers or, if possible, family members.
4. The final Check action is to decide on helpful SFA actions based on this information. This includes determining whether anyone is in danger and making decisions about the need for further care.

While Check should be an ongoing action, in practice Check may also begin with the awareness that an individual has been exposed to specific stressors. These stressors may be work events or challenges to the individual's value system. They can also arise from personal challenges, such as family life difficulties or financial strains. Sometimes these stressors may also be an accumulation of small and seemingly insignificant challenges that can add up over time and have a sizable impact on a person's stress level.



However, exposure to stressors is not enough to warrant SFA or other direct aid. Most people who experience even intense stressors don't need help. What triggers SFA are not the events themselves but indications that someone who has been exposed to these events is operating in the Orange or Red Zone.

If there is evidence of Orange or Red Zone stress, with Check one asks, "What are the person's physical, mental, social, and spiritual needs?" Depending on the answer, it may be appropriate to use SFA and to identify what resources to mobilize on this person's behalf, as well as who else may need to know about a coworker's problems.

SLIDE 28

Check: Why Is It Needed?

Check is an ongoing process in part because most people are unaware of their stress zones and needs, and often don't pay attention to such things when focusing on work and the demands of daily life.

When people have been significantly changed by stress, or injured by it, they may not recognize the ways that it has impacted their lives. Those around them may be more likely to notice the impact if they are paying attention and know what to look for.

Even if the person affected by stress recognizes distress or changes in functioning, the stigma that surrounds such problems can be a powerful barrier to seeking help. Telling others about our problems and asking for assistance is very difficult for most of us.

Both the stress zones of individuals and the resources available to help can change drastically over time. A continuous process of assessment is often the only way to match needs with appropriate levels of help each step of the way.

It is also important to remember that the after-effects of stress injuries can be delayed by weeks, months or even



years. Those who have been seriously affected by stress will need to be periodically followed up with and reassessed.

SLIDE 29

Check: Indicators of Severe Stress Reactions

In order to Check in with oneself and others, it is helpful to be aware of the experiences, behaviors and symptoms that characterize stress reactions. They include:

- **Signs** that you can use to check on both yourself and others.
- **Symptoms** that you can use to check on yourself.

Signs are significant and persistent negative changes in behavior or habits

- Becoming more isolated from others
- Uncharacteristic negative behavior
- Making mistakes
- Compulsive behavior



Symptoms are internal feelings and less public reactions. Orange zone reactions are generally characterized by 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
- Intense feelings
- Inability to engage in or enjoy things you usually like
- Feeling unusually numb or uncaring
- Compulsive behavior
- Wanting to avoid situations or reminders

SLIDE 30

Check Skill: OSCAR

Many people feel uncomfortable asking others about their stress reactions. They know how to have casual conversations with coworkers, but when it comes to discussing personal issues or emotions, people often don't know where or how to start. Another common barrier to accurate assessment is the almost automatic denial of

experiencing any stressors, distress, or changes in functioning.

The **OSCAR** model of communications is another easy to remember tool that can be a useful for talking to someone about stress reactions:

OBSERVE: actively observe behaviors; look for patterns that are different from baseline.

STATE OBSERVATIONS: focus attention on the behavior; state just the facts without interpretations or judgments.

CLARIFY ROLE: state why you are concerned about the behavior and validate why you are addressing the issue.

ASK WHY: seek clarification; try to understand the other person's perception of their own behavior.

RESPOND: Let the person respond to your concerns and discuss potential next steps or plans.

The OSCAR technique can be used to get a better sense of whether the person is experiencing Orange Zone indicators and to gather information to answer the following questions:

- Which Stress Zone is the individual currently in and why?
- Would they benefit from any SFA actions?
- Is referral to any other resource warranted

SLIDE 31

Check Skill: OSCAR Example

Here is an example of how OSCAR might be enacted in a work setting. There are many other ways that OSCAR could be used, but this gives an example of how a conversation might proceed using this strategy.

OBSERVE: You notice your coworker has been less and less talkative and more isolated from others over the last few weeks



STATE OBSERVATIONS: “Hey Joe, I haven’t been seeing you around as much lately, and you seem to be really quiet the last few weeks.”

CLARIFY ROLE: “I’m only bringing this up because I care about you and want to make sure that you’re okay.”

ASK: “Am I right in my guess that something might be going on with you?”

RESPOND: Joe says yes, and you say, “Why don’t we go get some coffee so we can talk away from others? Does that sound okay to you?”

OPTIONAL: *If time allows, have trainees split into pairs and role-play an OSCAR scenario based on the observed behaviors in the example on this slide, but using their own language and personality style.*

SLIDE 32

Potential Check Actions: Self-Care

Here are a few potential Check actions for improving self-care:

- Give yourself permission to take care of yourself
- Make a conscious effort to keep tabs on yourself
- Become aware of your own personal “red flags” - indicators of Orange or Red Zone stress
- When red flags occur, take steps to mitigate them
- Inform key family, friends, or coworkers about your personal red flags and make a plan as to what to do when they occur

SLIDE 33

Potential Check Actions: Others

Here are a few potential Check actions that can be used with others:

- Offer basic resources like food, water, rest, etc.
- Begin with a casual two-way communication to get the person talking. Use active listening and look for

words, non-verbal signs, and cues as to how they are doing.

- Find the right way to check on someone without annoying them (e.g., email/texting versus calling).
- Check in more than once, especially after other stressful events which might cause cumulative wear and tear, or on anniversaries of particularly stressful events, which can be a reminder of the event and cause a person to feel worse.
- For leaders, ability to check on others is fostered with the following actions:
 - Be approachable and authentic, so employees are more likely to share experiences and reactions.
 - Monitor/check on staff needs regularly.
 - Set ground rules for staff such as stating that it’s natural to have stress in health care jobs and that it’s important to look out for each other and to be self-aware about specific red flags.

Ask trainees if they can think of any other Check actions that would be helpful.





SLIDE 34

OPTIONAL SLIDE

Check Example

Here is a real example of how Check can be incorporated into work in a seamless and natural way:

“One of our staff had just returned to work after the death of her son. He had been killed in a car accident caused by driver who was under the influence.

After responding to a patient with serious injuries due to a driver who was reported to be intoxicated, I told her what a great job she had done and asked her if she wanted to take a quick break with me to grab a snack.”

Ask trainees if they can think of any other examples where they have seen the Check action used.



SLIDE 35

OPTIONAL SLIDE

Check Example

Here is a real example of how Check can be incorporated into work in a seamless and natural way:

“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, 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.”

Ask trainees if they can think of any other examples where they have seen the Check action used.

SLIDE 36

OPTIONAL SLIDE

Check Example

Here is a real example of how Check can be incorporated into work in a seamless and natural way:

“We had been caring 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.”

Ask trainees if they can think of any other examples where they have seen the Check action used.



SLIDE 37

OPTIONAL SLIDE

Check Example

Here is a real example of how Check can be incorporated into work in a seamless and natural way:

“We decided that with many changes occurring in our organization, we would try to check with all employees about their concerns and brainstorm possible ways to improve conditions in the organization. We had workshops, blogs, and an online platform to gather concerns and troubleshoot ways to implement proposed solutions. We made sure that all employees were given different ways to give input and assigned a team to sort and make sense of that input in a way that respected all employee input.”

Ask trainees if they can think of any other examples where they have seen the Check action used.

SLIDE 38

OPTIONAL SLIDE

Check Example

Here is a real example of how Check actions can be incorporated into work:

“Leaders are often afraid to ask how they can help because they don’t want to promise what they can’t provide.

Ask about what’s needed, and staff’s biggest challenges, but also ask what’s working. Let them know you may not be able to fix everything, but together as a team you can try to creatively mitigate challenges.”

Ask trainees if they can think of any other examples where they have seen the Check action used.



SLIDE 39

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to reflect upon their own experiences with Check and identify behaviors or situations that they think would indicate a need for Check.

What are some ways that have worked well to check how a coworker is doing, particularly when you see:

- Declines in functioning
- Withdrawal and isolation
- Anger, outbursts, rage
- Excessive shame, guilt, or self-blame

SLIDE 40

Coordinate Actions

The next core action of SFA is Coordinate. This action sometimes includes consulting and/or collaborating with



others for more help for oneself or coworkers. It can also involve informing those who may need to know about the situation. The key components of the Coordinate action are:

- To collaborate with those who have a stake in the well-being and future of the stressed individual.
- To get assistance from others at any step in the process in which help is needed to assess and care for a stressed individual.
- To inform the leaders, supervisors or key individuals who have a need to know, to the extent that they need to know.
- To refer individuals who may need more intensive help to those who can help, either in a direct hand-off or through a more gradual consultation process.

SLIDE 41

Coordinate: Reasons for Referral

In all cases, asking for someone else's opinion or help early rather than late in the process is a good idea. A referral to



an EAP provider or clinician is indicated if:

- You are uncertain about the strength of your relationship with the person who needs help
- There is uncertainty regarding stress level, dangerousness or level of impairment.
- The individual poses a threat to self or others.
- The individual's impairment seems to be worsening over time or failing to improve

SLIDE 42

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

There are many possible barriers to delivering or succeeding with SFA, including:

- You have stress injury that impairs your ability to provide SFA, in which case you should get help yourself
- You cannot acquire or hold the trust or attention of the other person
- You have negative beliefs about the person, or they actively resist attempts to help
- The person's stress behaviors do not respond to SFA actions

One of the main ways of overcoming barriers to delivering or succeeding with SFA is to coordinate with others who may be better able to meet the needs of coworkers. Involve other leaders, coworkers, trained peers, human resources, chaplains, or mental health providers.

Stress First Aid is a team response and no one person needs to do it all.



SLIDE 43

OPTIONAL SLIDE

Coordinate Example

Here is a real example of how Coordinate can be incorporated into work in a seamless and natural way:

“One of our team members reported to work and was unusually quiet and distracted. During her break, I asked if everything was okay. She explained that her 2-year-old child had just been diagnosed with autism and she just did not know where to begin to get the needed services. I told her that I knew someone on another shift who had a child with autism and she and her husband had become resource ‘experts’ who had offered to help others. I offered to make an email introduction to her. At her next shift, she told me how helpful the referral had been.”

Ask trainees if they can think of any other examples where they have seen the Coordinate action used.



SLIDE 44

OPTIONAL SLIDE

Coordinate Example

Here is a real example of how Coordinate can be incorporated into work in a seamless and natural way:

“We had a well-respected nurse who had become more irritable but who wouldn’t open up to anyone. We knew a good friend of hers on another service and let this friend know that we had some concerns. She made more time to do things with the nurse.”

Coordinating doesn’t have to lead to an action that might be perceived of as intrusive. It should be a natural way of reducing risk and securing resources that the person might need.

Ask trainees if they can think of any other examples where they have seen the Coordinate action used.

SLIDE 45

OPTIONAL SLIDE

Coordinate Example

Here is a real example of how Coordinate can be incorporated into work in a seamless and natural way:

“I noticed that a newly assigned nurse 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, and that she found the work rewarding, but wondered what I did to manage the stress. I invited her to yoga class and to eat with some of the other members of the staff, so she could see how we deal with and talk about our stress.”

Ask trainees if they can think of any other examples where they have seen the Coordinate action used.



SLIDE 46

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to reflect upon their own experiences with Coordinate and to identify challenges and resources within their departments.

