

Stress First Aid Toolkit for Long-Term Care Staff

During the COVID-19 pandemic response

As long-term care staff, you are on the front lines of the COVID-19 pandemic response. Front-line stress deserves and requires specialized training. The Stress First Aid model is a self-care and peer support model developed for the U.S. Navy and Marine Corps. It has since been adapted for civilian fire, rescue, and law enforcement -- and now, here, for front-line workers in long-term care. Stress First Aid includes seven actions that can help you identify and address early signs of stress reactions in yourself and others in an ongoing way.

This also helps your long-term care organization meet the new Medicare requirement¹ to integrate trauma-informed approaches into long-term care. *Trauma-informed care includes staff self-care and awareness of the impact of stress and trauma on staff, as well as residents.* To fulfill these important needs, we have adapted the Stress First Aid model for the long-term care workforce.

As an essential worker during a pandemic, your work stress is accompanied by the stressors in your personal life, as well as concerns about your family's health. As staff in a long-term care facility, you also have the stress of caring for vulnerable individuals with serious medical and cognitive issues who may be reacting poorly to extended social isolation. This is unprecedented in long-term care, and it requires ongoing, effective stress management. Stress First Aid offers a flexible framework of tools for addressing stress reactions that can hopefully reduce the likelihood that these reactions will develop into more severe or long-term problems. Stress First Aid can be used for self-care, or to help coworkers, and for supervisors who want to offer assistance to employees.

The Stress Continuum Model

The stress continuum model is a visual tool for assessing your own and others' stress responses. It forms the foundation for Stress First Aid. The crux of the stress continuum model is that stress responses lie along a spectrum of