- 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 for stressed coworkers

SLIDE 47

Cover Actions

To provide Cover means to ensure ongoing safety for oneself or others. This slide primarily describes the functions of Cover with others. The components of Cover involve:

- **Standing by** a coworker and remaining available and ready to assist as needed, watching and listening for ways to intervene if needed, or holding the person's attention if they are overwhelmed or panicky.
- **Making the person safe** in any way possible, including by being an authoritative presence, by warning the person, by protecting the person physically or psychologically, or by assisting the person.
- When necessary, Cover may also involve **making others safe** from the coworker if they are not functioning well because of stress reactions, by protecting them physically or warning them about possible dangers that might result via the stressed individual's actions.
- **Encouraging a perception of** safety occurs in the long term for both affected coworkers and their families via the provision of a caring presence, listening to feedback, and communicating about safety. It involves greater commitment to organizational safety and order via maintenance of equipment, attention to worker fatigue and burnout, and reduction of chaos and rumors.

SLIDE 48

Examples of a Need for Cover

Here are a few examples of a need for Cover:

- Someone in a life-threatening situation is not thinking clearly or making good decisions because of stress
- Someone has frozen or panicked in an intense situation
- Someone feels guilty because their family has concerns about their safety following the death of a co-worker from an infectious disease
- Someone has threatened others
- Someone expresses serious thoughts of suicide

Facilitate a discussion with trainees by asking something like, "What actions have you noticed in yourself or others



that indicated a need for Cover?" The goal is to have them start to reflect upon their own experiences with Cover and identify behaviors or situations that they think would indicate a need for Cover.

SLIDE 49

Potential Cover Actions: Self-Care

Despite more often being an action for others, Cover can also be a component of self-care. Here are a few potential actions to increase sense of safety:

- Actively seek information that can help you feel safer
- Get an accurate understanding of risks in order to better plan
- Get help with personal responsibilities
- Self-monitor for stress reactions
- Give yourself permission to take care of yourself
- Set boundaries for yourself
- Request help from supervisors
- Call on those people, places, or actions that feel safe to you
- When you feel unsafe, distract yourself by focusing on something near you or your own breath or thought (e.g., counting).
- Realize that no one is perfect, and everyone is going to have strengths and vulnerabilities — be aware of your own.

Point out to trainees that being disciplined in taking care of oneself can foster a feeling of safety via the knowledge that one is committed to mitigating work stress.

Ask trainees if they can think of any other actions for using Cover in self-care.

SLIDE 50

Potential Cover Thoughts: Self-Care

One of the ways a person can make themselves safer is through practicing more helpful ways of thinking.

Shifting thoughts can foster healthy changes in behaviors. Here are a few examples of common thoughts that health care workers often have, along with potentially more helpful thoughts:

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

- *Ask trainees if they can think of any other helpful thoughts to use in their self-care.*

SLIDE 51

Potential Cover Actions: Others

Here are a few potential Cover actions for use with others:

- Reduce anything that makes the person feel unsafe.
- Remind them that they are safe here and now.
- Educate about stress reactions, what to expect, how to feel safer.



- Brainstorm and problem solve solutions with them.
- Communicate with administrative leaders.
- Brief staff about changes in practices, strategies, resources and events.
- Provide an authoritative, accurate voice to limit perceived threat.
- *Ask trainees if they can think of any other Cover actions that would make others feel safer.*

SLIDE 52

OPTIONAL SLIDE

Cover Example: Self-Care

Here is a real example of how Cover actions can be incorporated into self-care:

“Having a person you can talk with if you have a bad day is very important. That cover in your personal life is necessary, because so many times we’re still thinking about what happened at work when we get home.”

Ask trainees if they can think of any other examples where Cover actions have been helpful.

SLIDE 53

OPTIONAL SLIDE

Cover Example: Self-Care

Here is a real example of how Cover actions can be incorporated into self-care:

“I recently had a realization that I have to set boundaries for myself to keep myself safe and healthy. At the end of the day work is important, certainly, but not so important that we can’t take care of ourselves.”

Ask trainees if they can think of any other examples where Cover actions have been helpful.

SLIDE 54

OPTIONAL SLIDE

Cover Example: Coworker Support

Here is a real example of how Cover can be incorporated into work in a seamless and natural way:

“I like to give a briefing before there might be potentially unsafe situations: ‘This is something we could encounter. This is what we’re going to do if these things happen. Let’s problem-solve ahead of this situation.’”

Ask trainees if they can think of any other examples where Cover actions have been helpful.

SLIDE 55

OPTIONAL SLIDE

Cover Example: Coworker Support

Here is a real example of how Cover can be incorporated into work in a seamless and natural way:

“I had an old supervisor tell me our work is like sweeping sand. No matter how much you sweep, it’s going to be



there. That helped me realize I can put my work down and go home, because I can come back tomorrow and start sweeping some more.”

Ask trainees if they can think of any other examples where Cover actions have been helpful.

SLIDE 56

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to reflect upon their own experiences with Cover and identify some of the experiences that they have already had or have seen related to Cover:

- 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?

SLIDE 57

OPTIONAL GROUP DISCUSSION

Cover Scenario

If time allows, introduce a small group discussion to discuss this scenario:

- A respected member of your staff has had a hard couple of years. He had an injury, financial problems, and lost a close friend to a motor vehicle accident. Recently, he separated from his spouse and had to move out of the family home.
- He has been drinking a lot and often appears to be under the influence of alcohol when not at work.
- He is distracted and expresses a sense of hopelessness that things will improve.
- Today, he arrives to work late.
- When you begin to talk with him about your observations he says, “What difference does it make? Nothing really matters anyway. It doesn’t matter if I’m here or not.”

Ask each small group to discuss the scenario and answer the following questions:

- What kind of stress injury may be present?
- What SFA action(s) would you use?
- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely “right” or “wrong” answers. Groups will come up with answers depending on how they interpret and discuss the scenario. Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and on the range of creative possibilities that the groups generated.

While there are no “right” answers because each group will respond based on their interpretation of the scenario, for this first scenario of the training, potential





answers are listed below to give an example of possible group responses:

- What kind of stress injury may be present?
 - Loss, wear and tear, potential trauma.
- What SFA action(s) would you use?
 - Check/OSCAR, especially for suicidal thoughts; Coordinate by referring to EAP, mentor, or counselor; Connect by offering to help with supporting him in any way necessary, or helping with any tasks that he needs help with; Calm by listening and having empathy; Confidence by reminding him of his value and helping him see that he matters.
- What is your plan for approaching the situation?
 - Take him somewhere where you can talk confidentially without interruption; use OSCAR; be prepared to offer trusted resources with back-up plans for support if he is resistant to referral.



- What other information would you want to know?
 - Potential suicidal thoughts and/or actions; how much he is drinking; what coping strategies have been helpful in the past; what he has tried to feel better; what would be helpful.
- Outline the exact words/sentences you would use.
 - “I know you’ve had a hard year, and today you mentioned that nothing matters, and that it doesn’t make a difference if you’re here. I’ve also noticed that you have been drinking more and have come in late a few times. That’s not typical for you. Can you help me understand what’s been going on, because I worry when you make statements like that, and I care about you.”
 - “When people say things like that it is sometimes because they don’t want to live anymore. Have you had any thoughts like that?”
 - If he says yes: “Have you wanted to act upon them, made a plan to act upon, or acted upon them?”
 - If he indicates yes to any of these, “I am worried about you and I think you need to get some help. I don’t feel comfortable being the only one you tell this to, so I want you to go with me to our supervisor/EAP/a chaplain/a counselor. You’ve had a really tough time and we need to get you some help so you can get through this. And I’ll be here to support you too.”

SLIDE 58

Calm Actions

This slide shows the major components of the next SFA action, Calm. There is overlap between Cover and Calm. Procedures that promote one of these two actions often also help with the other.

The major difference is that while the goal of Cover is safety, Calm’s goal is to reduce the intensity of physiological, emotional and behavioral activation that is associated with stress reactions.



The first and most basic function of Calm is to stop, quiet, and cease physical exertion if possible. Some examples of this are to sit down or lie down and relax, with the goal of slowing heart rate.

Regaining composure will help to restore cognitive function. Calm involves helping yourself or others become more composed by drawing attention away from frightening and chaotic inner thoughts and feelings and refocusing in a calming way. (This can be helpful, even if only temporarily, before returning to a difficult situation that needs to be managed).

The next component of Calm is simply to rest—including sleep—for as long as is necessary to return to baseline levels of arousal and physical and emotional function. Sometimes a good night's rest is the only thing that will restore a person to baseline mental and emotional functioning, so prioritize improving sleep.

The final component of Calm is soothing, which means to reduce the intensity of destructive emotions like fear and anger, by either seeking out or providing a calm, empathic, caring ear.

SLIDE 59

Examples of a Need for Calm

Here are a few examples of a need for Calm:

- Someone returning from responding to a particularly violent domestic violence case is talking too fast and not reacting appropriately to commands or questions.
- Someone is pacing and wringing their hands while on duty. They just heard that their son, an Army sergeant deployed overseas, has been seriously injured.
- Someone punches their locker after just returning from responding to a baby who is in a coma after being shaken by a parent.

The purpose of Calm is to reduce excessive physical, mental, or emotional arousal or activation. It stands to



reason that Calm is needed in situations in which those aspects of arousal and activity are too high and remain at elevated levels even when the external threats that have triggered this response have been reduced.

Facilitate a discussion with trainees by asking something like, "What actions have you noticed in yourself or others that indicated a need for Calm?" The goal is to have the trainees start to connect their own experiences with the concept of Calm and identify behaviors that would be consistent with a stress injury and need a calming action.

Ask trainees if they can think of any other examples that would signal a need for the Calm action.

SLIDE 60

Potential SFA Calm Actions: Self-Care

Here are a few potential strategies for helping oneself feel calmer. Most health care workers have some idea of calming strategies. The SFA Calm action is about



prioritizing or focusing on strategies in a practical, realistic way, to help regain a sense of calm after becoming stressed.

Focus on:

- Whatever helps you to keep focused on the present moment
- Being realistic — for instance, focusing on appraising situations, others, and yourself in terms of specific realistic descriptions such as “sometimes/late” versus more polarized descriptions such as, “never/always”
- Taking action to reduce stress reactions
- Acceptance
- What you’re grateful for
- What you can control
- Changing beliefs that don’t serve you
- When/how pain temporarily eases

Prioritize simple strategies to calm down, such as:

- Breathing
- Exercise

- Yoga
- Social support
- Reflection/meditation/yoga/prayer
- Rewarding or pleasurable activities

NOTE: Engaging in rewarding or pleasurable activities regularly may not result in feeling better immediately, but over time it has been shown to be helpful in buffering stressful experiences. One analogy is that, like good nutrition, these activities can replenish or energize.

Ask trainees if they can think of any other actions for using Calm in self-care.

SLIDE 61

Potential SFA Calm Actions: Prepare

Here are some potential Calm actions for educating others:

- Acknowledge possible stressors and the potential need for support in a matter of fact way ahead of difficult events
- Make others aware of the importance of tailored self-calming strategies
- Provide information about reactions and coping.

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 62

Potential SFA Calm Actions: Immediate

Here are a few potential Calm actions to use in the moment with someone who is highly stressed:

- Reassure by authority and presence.
- Show understanding.
- Ask the person for help with something unrelated, to empower and distract them
- If possible, get the stressed person to look at you for a minute, then be very specific and detailed about what you want them to do



- Use the person's name and communicate exactly what is needed in a calm, methodical way

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 63

Potential SFA Calm Actions: Longer Term

Here are a few potential longer-term Calming actions to use with others:

- Validate concerns.
- Encourage taking regular brief breaks.
- Praise and give positive feedback.
- Allow the person to vent without judgment.
- Invite the person to meet outside the workplace, to give them a more confidential opportunity to talk away from work.
- Make meaning and memorialize losses.
- Help to prioritize and tackle problems directly.

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 64

Calm: Potential Actions for Angry Coworkers

This slide identifies some potential non-verbal and verbal actions for calming someone who is angry. Just as with the Cover function, it is recommended to start with the least intrusive and controlling techniques possible. This is first aid, so these are simple procedures.

Distract:

- Suggest taking a break
- Let them know you will be there when they return
- Ask them for help with something

Defuse:

- Suggest looking at the situation in a different way or from another's viewpoint

- Suggest talking to a friend or loved one

Distance:

- Separate those who are angry at each other, or keep them otherwise engaged

Deter:

- Ask for assistance if you feel uncomfortable or threatened

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 65

Calm: Potential Actions for Bereaved Coworkers

This slide lists some specific potential non-verbal and verbal actions for calming individuals who have suffered a loss, either on or off the job.

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





- Let the person know you're there for them
- Don't try to make a grieving person feel better, just be there to support them
- If they want to talk about the loss, listen and provide support.
- Offer a menu of options for support
- Be genuine and reliable
- Be sensitive to unique factors that affect them
- Check in over the next few months

Leaders can play a particularly important role in supporting someone who is grieving. They can let the person know that they are concerned, that they believe in the person, and that they will support the person to take one step at a time.

Ask trainees the following questions to facilitate a discussion about these Calm actions:

- Are these actions that you can see performing?
- Can you conceive of any possible barriers to performing actions like this?



- Can you think of any examples where the Calm action for loss has been used?

SLIDE 66

OPTIONAL SLIDE

Calm Example: Self-Care

Here is a real example of how Calm actions can be incorporated into self-care:

"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."

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 67

OPTIONAL SLIDE

Calm Examples: Self-Care

Here are some examples of how Calm actions can be incorporated into self-care:

"What helps calm me is breaking down responsibilities into manageable pieces, making lists and being organized."

"Taking a break from work to clear one's head is beneficial. During this break, several different strategies can be used: a short nap, physical exercise, meditation, stretching, having a conversation with a friend, laughing, getting a drink of water, and avoiding caffeinated beverages that contribute to agitation or anxiety."

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.



SLIDE 68

OPTIONAL SLIDE

Calm Example: Coworker Support

Here is a real example of how Calm can be incorporated into work in a seamless and natural way:

"When one of my coworkers was having a really tough day, I encouraged her to find ways to 'consciously' decompress after work so she could be present in the rest of her life."

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 69

OPTIONAL SLIDE

Calm Example: Coworker Support

Here is a real example of how Calm can be incorporated into work in a seamless and natural way:

"If something is going wrong on a unit, someone will say 'orange huddle.' That means, 'everyone take a breath, we're coming together. It's not blaming or shaming, there's an issue, we feel it, someone saw it, something is happening, it's tense. Let's all take a breath, this is the shift from hell, we'll make it through.'"

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 70

OPTIONAL SLIDE

Calm Example: Coworker Support

Here is a real example of how Calm can be incorporated into work in a seamless and natural way:

"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 actions are often the least noticeable ones."

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 71

OPTIONAL SLIDE

Calm Example: Coworker Support

Here is a real example of how Calm can be incorporated into work in a seamless and natural way:

"I noticed that one of my co-workers was withdrawn, avoided contact with other

members of the shift and was short (and often abrasive) with others. When we took a break, I asked her if everything was ok and she confided that she recently discovered that her 17-year-old son has an addiction to opiates and she



is not sure what to do. She was very upset and afraid that her co-workers would think badly about her if they found out. I listened and assured her that she was not alone. I also shared with her an app I use for relaxation.”

Ask trainees if they can think of any other examples that they have seen where the Calm action has been used.

SLIDE 72

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to reflect upon their own experiences with Calm and identify some of the experiences that they have already had or have seen related to Calm:

- 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?

SLIDE 73

OPTIONAL GROUP DISCUSSION

Calm Scenario

If time allows, introduce a small group discussion to discuss this scenario:

A nurse who you know has been having marital issues has trouble with entering data into an electronic record. She throws a stack of papers on the floor and runs to the bathroom.

Ask each small group to discuss the scenario and answer the following questions:

- What kind of stress injury may be present?
- What SFA action(s) would you use?
- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely “right” or “wrong” answers. Groups will come up with answers depending on how they interpret and discuss the scenario. Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and the range of creative possibilities that the groups generated.

SLIDE 74

Connect Actions

This slide shows the three components of Connect. Each is designed to help a stressed person feel that they are not alone, that there are caring others around and there are ways to stay connected to others. As with all SFA actions, these components are designed to be adapted to fit the setting, one’s personality and/or role, and the needs of the person experiencing a stress reaction.

The first component is to simply **be with** the stressed person. This means being present, making eye contact,



listening and/or mentoring and empathizing. It may also mean accepting the person and their reactions or encouraging them in a way that is acceptable to them if that is what is needed.

The next component is to **promote connection**. This may especially be needed when one is not close to the stressed person, or their role does not allow them to be supportive. Leaders may be in a position to foster connection between others with projects or group gatherings or by encouraging the person to seek practical help or to engage in contact with others. Research has shown that many people who are experiencing significant stress respond well to being included in an activity, to casual friendly encounters, or to receiving practical help. They may prefer these types of support over directly discussing emotional problems or reactions for many reasons, including when they do not feel ready to discuss adverse events.

The final component is to **reduce the person's sense of isolation**, which can often occur when Orange Zone reactions make them want to isolate, or when they feel shame about what is happening. Assisting in such a case may involve helping to improve the person's understanding of the situation and of stress reactions. Often, coworkers can help the person to see that stress reactions are understandable and acceptable.

This component also involves correcting misconceptions and misperceptions that may contribute to the stressed person becoming isolated. It may include clearing up misconceptions held by the stress-injured person about their own stress reactions, as well as those held by others. Doing so will effectively restore the individual's trust in themselves and restore the trust of others. In its simplest form, isolation can be reduced by inviting and including the stress-injured person in department projects, conversations, or activities.

While most of the time SFA will be used to Connect an individual with social support, Connect can be needed at

either an individual or organizational level. For instance, whereas an individual might withdraw from his coworkers after a critical incident because of shame, exhaustion or loss, at the department level, disruption of connectedness can be caused by blame, lack of confidence in coworkers or leadership, shame and stigma, overwhelming exhaustion, or loss.

SLIDE 75

Examples of a Need for Connect

Here are a few examples of a need for Connect:

- A young health care provider freezes during his first major surgery. Although only disabled for a few seconds, he feels ashamed and withdraws from all contact with fellow health care providers.
- A child dies after a complicated procedure involving many staff. Some department members feel that better coordination could have prevented the death. Staff not involved in the situation avoid speaking or





interacting with those who were involved. Sense of staff cohesion drops.

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

These examples highlight the fact that Connect can be needed at either an individual or organizational level.

Facilitate a discussion with trainees by asking something like, "What actions have you noticed in yourself or others that indicated a need for Connect?" The goal is to have them start to reflect upon their own experiences with Connect and identify behaviors or situations that they think would indicate a need for Connect.

SLIDE 76

Reasons for a Need for Connect

When injured by stress, people can feel a sense of being alienated from themselves, like they are a different person.



It is also very common for them to feel disconnected from friends or family, for a number of reasons:

- Trust may be an issue. An individual may have lost trust in themselves, or be experiencing shame, a feeling that others were disappointed or betrayed, or a loss of trust in their coworkers.
- Stress reactions may cause individuals to lack the confidence and/or competence to make new relationships or to rebuild existing relationships.
- People who are stressed may not want to share negative experiences or feelings for fear that they won't be understood or will be a burden to others.
- Some may just be numb or withdrawn, or don't want to be triggered by talking about events.
- Orange Zone stressors and/or reactions may cause difficult emotions to surface, such as increased anger or frustration, that can push others away.
- Individuals may not be getting enough positive feedback or support from their environment due to Orange Zone stressors such as loss, or lack of access to appropriate supports or resources (e.g. separations, lost contact, new living environment, etc.).
- Other people might need Connect because they feel exhausted and overwhelmed or are unable to talk about their feelings and put their experiences into words.
- Some may be unable to express an increased need for support from others for their stress or don't feel that their existing social support networks can or will meet their needs.
- Some may want to be available to provide support to others but are avoiding doing so because they are overwhelmed, or don't want to trigger their own stress reactions.
- Finally, stigma is a big obstacle to asking for support. Asking for help can make people feel that they are weak, or that they are unable to handle their life



stress. It may also raise concerns that their disclosure will affect either their coworkers' view of them, or their job security.

SLIDE 77

Connect: Different Types of Support

Connect targets four types of social support, depending on what is needed in a given situation:

1. **Instrumental support:** providing material aid, such as assistance or help with daily tasks. Many health care workers have indicated that they prefer this type of support to emotional support in difficult times.
2. **Informational support:** providing relevant information (e.g. advice or guidance) intended to help the individual cope with current difficulties.
3. **Emotional support:** the expression of empathy, caring and reassurance, as well as providing opportunities for emotional expression and venting.
4. **Inclusion:** making the other person feel included in work or personal activities.

SLIDE 78

Potential Connect Actions: Self-Care

Here are a few potential self-care strategies for improving connection with others:

- Know the value of good mentors and friends.
- 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 with people who are familiar enough with you to know when something is bothering you.
- Reprioritize your schedule to spend more time with those who mean the most to you.



SLIDE 79

Potential Connect Actions: Others

Here are some potential Connect actions to use with others:

- Provide support yourself
- Ask about the person's preferred social support
- Act to remove obstacles to social support
- Offer different types of social support (practical, inclusion, emotional)
- Help link the person with supportive others
- Address potential negative social influences, such as those who make the person feel judged, or people who endorse less healthy ways of coping

SLIDE 80

OPTIONAL SLIDE

Connect Example: Self-Care

Here is a real example of how Connect actions can be incorporated into self-care:



“The people I reach out to are honest. It’s about calling a spade a spade, not dancing around it. They’re able to give their perspective on my problem and say something like: ‘You need to pick up the pieces and move on.’ It serves to provide another’s perspective, and foster honesty. Or they might say, ‘That’s not normal for you.’ I am skeptical of self-diagnosis. I think you need to get a second opinion from someone who knows you - a fresh perspective.”

Ask trainees if they can think of any other examples where Connect actions have been helpful.

OPTIONAL SLIDE

Connect Example: Coworker Support

Here is a real example of how Connect can be incorporated into work in a seamless and natural way:

“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.”

This is a situation in which providing natural, helpful assistance with an unrelated activity can facilitate authentic connectedness. Often this is more effective than using artificial means to force a person to talk before they are ready.

Ask trainees if they can think of any other examples where Connect actions have been helpful.

SLIDE 82

OPTIONAL SLIDE

Connect Examples: Coworker Support

Here is a real example of how Connect can be incorporated into work in a seamless and natural way:

“During the pandemic, we would write our name on the department whiteboard if we thought we were in the Green Zone that day, to give permission for coworkers to approach us for support without worrying about being a burden. We could erase our name during the shift if we were no longer in the Green.”

Ask trainees if they can think of any other examples where Connect actions have been helpful.

SLIDE 83

OPTIONAL SLIDE

Connect Examples: Coworker Support

Here is a real example of how Connect can be incorporated into work in a seamless and natural way:

“You walk into the break room and someone has left a treat for you, and it’s just those little actions that show that somebody’s thinking about you. They validate that you are significant person and that you are important.”



"Every season I give my office a health care item for that season. For winter they get a hand warmer and lip balm. It's not much, but it is a little something to let them know I care."

"We go take a walk, just about a 15-minute walk just to get out of the office."

Ask trainees if they can think of any other examples where Connect actions have been helpful.

SLIDE 84

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to reflect upon their own experiences with Connect and identify some of the experiences that they have already had, or have seen related to Connect:

- 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?

SLIDE 85

OPTIONAL GROUP DISCUSSION

Connect Scenario

If time allows, introduce a small group discussion to discuss this scenario:

- A well-respected staff member who has recently been transferred to your unit becomes upset when other staff make jokes and comments that seem to bother him.
- He begins to become more irritable and isolative and tells you that he finds the behavior of the other staff offensive.

Answer the following questions:

- What kind of stress injury may be present?

- What SFA action(s) would you use?
- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely "right" or "wrong" answers. Groups will come up with answers depending on how they interpret and discuss the scenario. Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and the range of creative possibilities that the groups generated.

SLIDE 86

Competence: When Is It Needed?

Competence is a little more complex than the prior core actions. Whereas the other SFA actions occur following Orange Zone stress reactions, Competence actions might be needed to either prevent stress reactions or to mitigate stress reactions. Specifically, Competence may be needed:





SLIDE 87

Competence Actions Foster

Competence actions focus on enhancing and restoring individual capacities to function and perform in all important life roles, including occupational, personal, and social domains. They aim to help restore a person's previous capabilities or cultivate personal competence.

Competence is called for when it is clear that a person's stress reactions are caused by their inexperience or lack of skills on the job. Competence may also be used when Orange or Red Zone reactions deplete a person's, or a team's, ability to respond effectively to stress. This SFA action focuses on **building or fostering skills** that will either prevent or reduce stress reactions. The goal is to restore previous capabilities or cultivate personal competence.

The research literature suggests that increasing Competence:

- Improves functioning, fosters better connections and supports, and augments individual and group morale.
- Reestablishes the confidence of others in the stressed individual.
- Helps to overcome injury to mind and spirit.
- Builds resilience.

The first component of Competence is to augment **occupational skills** that have either contributed to stress reactions or that have been damaged by stress injury. This may require mentoring, respite from normal tasks, or training for the stressed individual so that they may once again feel capable to derive self-esteem from their work. SFA can be employed for stress-related injuries that impair abilities on the job. Recovering from stress-induced decrements in functioning may require developing capabilities, in the same way that physical therapy can foster recovery from physical injuries.

The next component is to foster the development of personal competence and **well-being skills** that can help

1. When lack of experience or training **contributes to** stress reactions:
 - Operational challenges are new to an inexperienced health care worker
 - Rare operational challenges occur for which few team members are trained
 - There is a lack of sufficient training in certain aspects of the job (emotional, workload, pace)
2. When stress or stress reactions **cause**:
 - a. **Loss of** previous skills:
 - Mental focus or clarity, cognitive functioning
 - Self-control (emotional or behavioral)
 - Social skills (becoming isolated or irritable)
 - b. **New** challenges:
 - Trauma or loss reminders leading to intrusive memories, avoidance, difficulty relaxing, slowing down or getting to sleep
 - Need to seek social support



the stressed individual better calm themselves, improve health and fitness, and manage trauma and loss reminders. The goal is to restore and improve abilities to cope with life's challenges.

- The last component is to improve social skills to deal with stress reactions. These skills are often damaged by stress or may become necessary to improve when a person is dealing with stress reactions. When a person is experiencing Orange or Red Zone stressors, they can find themselves less capable of socializing with others. Alternatively, the person may need to develop new skills to help them connect with others when they are in the Orange or Red Zone. The goal of Competence is to re-establish or learn social skills to deal with stress reactions, such as the skills of:
- Requesting support
- Resolving conflicts
- Acting assertively
- Seeking mentoring

SLIDE 88

Examples of Need for Competence

This slide shows some examples of a need for Competence:

- An intern responding to an infectious disease patient becomes anxious because he has never had experience with that type of patient before and has concerns about his own safety.
- A nurse who was the target of a violent patient experiences persistent mental confusion and slowed, unclear thinking.
- A nurse who developed wear-and-tear stress injury loses the ability to stay calm when dealing with co-workers.
- A manager who loses a staff member because that person became infected with hepatitis C when they were stabbed by a violent patient becomes hesitant about sending staff into potentially

hazardous situations, increasing the danger to the entire department.

Facilitate a discussion with trainees by asking something like, "What actions have you noticed in yourself or others that indicated a need for Competence?" The goal is to have them start to reflect upon their own experiences with Competence and identify behaviors or situations that they think would indicate a need for Competence.

SLIDE 89

Potential Competence Actions: Self-Care

Here are a few suggested strategies for building competence:

- When you are having a difficult time, use positive self-talk and don't be afraid to ask for help and guidance from mentors.
- When tough things happen, establish new relationships with those who have been through similar situations.





- If you're under too much stress, do something that is easy for you to give you a sense of accomplishment.
- Find people who can help you with engaging in healthy habits.
- 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.

Ask trainees if they can think of any other strategies for building their own sense of competence.

SLIDE 90

Potential Competence Actions: Self-Care During Prolonged Stress

Here are a few potential actions for building Competence in oneself during prolonged stress:

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



- Divert attention temporarily, using humor or acceptance.
- Keep worrying circumscribed to actual potential risks and be disciplined about not letting fears derail important life tasks.
- Shift expectations about what to expect from day to day and about what is considered a "good day."
- Clarify top priorities and focus on taking steps towards what is most important.
- Create routines of living and make every effort to keep to those routines.

Ask trainees if they can think of any other strategies for building their own sense of Competence.

SLIDE 91

Potential Competence Actions: Others

Here are a few potential actions for building competence in others:

- Provide targeted training in work and well-being skills
- Be authentic, normalize stress reactions, and give simple examples of ways to cope
- Give the stressed individual responsibility little by little so that they do not feel overwhelmed
- Remind the person of coping strategies and skills that have worked for them before
- Encourage active coping
- Help problem-solve and set achievable goals

Ask trainees if they can think of any other strategies for building competence in others.

SLIDE 92

Potential Competence Actions: Others

Here are some more potential actions for building Competence in others:

- During highly stressful times or after mistakes, give extra attention/training/mentoring



- For those who need a break, reassign or temporarily suspend key job duties
- Integrate back into duties by assigning responsibility in a stepped, gradual way
- Help the person “recalibrate” their expectations and goals to meet current circumstances
- Before you have a conversation with somebody who you think needs time off, make sure taking time off is feasible for that individual
- Connect the person to relevant resources

Ask trainees if they can think of any other strategies for building Competence in others.

SLIDE 93

OPTIONAL SLIDE

Competence Example: Self-Care

Here is a real example of how Competence actions can be incorporated into self-care:

“When I’m under too much stress, I revert to doing something that is easy for me. It gives me a sense of accomplishment, like tidying the garage, or shoveling snow for a widowed neighbor. It doesn’t take much thought, but it gives me a sense of accomplishment.”

Ask trainees if they can think of any other examples that they have seen where the Competence action has been used.

SLIDE 94

OPTIONAL SLIDE

Competence Example: Self-Care

Here is a real example of how Competence actions can be incorporated into self-care:

“Switching specialties was a struggle for me. I utilized all the resources I could and was not afraid to ask my supervisor or other coworkers for help and guidance. I was honest about



my lack of confidence in my abilities, and I sought out (and continue to seek help) from other specialists.”

Ask trainees if they can think of any other examples that they have seen where the Competence action has been used.

SLIDE 95

OPTIONAL SLIDE

Competence Example: Coworker Support

Here is a real example of how Competence actions can be incorporated into work:

“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. 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.”



Ask trainees if they can think of any other examples that they have seen where the Competence action has been used.

SLIDE 96

OPTIONAL SLIDE

Competence Examples: Coworker Support

Here are some examples of how Competence actions can be incorporated into work:

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

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

Ask trainees if they can think of any other examples that they have seen where the Competence action has been used.

SLIDE 97

OPTIONAL SLIDE

Competence Example: Coworker Support

Here is a real example of how Competence actions can be incorporated into work:

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

Ask trainees if they can think of any other examples that they have seen where the Competence action has been used.

SLIDE 98

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to reflect upon their own experiences with Competence, and identify some of the experiences that they have already had, or have seen related to Competence:

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

SLIDE 99

OPTIONAL GROUP DISCUSSION

Competence Scenario

If time allows, introduce a small group discussion to discuss this scenario:

Your pediatric ICU unit responds to a child who is injured from suspected physical and sexual abuse.



Your team includes a nurse who has been on the job for about one year.

When the child's vitals take an emergent turn for the worse and the nurse is asked to assist, she freezes.

You call her name, but she doesn't respond. You then tap on her shoulder and she immediately responds and re-engages in the task at hand.

A few shifts later, she tells you "I just don't know if I can keep doing this."

As you talk further, she tells you, "I froze in that instance. What if I freeze again and someone dies because I don't react fast enough?"

Answer the following questions:

- What kind of stress injury may be present?
- What SFA action(s) would you use?
- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely "right" or "wrong" answers. Groups will come up with answers depending on how they interpret and discuss the scenario. Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and the range of creative possibilities that the groups generated.

SLIDE 100

OPTIONAL GROUP DISCUSSION

Competence Scenario

If time allows, introduce a small group discussion to discuss this scenario:

- You are training a nurse. Up to this point, she has been a quick study and eager to learn.
- She is becoming increasingly frustrated and throws

the papers she is holding and starts to walk away.

- Another nurse makes a snide comment as she passes by and she makes a rude gesture to her.
- You know that the nurse has had two deaths in her immediate family in the past month and is dealing with her child's learning issues at school.

Answer the following questions:

- What kind of stress injury may be present?
- What SFA action(s) would you use?
- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely "right" or "wrong" answers. Groups will come up with answers depending on how they interpret and discuss the scenario. Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and the range of creative possibilities that the groups generated.





SLIDE 101

OPTIONAL GROUP DISCUSSION

Competence Scenario

If time allows, introduce a small group discussion to discuss this scenario:

- You and your team hold a small celebration on the day that an intern returns to work.
- Six months earlier, he was injured in a workplace violence incident and has just returned to work.
- Later during the day, the you notice that the intern is unusually quiet, but when asked if everything is ok, he assures you that he is fine, but just a little tired.
- As he walks into the same hallway where the workplace violence incident occurred, you notice that he is breathing very rapidly and sweating.

Answer the following questions:

- What kind of stress injury may be present?
- What SFA action(s) would you use?



- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely “right” or “wrong” answers. Groups will come up with answers depending on how they interpret and discuss the scenario. *Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and the range of creative possibilities that the groups generated.*

SLIDE 102

Confidence Actions Rebuild

The final SFA action is Confidence, originally derived from the literature on “hope.” There is a lot of overlap between Competence and Confidence, because when individuals feel more competent to handle what is in front of them, they usually feel more confident and hopeful. What distinguishes Competence from Confidence is that Competence actions often involve training or mentoring in skills building, whereas Confidence actions are aimed at affecting or altering inner states or thoughts an individual with stress injury may have.

Confidence actions are intended to:

- Promote realistic hope and build self-esteem that may have been damaged or lost as a result of stress.
- Promote confidence in core values and beliefs.
- Bolster pride and commitment.

This slide shows the four components of Confidence that contribute to a sense of confidence — in the self, in others, in life or in spiritual sources of solace.

- The first Confidence component is rebuilding **trust**, which can be trust in many things, such as coworkers, equipment, leaders, self or mission.
- The second component is **rebuilding hope**, which may entail helping the person find forgiveness and



trust in themselves or the people around them. The process of forgiveness can resolve tension and allow a person to move forward. Rebuilding hope also involves being able to imagine the future in a positive way.

- The third component is aimed at rebuilding **self-worth**, which includes belief in self; an accurate and mostly positive self-image; self-respect or a thinking process that taps a sense of agency or will; and the awareness of the steps necessary to achieve one's life goals.
- The fourth component is aimed at rebuilding or facilitating **meaning-making**, which is anything that helps a person make sense of what happens in their life. It is often facilitated by having a sense of purpose or faith, holding a spiritual perspective related to the human condition, or having a belief that either strong others or a higher power will intervene on one's behalf.

SLIDE 103

Examples of Need for Confidence

This slide shows three scenarios in which the Confidence action could be used. In all three cases, SFA will involve actions at multiple levels of engagement.

- Someone whose failure to take proper precautions contributes to the death of a patient feels extremely guilty and becomes self-destructive.
- An individual who develops a wear-and-tear stress reaction loses respect for leaders and becomes angry and irritable.
- Someone who is regularly exposed to significant life threat suffers lowered functioning, loses spiritual faith, and becomes depressed.

Facilitate a discussion with trainees by asking something like, "What actions have you noticed in yourself or others that indicated a need for Confidence?" The goal is to have them



start to reflect upon their own experiences with Confidence and identify behaviors or situations that they think would indicate a need for Confidence.

SLIDE 104

Potential Confidence Actions: Self-Care

Here are a few potential actions for building one's own Confidence:

- Use small triumphs to build confidence
- If you have self-doubt, get advice from self-help books or articles
- 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
- Use positive self-talk



- Focus on ways that you've made a difference
- Adopt a long-term perspective

Ask trainees if they can think of any other strategies for building their own sense of Confidence.

SLIDE 105

Potential Confidence Actions for Leaders: Laying a Foundation

Leaders have a particularly important role to play with regards to Confidence. Here are a few potential leader actions for laying a foundation that builds confidence in others:

- Set realistic expectations about the need to follow procedures but be open to taking a lessons-learned approach about deviations from protocol.
- Discuss your preferred values for working with each other and stress that you will stick together in adverse circumstances.
- Focus on learning opportunities.
- Confront stigma about stress reactions.
- Be a role model to show co-workers healthy ways of dealing with difficult situations.

Ask trainees if they can think of any other strategies for building Confidence in others.

SLIDE 106

Potential Confidence Actions for Leaders: Laying a Foundation

Here are a few more potential leader actions for laying a foundation that builds confidence in others:

- Remind people of the ideals and values that drew each of you to the work you are doing. This can help reconfirm the meaning of their work and help them to commit to continuing the work even in the face of stressful experiences.
- Give regular positive feedback, and remind them about their positive impact, values, skills and competence.
- Give them tasks that they can be successful at.
- Foster and support taking steps to alleviate and mitigate the harmful effects of stress.

Ask trainees if they can think of any other strategies for building Confidence in others.

SLIDE 107

Potential Confidence Actions for Leaders: Responding to Stress Reactions

Here are a few potential leader actions for building confidence when someone has a significant stress reaction:

- Allow the person to be reassigned or take a break from work.
- Be patient and open to the possibility that the person can fully return to work duties.
- Gradually increase duties and responsibilities when the person returns to work.
- Look for positive changes in the person's behavior.
- If necessary, help to re-establish the trust of coworkers in the person by providing accurate



information, reducing rumors and gossip, being a non-judgmental, accepting role model, and discussing coworkers' fears and concerns.

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

Ask trainees if they can think of any other strategies for building Confidence in others.

SLIDE 108

Potential Confidence Actions: Others

Here are a few more potential actions for building confidence in others:

- Be authentic, empathic, and nonjudgmental.
- Help them counter their guilt by normalizing their reactions and letting them know they are not alone in experiencing stress reactions.
- Help them focus on the present.
- Encourage them to remember their personal strengths, positive relationships, spiritual change, appreciation for life, or other things they value.
- Help them make meaning of difficult events or losses by encouraging them to find ways to memorialize or honor those events or losses.
- Be willing to talk with them as many times as they need, give them relevant reading materials, and connect them to treatment or to people who have dealt with similar situations.

Ask trainees if they can think of any other strategies for building confidence in others.

SLIDE 109

OPTIONAL SLIDE

Confidence Example: Self-Care

Here is a real example of how Confidence actions can be incorporated into self-care:

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

Ask trainees if they can think of any other examples that they have seen where the Confidence action has been used.

SLIDE 110

OPTIONAL SLIDE

Confidence Example: Self-Care

Here is a real example of how Confidence actions can be incorporated into self-care:

"You can be the most skillful person in the entire world but if you don't have faith in yourself you are doomed. You're never going to get through it. And vice versa,





you can be overconfident but not able to learn from mistakes to be more effective. There is a fine line between the two. The better you are at one, the better you will be at the other one. Even small triumphs can help with confidence.”

Ask trainees if they can think of any other examples that they have seen where the Confidence action has been used.

SLIDE 111

OPTIONAL SLIDE

Confidence Example: Coworker Support

Here is a real example of how Confidence actions can be incorporated into work:

“We had a particularly endearing child die of an unexpected complication after being in the hospital for a while. 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.”

Ask trainees if they can think of any other examples that they have seen where the Confidence action has been used.

SLIDE 112

OPTIONAL SLIDE

Confidence Example: Coworker Support

Here is a real example of how Confidence actions can be incorporated into work:

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

Ask trainees if they can think of any other examples that they have seen where the Confidence action has been used.

SLIDE 113

OPTIONAL SLIDE

Confidence Example: Coworker Support

Here is a real example of how Confidence actions can be incorporated into work:

“We have a lot of people who have never had something go wrong, and then once that happens, they’re having a hard time because they’re so worried about things that they weren’t worried about before. A lot of times you have to help people tone it down for themselves and say that they don’t have to be perfect. That’s where mentorship comes into play. Just because you have experience doesn’t mean that you come with all the tools that you need in this exact job.”

Ask trainees if they can think of any other examples that they have seen where the Confidence action has been used.



SLIDE 114

OPTIONAL SLIDE

Confidence Example: Coworker Support

Here is a real example of how Confidence actions can be incorporated into work:

“Sometimes a person in need of Confidence won’t listen to anyone but the person who has been through a similar situation. It gives you a role model to show you how to potentially go through things.”

Ask trainees if they can think of any other examples that they have seen where the Confidence action has been used.

SLIDE 115

OPTIONAL SLIDE

Confidence Example: Coworker Support

Here is a real example of how Confidence actions can be incorporated into work:

“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 reminded us that what we do makes a difference. It is easy to lose sight of that because some of what we do to encourage healing and prevent infection can be excruciating to the patient. It helps to be reminded that there is a positive outcome for our patients.”

Ask trainees if they can think of any other examples that they have seen where the Confidence action has been used.

SLIDE 116

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to reflect upon their own experiences with Confidence

and identify some of the experiences that they have already had, or have seen related to Confidence:

- 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?

SLIDE 117

OPTIONAL GROUP DISCUSSION

Confidence Scenario

If time allows, introduce a small group discussion to discuss this scenario:

- Your unit has been responding to a particularly strong viral outbreak that results in a rash of illnesses on the ward and two staff members falling seriously ill with pneumonia.





- You notice that the conversation during lunch focuses on the lack of trust in leadership and whether the agency even cares about their safety.

Answer the following questions:

- What kind of stress injury may be present?
- What SFA action(s) would you use?
- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely "right" or "wrong" answers. Groups will come up with answers depending on how they interpret and discuss the scenario. Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and the range of creative possibilities that the groups generated.



SLIDE 118

OPTIONAL GROUP DISCUSSION

Confidence Scenario

If time allows, introduce a small group discussion to discuss this scenario:

- You notice that one of your co-workers is withdrawn, avoids contact with other staff and has stopped participating in off-duty activities.
- When you talk with her, she confides in you that she recently discovered that her 17-year-old son has an addiction and she is not sure what to do. She and her husband argue because they do not agree about what to do.
- She tells you she doesn't sleep well because she frequently checks to make sure her son is breathing.
- When you ask her about work pressure, she tells you that she is struggling to complete a special project that her supervisor asked her to do. She says, "I guess I am just a failure all the way around."

Answer the following questions:

- What kind of stress injury may be present?
- What SFA action(s) would you use?
- What is your plan for approaching the situation?
- What other information would you want to know?
- Outline the exact words/sentences you would use.

Have the small groups report out to the larger group when they are done with their discussion. There are no absolutely "right" or "wrong" answers. Groups will come up with answers depending on how they interpret and discuss the scenario. Facilitate a discussion about how they arrived at their answers, focusing on both commonalities and the range of creative possibilities that the groups generated.



SLIDE 119

OPTIONAL SLIDE

Stress First Aid Effect on Organizations: Example

Here is a real example of how Stress First Aid can affect a health care organization:

"SFA creates an improved ability to identify issues, come together, and problem solve solutions. It calls attention to systems level issues that are problematic for the workforce. Rather than managers worrying that if they ask what's going wrong, they will have to fix it, it's more about having a dialogue. For instance, staff can report that there are activities or issues that are putting them into the orange. Then those issues can float up and be discussed. A department is in orange because... The hospital is in orange because... It's not the old model of sucking it up, taking two breaths, and going back to work. It's a model of identifying and addressing issues as a team."

Ask trainees what they think of this quote as applied to the organization they work in.

SLIDE 120

Stress First Aid for Self-Care and Coworker Support: Key Points

Now that all the core actions of SFA have been presented, some key points to emphasize about implementing SFA include:

- The tone of any interaction is collaborative, experimental, non-judgmental. It should always fit your personality and style and will look different for each person who implements it and within each context it's implemented in.
- The timing and context are important: what you can achieve with any interaction depends on how much time you have, where you are, how open a person is to hearing what you have to say, and how long after the incident the conversation takes place.



- SFA is not meant to address all ranges of issues: it is a first aid model, and not meant to deal with lifelong problems, personality issues, serious mental health issues, or complex problems that would require more intensive interventions.
- Flexibility and "tiny steps" are emphasized: giving a person a sense of accomplishment by breaking down issues into small, manageable actions, and being flexible on the advice you give are likely to result in more sense of connection and accomplishment.
- Mentoring and problem solving are highlighted: your role is to provide support and possible assistance helping someone get back on their feet and manage the tasks that might seem overwhelming to them when they're under a lot of stress.
- Bridge to higher care when indicated: always think in terms of referring a person on to EAP or local mental health providers if they are having difficulty adjusting and experiencing strong stress reactions. Effective treatments are available and being a bridge to that care may be your most helpful SFA action.



SLIDE 121

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them identify what adaptations of the SFA model need to be made to make it a better fit locally, potential obstacles to using SFA, and next steps.

Ask:

- What adaptations need to be made to SFA to make it a better fit within your department or team?
- Whose support do you need to gain to roll out SFA within your department or team?
- What are potential obstacles to rolling out SFA within your department or team?
- What are next steps in the 6 months ahead?
- What do you need to support your next steps?

SLIDE 122

OPTIONAL SECTION:

Stress First Aid Supplemental Slides

The following slides can be used to present the SFA model as applied to use in either groups or with patients and families.

There are also slides for three different scenarios (a flood, a bus accident, a workplace violence event), that can be used to lead group discussions about different ways to use Stress First Aid for coworker support after different types of critical incidents.

SLIDE 123

OPTIONAL SECTION:

Stress First Aid Group Format

The SFA actions can also be used in a more structured, educational way for a group of people who have been involved in a potentially traumatic event. This may look similar to a group debriefing model because it is structured and done in a group setting, but there are some important differences.

1. The discussion is about how the experience is affecting sense of safety, calm, connectedness, competence, and confidence since the event, in the here and now.
2. The event is not revisited or described in detail. A person may describe how an event has disrupted their sleep or created intrusive thoughts, but the frame of the discussion will be on how the event is impacting them now.

SLIDE 124

SFA Group Format: Introductions

SFA can be used in an informal group at any time, in whatever way makes sense, or these types of steps can be followed SFA in a group setting:

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



4. Explain that the focus of the group will be on determining how people have been affected by the event, and on peer support
5. Say something like, "I want to get a sense of different ways that you may have been affected by ____."

SLIDE 125

SFA Group Format: Cover

These are some sample questions to address the impact of an event on the sense of safety:

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

None of the questions are mandatory; they may be chosen based on the best fit for the context and changed as needed depending on the situation and leader's style of interacting.

SLIDE 126

SFA Group Format: Calm

These are some sample questions to address the impact of an event on the ability to feel calm:

- How has the incident affected your ability to feel calm or steady?
- What changes have occurred regarding sleep, feelings of being on edge, or ability to keep calm?
- Sometimes people who have gone through a similar event have found it helpful to build more calming activities into their schedule for some time, like taking a break, going for a walk, talking with

someone, or slowing down their breathing, etc.

- Do you think this would be helpful for you?
- If so, what activities that would you prefer?

None of the questions are mandatory; they may be chosen based on the best fit for the context and changed as needed depending on the situation and leader's style of interacting.

SLIDE 127

SFA Group Format: Connect

These are some sample questions to address the impact of an event on sense of connection:

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





None of the questions are mandatory; they may be chosen based on the best fit for the context and changed as needed depending on the situation and leader's style of interacting.

SFA Group Format: Competence

These are some sample questions to address the impact of an event on the ability to do one's job, take care of oneself, complete tasks, or function with others:

- Have you noticed any difference in how you are able to do your job or complete tasks?
- Have you noticed any difference in how you are able to:
 - Get along with your co-workers
 - Connect with your family
 - Get along with your friends
- Have you noticed any difference in how you are taking care of yourself? Have there been changes in diet, exercise routine, sleep, taking time for fun, etc.?



- What are some things that you have done to cope that have been helpful in the past?

None of the questions are mandatory; they may be chosen based on the best fit for the context and changed as needed depending on the situation and leader's style of interacting.

SLIDE 129

SFA Group Format: Confidence

These are some sample questions to address the impact of an event on sense of confidence or meaning:

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

None of the questions are mandatory; they may be chosen based on the best fit for the context and changed as needed depending on the situation and leader's style of interacting.

SLIDE 130

OPTIONAL SLIDE: Group Format Wrap Up

These are some suggested ways to wrap up the group discussion:

After the discussion prompted by the questions, determine what else may be needed with a question such as: "We have talked about the ways that this experience has affected your sense of Safety, Calming, Connections, Competence, and Confidence. Is there anything else that that you wish to share?"

Include a short discussion about healthy coping, sleep, minimizing negative coping, and available resources.



Assess what else might be helpful with a question like: “Moving forward, is there any other support I could help you obtain at this time, from me, EAP, or anyone else?”

SLIDE 131

OPTIONAL SLIDE: Wear and Tear Group Review

The SFA model can also be used in a group setting when a number of particularly stressful incidents occur over the course of a certain time period. A supervisor or leader could ask their employees the following questions to get an idea of how the cumulative stress has been affecting them:

Over the past (time frame):

1. What have been your greatest challenges, hassles, or frustrations?
2. What have been your greatest rewards or successes?
3. What does it mean to be a (name role) in this workplace?

SLIDE 132

Stress First Aid for Patients and Their Family Members

The same seven core actions of Stress First Aid --Check, Coordinate, Cover, Calm, Connect, Competence, and Confidence --can be applied to the stress experienced by patients and their family members. In this case, Stress First Aid actions aim to create the best outcome in every patient and family member encounter. The primary purpose is to help add an extra dimension of service and care to the provision of health care.

SFA actions that can be used as needed with distressed or disoriented individuals and families. These should be integrated into duties in a natural, seamless way and should be implemented only when they do not interfere with primary job responsibilities and actions. While these actions may involve only a small amount of effort, they can make a



huge difference in how readily patients and families recover from the stress of what has happened to them. And they can improve their perceptions about the quality of service as well.

The most basic principle in SFA is to treat people the way you would want to be treated. Everyone encountered in health care is someone’s mother, sister, brother, or friend—the goal of SFA is to treat them as if they were one’s own beloved family member or friend. Compassion and respect for their circumstances will come across in every interaction you have with them.

SLIDE 133

Goals: SFA for Patients and Their Family Members

Similar to SFA for self-care and coworker support, the goals of SFA for patients and family members are to:

- 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

The action taken depends on what is wrong and how best to help. SFA is:

- Flexible
- Multi-step
- Timely
- Ongoing

Many health care workers are already performing these actions in the course of their work. However, SFA can help them get a better sense of which core actions are needed the most in any given situation. Actions will be guided by the information collected, through observation, conversation, and experience.

SLIDE 134

Components of Stress First Aid: Patients and Their Family Members

When applied to care for patients and family members, each SFA core action has three components:

APPROACH: Demonstrating an approach that conveys respect, care, and compassion

INFORMATION: Getting and giving information in helpful ways

DIRECTION: Directing people in a way that focuses them and reduces distress

APPROACH:

One's attitude or approach with an individual may be the most significant part of the interaction in terms of care impact. Approaching someone in a respectful and compassionate way can establish a partnership with the person, facilitate the collection of information that helps identify the most crucial needs and concerns, enhance compliance with directions, and increase that person's receptiveness to further assistance. An attitude of interest and calm concern can be helpful to people who are feeling overwhelmed or confused.

INFORMATION:

The way that information is collected and given can have a direct effect on how a person focuses, processes what is happening, and feels about their care.

Each SFA core action has different strategies for collecting and giving information that both maximize the effectiveness of the person giving assistance and reinforce the SFA principles of safety, calming, connectedness, self-efficacy, and hope.

DIRECTION:

The way someone directs the actions of patients and families can have a strong impact on their actions in the



moment and will leave a lasting impression of the care they received. While it is often very helpful to provide sound, strong, and clear direction, it can be counterproductive to exercise authority in ways that prove abrasive to the recipient. It's sometimes a tough balancing act, especially since people in distress can react in exaggerated ways. It takes self-control, extreme patience, and practiced skill.

Each one of these components will be described in more detail in the next few slides.

SLIDE 135

Approach

A respectful and compassionate approach can aid in establishing a partnership with patients and their families. Information can then be collected to help identify their most crucial needs and concerns, increase their willingness to discuss difficult situations and emotions, and increase their receptiveness to assistance. The following actions will support these goals:

- Demonstrate a respectful, courteous and helpful attitude that shows in both words and actions. Listen carefully, paying close attention to how to best be of assistance.
- Speak clearly and in simple language, avoiding jargon or terms the person may not understand.
- When first meeting the person, introduce yourself, and try to convey your role, and what you can provide.
- Ask how you may help and if suitable also ask the name of the person. Accept that they may not want to say their name. If they do say their name, refer to it thereafter: "How may I help you? May I also ask your name, so I know what to call you?"
- Show understanding. Use your tone of voice, comments, and a show of empathy and respect to become an ally they can trust. Convey that your attention is personal and that you can understand their situation and their feelings about it. Ask how they are feeling, listen carefully and respond in ways

that demonstrate that you have heard them.

- Make an effort to demonstrate a calm demeanor and speak in an even, reassuring voice, unless you are trying to match the person's intensity in order to get their attention or let them know that you see how upset they are. In most cases, by modeling calmness and clear thinking, you can help people feel calmer and more clearheaded themselves and give them the impression that they can rely on you.
- Address the person's most pressing needs and concerns whenever possible.
- Set some helpful boundaries by mentioning how much time you can spend with the person, so they are prepared for the amount of time you can spend with them:
 - *"There seems to be a lot on your mind. We can talk for about 15 minutes and then decide how to proceed."*
 - *"When we have talked for about 10 minutes, we can take stock and decide how best to proceed."*
- Validate what the person has been through and acknowledge, as realistically as possible, their resilience and coping efforts thus far.
- Take your cues from the person to ensure that your comments or questions aren't perceived as intrusive.
- When giving suggestions for actions the person can take, make sure the person understands what you are saying. If needed, ask them to repeat the directions back to you.

SLIDE 136

Information

The way information is both collected and given can affect the way a person focuses, processes what is happening, and feels about their interaction with you. Here are some helpful ways to collect or give information:

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



- Give simple and accurate information, focused on how the person can address their concerns.
- Make sure the person appears ready and able to understand what is being asked or said.
- If you do not have an answer to the person's question, do not guess in order to provide reassurance. Instead, provide a way to get the needed information.

SLIDE 137

Direction

The way directions are given can have a strong impact on the person's actions in the moment. Here are some ways that can help:

- Provide clear and positive direction, telling the person what to do rather than what not to do.
- If a person is in the middle of a stressful situation, ask them what can distract them and/or makes them feel they are accomplishing something.



- Involve the person in developing a simple action plan that focuses on and prepares them for what they can control.
- Make sure the plan is feasible and realistic.
- Positively acknowledge the action plan and brainstorm solutions to any potential obstacles to the plan.
- Have the person verbally commit to taking first steps towards the action plan.

SLIDE 138

Check

The goal of Check is to collect enough information to determine the most crucial needs and concerns of the person, identify any needs for immediate referral or additional services and decide what other actions might be helpful. Here are some ways to meet the goal of Check:

- When collecting information, focus on current concerns rather than past problems, in order to maximize the use of your time and give information that is immediately helpful in the present moment. This involves keeping your time together on course, redirecting the person if necessary, and refraining from offering interpretations of behaviors.
- Collect information in an informal and flexible way: ask questions, observe, check with others who may have additional information and continue to monitor and keep track of input throughout all interactions.
- Follow the person's lead in clarifying their concerns, while paying attention to whether or not your questions are causing unnecessary distress.
- When you are collecting information, if the person wants to talk about something that was or is particularly difficult for them, use reflective or supportive comments to help the person to feel understood and accepted, such as:
 - "It sounds as if ___ and now you are experiencing ___."



- “Let me make sure I have this correct. You say you’ve experienced ___ and are feeling ____.”
- “It’s understandable that you would feel this way, given what you’ve experienced.”
- Don’t feel compelled to jump in with questions or comments unless there is a need to structure the conversation. If the person wants to talk about something in more detail but you will not have the time to listen fully, let them know that you can only help with their most pressing needs and concerns at that moment. Gently tell them that they should be able to talk with someone who can spend more time with them. Make an effort to get them referred to someone who has the time to hear their full story.

SLIDE 139

Coordinate

Coordinate can be used if a person is showing significant signs of stress that need further resources or assistance. Here are some ways to use Coordinate, particularly if the person is showing significant signs of distress:

- Reflect back what you think the person is feeling or needs
- If the person is experiencing stress reactions, convey that they are understandable under the circumstances.
- Identify possible resources or referrals that you think might be helpful
- Give both verbal and written information for resources or referrals
- If necessary and appropriate, facilitate next steps for referrals

SLIDE 140

Cover

The Cover action of SFA promotes an individual’s psychological sense of safety. Promoting a sense of safety



has been shown to positively influence the way people process what happened to them both physically and psychologically and can have a strong effect on their ability to recover from stress. Doing one’s job well as a health care worker is the primary action that will make people feel safe or covered. Supporting psychological sense of safety can occur through the following actions:

Approach

- When first meeting someone, don’t assume that they know your role. Try to convey that you are there to keep them safe and that all your actions are geared towards that goal.
- Introduce yourself, ask for the person’s name and refer to them by name thereafter.
- Show that your attention is personal and that you understand their situation and their feelings about it. Ask how they are feeling, listen carefully and respond in ways that demonstrate that you have heard them.
- When seeking compliance, make sure the person



understands what you are asking. If needed, ask them to repeat the directions back to you. Assure them that following your directions is important for their safety and that of others.

- Stay with them as long as is possible.

Information

- Clarify what your role is. For example, depending on the context, explain that you are there to protect the person and keep them safe.
- Ask the person if they have any questions about what is going to happen, or whether they have any concerns, priorities, or special needs that you should know about.
- Give simple, accurate information about what to expect and how you or they can make the situation safer.
- Do not reassure a person of safety unless you are sure that they are safe.

- When appropriate, reassure the person that they are now safe and that the immediate crisis is over. Repeat as often as is needed. Do not assume that they realize this fact because in crisis situations people are often not able to see the big picture.
- If you do not have specific information, do not try to provide reassurance by guessing. Instead, provide a way to get the needed information.
- For those with special needs, ask about their needs and try to facilitate access to medications or devices. Assist them in contacting anyone who can help them.

Direction

- Make every effort to direct the person as to what to do, rather than what not to do.
- If warranted, ensure that people are moved to a safe location.
- Protect those who are fragile or have special needs from possible injury.
- Protect individuals from unnecessary exposure to circumstances that could cause distress (e.g. disturbing sensory input, media, curious onlookers or other people who are distressed or angry).
- If a person is compromising their own or others' safety and you need to get their attention urgently, do so in a way that is not likely to be perceived as disrespectful or hostile.
- If a person has to be physically restrained for their own protection, use the minimum force and restraint necessary, and get help from other professionals if you can. Restraint should be used as a last resort and only in the interest of the person's safety, or that of others. State clearly that you are acting to protect their safety, and clearly state---and document---all actions taken and the reasons for them.
- With extremely distraught or disoriented individuals, you may have to shout, make a loud noise, or shake the person to bring them out of a dissociated state.



SLIDE 141

Calm: Approach

The next core action in using SFA with patients and family members is Calm. There is overlap between the actions of Cover and Calm. Actions that promote one of these two functions often help with the other.

However, while Cover's goal is safety, it is important to understand that the goal of Calm is to reduce the intensity of physiological, emotional and behavioral activation.

Calming people will help reduce the stress reactions that interfere with basic functioning, reasoning, and other aspects of their life. Reducing stress reactions has been proven to reduce associated biological reactions that interfere with sleep, eating, hydration, decision making and performing daily life tasks. The better able a person is to gain a calm equilibrium, the better they can establish these life functions, and the less prone they will be to longer-term behavioral health problems.

The choices made about how to calm others will vary with the circumstances of the situation, the patient or family member's personality and concerns, and one's own style. There are many ways to calm people, which include components of approach, information, and direction. Here are a few potential examples of calming ways to approach people.

- Make an effort to demonstrate a calm demeanor and speak in an even, reassuring voice, unless you are trying to match the person's intensity in order to get their attention or let them know that you see how upset they are. In most cases, by modeling calmness and clear thinking, you can help people feel calmer and more clearheaded themselves and give them the impression that they can rely on you.
- If possible, sit down with the person or be on the same physical level with them.

- Address the person's most pressing needs and concerns whenever possible.
- Respect the person's wishes whenever possible.
- If they want a family member or friend to remain with them, let that person stay if circumstances allow.
- Don't be offended if the person refuses to let you touch or even talk to them. Comfort with physical contact varies greatly with culture, gender, social group and/or history. Take your cues from the person and respect their wishes while still doing your job effectively.
- Reassure the person by emphasizing that you are doing the best you can to help them.
- Show understanding. Use your tone of voice, comments, facial expression and gestures to become an ally they can trust. Your presence can often say more than your words could convey.
- Validate what the person has been through and acknowledge and reinforce, as realistically as possible, their resilience and coping efforts thus far.





- Being physically present in a supportive and calm way helps people feel safer and more able to cope. Take your cues from the person to ensure that your presence isn't perceived as intrusive or threatening.
- When a person is emotionally overwhelmed:
 - Try to be accepting of strong emotional responses that do not interfere with the individual's safety or that of others.
 - Respect their privacy and give them a few minutes to calm down before you intervene. Remain available, stay calm and keep quiet. Offer support by your presence rather than by talking.

SLIDE 142

Calm: Information

Here are a few potential examples of calming ways to gather and give information:

- Collect information in a calming way that does not add additional stress to the already difficult circumstances. For example:
 - Encourage the person to answer a series of simple and direct questions to help focus their attention.



- Ask in a structured way about the order of what happened to help encourage the person to answer questions at their own pace.
- Collect information about what the person is experiencing and about their most pressing needs and concerns.
- If the person wants to talk about something that is difficult for them, you don't have to talk a lot. It may not be easy to resist the impulse to say or do something, but don't feel compelled to jump in with questions or comments just to break the silence. Sometimes it is better to say nothing at all.
- If the person wants to talk about something in more detail but you will not have the time to listen fully, let them know that you can only help with their most pressing needs and concerns at that moment. Gently tell them that they should be able to talk with someone who can spend more time with them. Make an effort to get them referred to someone who has the time to hear their full story.
- Be careful about how you give information:
 - Make sure the information is correct.
 - Be open and direct about what you do not yet know. Use your judgment as to whether and when to present information. Make sure the person appears able to understand what is being said and is ready to hear the content of the message.
 - Provide realistic, specific information. Try not to use platitudes such as "It's okay" or "Everything will be fine" which may sound insincere and/or inadequate.
- Explain what you're doing when you have to touch or direct a person, so they understand what to expect or what your actions are accomplishing.
- Determine if a person shows signs of being disoriented or overwhelmed, such as:
 - Appearing unresponsive or glassy-eyed.
 - Showing strong emotional reactions that appear to be uncontrollable.



- Exhibiting strong physical reactions (e.g. shaking, trembling, hyperventilating and/or rocking).
- Engaging in aimless, disorganized, risky or intense activity that impedes safety.
- If the person is showing any of these signs:
 - If possible, collect information from the person, family members or friends regarding whether the behavior is a worsening of a pre-existing medical or behavioral health condition, and if there are current medications that require ongoing monitoring. This information will be helpful when referring on for further care.
 - Reflect back that you understand the individual is overwhelmed.
 - Within your capabilities, try to help with any needs or concerns.
 - Gently but firmly explain what is happening. State your name, what is going on, and what will happen.
 - If you must refer, contain, or move the person, explain your purpose. Speak firmly if needed but avoid yelling or actions that might suggest agitation on your part.
 - Let the individual know that stress reactions, while they may be alarming, are understandable.
 - If necessary and appropriate, tell the person what the next steps will be for referral to a higher level of care for their distress or disorientation.

SLIDE 143

Calm: Direction

Here are a few potential examples of calming ways to direct a person's actions:

- Address immediate concerns as directly and as promptly as possible
- Keep the focus on what is going on in the present moment. Give the person things to do that are active, practical and familiar.



- If possible, encourage the person to take action in a way that will help themselves or others, such as gathering their belongings, or taking action in a way that helps you do your job (e.g., moving location, holding something, etc.).
- Direct the person to use simple strategies to calm themselves (e.g., by taking a few slow, calming breaths).
- Use distraction. If the person is upset or angry, have them do something distracting, like taking a short walk with you, or getting a drink of water. These actions will deflect their attention while keeping them engaged.

SLIDE 144

Examples of Calming Statements

Here are a few real examples of how Calm actions can be incorporated into working with patients and families:

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



- “I understand that you’re worried. We’re here to help you through this. I want you to look at me and try slowing down your breathing like this. Breathe along with me.”
- “We have a great team here and we are doing everything possible that can be done. Do you have any questions?”
- “I understand you have been through a difficult event and are feeling shaky. We’re going to talk about [x] now, and I’m going to be asking about [x] so that we can [x].”
- “We have a person here who can get you information about resources.”

ASK:

- *Are these actions that you can see performing?*
- *Can you conceive of any possible barriers to performing actions like this?*
- *Can you see how the simple addition of these actions could change the interaction with those you serve for the better? How so?*

- *Can you think of any other examples that you have seen where the Calm action has been used?*

SLIDE 145

Calm Example

Here is a real example of how Calm actions can be incorporated into work:

- “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.”

Ask trainees if they can share any other examples where the Calm action has been used.

SLIDE 146

Calm Examples: Extreme Anxiety

Here are a few real examples of how Calm actions can be incorporated into work with those who are extremely anxious or disoriented:

If a person is too upset, agitated, withdrawn or disoriented to talk, or shows extreme anxiety, fear or panic:

- Ask the person to listen to you and look at you.
- Remind them, if necessary, to slow their breathing.
- Orient the person by turning their attention away from thoughts and reactions toward what is happening in the present moment.
- Ask the person to describe their surroundings and to tell you where both of you are and what each of you is doing.
- Try to enlist the help of family and friends to comfort them if possible.
- Get help or refer to a higher level of care if the situation is uncomfortable or overwhelming to you.



ASK:

- *Are these actions that you can see performing?*
- *Can you conceive of any possible barriers to performing actions like this?*
- *Can you see how the simple addition of these actions could change the interaction with those you serve for the better? How so?*
- *Can you think of any other examples that you have seen where the Calm action has been used?*

SLIDE 147

Calm Examples: Bereaved Individuals

Here are a few real examples of how Calm actions can be incorporated into working with those who are bereaved

If the person is bereaved, it is particularly important to treat them with dignity, respect, and compassion. This, more than any other time, is when SFA can matter most. This can be conveyed in the following ways:

- If you don't know what to say, stay present, stay quiet, and listen. There really is
- nothing to say, so it's all about the supportive presence you provide.
- Be careful with any statements you make in an effort to make a person feel "better." But if they do want to talk with you about the loved one, you should listen quietly and attentively.
- Ask if there is someone the person would like to call or would like you to call. Stay with them until that person is there with them.
- Let the person know what's going to happen (e.g., the police will come, how long of a wait it is, what things various people will be doing) so they know what to expect.
- With children and adolescents, solitude, connection with trusted others, or distracting activities (music, games, helping others, drawing) may be more calming than conversation.



ASK:

- *Are these actions that you can see performing?*
- *Can you conceive of any possible barriers to performing actions like this?*
- *Can you see how the simple addition of these actions could change the interaction with those you serve for the better? How so?*
- *Can you think of any other examples that you have seen where the Calm action has been used?*

SLIDE 148

Calm Examples: Angry Individuals

Here are a few real examples of how Calm actions can be incorporated into work with those who are angry.

- Convey that you understand how they might be frustrated or angry, given what has happened to them. Ask them what they want to see accomplished or question them about specifics to help refocus their attention and redirect their anger.



- Hold your ground firmly but try to avoid sounding hostile or confrontational. Let them know in a firm but calm way that anger may not be the best way to get their needs met.

Remember the four “Ds”:

1. **Distract:** Suggest taking a break, get them to help you with something, or see if you can get them to distract themselves with an activity or action that is positive, helpful to others, or would meet some of their other goals.
2. **Defuse:** Get them to look at their situation in a different way, see it from another’s viewpoint or talk to a friend or loved one.
3. **Distance:** Separate family members if they are angry at each other or keep them engaged by having two providers ask questions from different angles.
4. **Deter:** If you feel uncomfortable or threatened, don’t be afraid to ask for law enforcement assistance.

ASK:

- *Are these actions that you can see performing?*
- *Can you conceive of any possible barriers to performing actions like this?*



- *Can you see how the simple addition of these actions could change the interaction with those you serve for the better? How so?*
- *Can you think of any other examples that you have seen where the Calm action has been used?*

SLIDE 149

Connect

People who have been through crises report better emotional well-being and faster recovery when they received solid support from family, friends and community. Connecting patients and their families with each other and other sources of social support can help them cope better and can help them potentially take a more active role in supporting others in turn. Supporting social connectedness can occur through the following actions:

Approach:

- Make it a priority to connect people with trusted supports

Information:

- Ask the person if there is someone they would like to contact, and if necessary, help them make the connection.
- Give information about support groups as needed
- Sometimes a person’s trusted supports may include a pet. It can be very helpful to do what you can to reconnect them if they have been separated.

Direction:

- Foster reconnection with family, friends and neighbors in any way possible (get people to cell phones, etc.).
- If appropriate and necessary, encourage connection with others who may be in similar situations, particularly if they are in the immediate vicinity



SLIDE 150

Competence

Patients and families may have sometimes suffered the loss of resources, or they may have had unmet needs before the circumstances that brought them to the health care settings. Helping them secure basic, practical assistance or other resources can help them feel more able to navigate through their current circumstances. This will help increase their sense of control and self-efficacy and can improve their prospects for getting on their feet. The following potential actions can help:

Approach

- Strive to secure immediate practical assistance whenever possible
- Get people connected to resources
- Make it part of your job to facilitate healthy growth whenever possible

Information

- Find out where their problems lie, and what needs they have
- Provide verbal and written information on resources
- Encourage them to use community services and other resources

Direction

- Provide items they need
- Help them learn new skills
- Help the person in prioritizing and taking the next steps they need to take
- Make connections for specific health conditions (whether physical or mental)

SLIDE 151

Confidence

People will be more hopeful after a crisis if they have access to practical resources, believe it is likely that things will work



out well, or feel that outside sources will act benevolently on their behalf. Fundamentally, SFA is about increasing those elements that are related to fostering a sense of hope.

In the aftermath of crises, people sometimes think about what caused the event, how they reacted, and what the future holds. If they attribute blame to themselves, it can reduce their self-confidence, which may add to their distress. Reduction of their doubt or guilt can be facilitated through the following measures:

Approach:

- Try to keep a neutral or positive attitude
- Avoid making any comment that could be perceived as being judgmental.
- Validate prior successes and point out positive action.

Information:

- Remind the person that any decisions they made that they feel contributed to their condition were probably what they believed to be the right decisions at the time, even if it doesn't seem so in retrospect.



If it's appropriate, you can let them know that you might have made similar choices.

- Redirect a person who is focusing on or exaggerating aspects of the situation that increase unwarranted guilt.
- Try to praise them for actions they have taken and find some way to educate them about future ways they can be proactive.

Direction:

- Help focus the person on the present moment. For example:
 - Assign the person a task. Give them a job or an action they can perform in the moment. This can take their mind off of their worries, regrets, or memories.
- Avoid:
 - Statements that imply judgment about what the person could or should have done before, during or after the event.

- Statements or questions that can be perceived as accusatory or incriminatory, such as "Why were you doing that?"
- Statements or actions indicating that you think the person should "snap out of it," "pull themselves together" or "act their age." Instead make simple, nonjudgmental statements such as "I can understand why you're shaken up," "I know this can be rough" or simply "What can I do to help?"
- Offering possibly inaccurate information, or potentially false hope. If you cannot answer a person's question, do your best to learn the facts.
- In situations where it seems like the person is fully or partially responsible for the crisis (e.g., shaken baby, intentionally inflicted injuries on children or a child playing with matches), *maintain your professionalism*. This means:
 - Do not convey your judgment.
 - Treat them the same way as if it were an accident.
 - Stay focused on doing your job.
 - Do not do or say anything that can be perceived as being disrespectful
 - If the situation may involve a potential crime, don't say anything about your concerns that it may be linked to a crime in front of the person.
- The situation may not be what you think it is, and any disrespect or judgment conveyed by you can do more damage. You could also say something that could influence how the police and others treat the person. Remember, your own reactions should be dealt with later.

SLIDE 152

OPTIONAL GROUP DISCUSSION

Facilitate a discussion with trainees. The goal is to have them start to associate their own experiences with the SFA model for patients and families and identify some of the skills that they already have or have seen where actions that align with SFA have been applied to patients and families.



- What are some examples of how SFA with patients or families might be needed in your work?
- What are some ways that you use SFA actions with patients and families?

SLIDE 153

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

Here are some key points to emphasize about implementing Stress First Aid with patients and families:

- You will not need to provide all the actions with every person you serve.
- Remember that SFA principles and actions are to be used as needed with distressed individuals and families, incorporated into your duties in a natural, seamless way and implemented only when they do not interfere with your primary duties.
- Keep in mind that the connection you make with those you serve is an essential part of how you can help them recover from the often-overwhelming stress of what they have been through.
- You may not always remember all the SFA actions that might apply to any given call. However, if you respectfully convey to the people you serve that they are what matters most in what you do, your SFA will leave a positive impression and help them get through the difficulties they face

SLIDE 154

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

Stress First Aid can have a number of positive benefits with patients and families:

- 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

Let trainees know that it's likely that they will not remember all the possible SFA actions that could apply to each of their interactions with patients and families. The specific actions are not as important as the care and concern that they convey. What people will remember most is that they were treated as if they mattered.

SLIDE 155

Transition Slide: Stress First Aid Scenarios

The following section contains three optional scenarios that can be used to lead discussions about the application of Stress First Aid actions. Each scenario has an introductory page that describes the scenario. Each scenario then progresses with a slide for each core action.

As with prior optional scenarios in this slide deck, there are no absolutely "right or wrong" answers. Trainees will come up with answers depending on how they interpret and discuss the scenario. Try to get trainees to utilize the SFA core actions in shaping their responses to the questions on the slide. Facilitate a discussion about how they arrived at their





answers, focusing on both commonalities and the range of creative possibilities that the groups generated.

NOTE: Consider forming small groups for discussion if you are facilitating a large group. If you are short on time, have a different group report out their answers for each core action's questions, and then ask if other groups have something to add.

SLIDE 156

OPTIONAL GROUP DISCUSSION: *Bus 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.

SLIDE 157

OPTIONAL GROUP DISCUSSION: *Bus Accident:Check*

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

SLIDE 158

OPTIONAL GROUP DISCUSSION: *Bus Accident:Coordinate*

- 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?

SLIDE 159

OPTIONAL GROUP DISCUSSION: *Bus Accident:Cover*

John is an RN who worked his regular 12-hour shift and then an extra 6 hours due to the bus accident that brought 50 people through the ED today. The pace has been hectic. John has also 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. As the staff support team member assigned to the ED, you 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? If he is not safe, what Cover actions would you consider providing?

SLIDE 160

OPTIONAL GROUP DISCUSSION: *Bus Accident:Calm*

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, and is 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 Calm actions could you use to help John?

SLIDE 161

OPTIONAL GROUP DISCUSSION: Bus Accident: Connect

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. He tells you it was very slow paced compared to a normal ED day, and that this pace today is "over the top" for him. 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 Connect actions to help John?

SLIDE 162

OPTIONAL GROUP DISCUSSION: Bus Accident: Competence

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, in retrospect, like, 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 else in John's department could best use Competence actions to help John?

SLIDE 163

OPTIONAL GROUP DISCUSSION: Bus Accident: Confidence

The 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?

SLIDE 164

OPTIONAL GROUP DISCUSSION: Workplace Violence Incident

A man with a firearm entered the pediatrics unit and confronted his child's mother and her boyfriend, taking them, the child, 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 pediatric





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.

SLIDE 165

OPTIONAL GROUP DISCUSSION: Workplace Violence: Check

- You and a support team partner go to the pediatrics unit, introduce yourself and explain your role to the nursing director, charge nurse, and staff.
- How do you introduce yourself?
- When considering using the Check action, what behaviors or concerns are you looking for?

SLIDE 166

OPTIONAL GROUP DISCUSSION: Workplace Violence: Coordinate

The charge nurse explains that the staff has been focused on maintaining care for patients despite the threat in

adjacent unit. The extra attention required for care in these circumstances, compounded by the isolation due to building security measures, has resulted in limited knowledge of the status of the situation. 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?

SLIDE 167

OPTIONAL GROUP DISCUSSION: Workplace Violence: Cover

Some staff members are closely watching the hallway in the direction of the shooting, inquiring nervously about unfamiliar sounds and retreating into patient rooms at the appearance of unfamiliar people.

Someone reports that a friend called her cell phone saying 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 you use Cover to help?

SLIDE 168

OPTIONAL GROUP DISCUSSION: Workplace Violence: Calm

You have provided staff members with information about the status of the situation and arranged a walk-through by a police information officer and a 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 use Calm actions to help him?



SLIDE 169

OPTIONAL GROUP DISCUSSION: Workplace Violence: Connect

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 who joined 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 with social support?

SLIDE 170

OPTIONAL GROUP DISCUSSION: Workplace Violence: Competence

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?

SLIDE 171

OPTIONAL GROUP DISCUSSION: Workplace Violence: Confidence

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. Some confide that—although no supervisors have said so—they believe nursing management is critical of their performance.

How can you work with management to help these nurses regain Confidence in themselves?

SLIDE 172

OPTIONAL GROUP DISCUSSION: Flood I

After an extended period of above average rainfall, local areas have experienced a downpour that has dumped 10 inches of rain in 12 hours, with resultant flash flooding throughout the region. A surge of casualties has been admitted from communities devastated by flooding. Regional power, telephone lines, and cell towers are out of service. Many staff members who were at work at the onset of the storm are unable to get home. Staff are unable to communicate with their families and don't know if loved ones or property are safe. Many who are scheduled to work are unable to make in.





SLIDE 173

OPTIONAL GROUP DISCUSSION: Flood II

You are assigned as staff support team member to the orthopedic unit. You've been told they have five extra patients due to this emergency, including two are being housed right in the hallway since there are no available rooms. 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?"

SLIDE 174

OPTIONAL GROUP DISCUSSION: Flood: Check

What 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?



SLIDE 175

OPTIONAL GROUP DISCUSSION: Flood: Coordinate

What kind of information should you tell the unit manager?

What should you report back to the staff support team coordinator?

SLIDE 176

OPTIONAL GROUP DISCUSSION: Flood: Cover

As you walk farther onto the unit, you watch several nurses at the worktable huddling and talking with great animation. You hear one of them say, "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 Cover actions should you provide to make the situation safer?

SLIDE 177

OPTIONAL GROUP DISCUSSION: Flood: Calm

You have talked to the staff support team coordinator and the unit manager about the rest needs of the staff, and a break room has been set up for staff to retreat to. 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 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 Calm Mary?



SLIDE 178

OPTIONAL GROUP DISCUSSION: Flood: Connect

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, cheese and fruit available. As she snacks, she tells you her husband is home alone with her three young children. She is worried about whether they are safe and have electricity and water. She believes they might be worried about her, since she hasn't even had time to call them. She tells you that although her husband is good with the kids, having them all at home together without power is a stress.

How can you help Mary Connect?

SLIDE 179

OPTIONAL GROUP DISCUSSION: Flood: Competence

The nurse manager asks to talk to you in her office. When you get there, she closes the door and says "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?

SLIDE 180

OPTIONAL GROUP DISCUSSION: Flood: Confidence

One of the staff's favorite flood victims, a little girl who was crushed by debris, dies unexpectedly days after 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

for HEALTH CARE
WORKERS



FOUR HOUR TRAINING 2020
Instructor Manual

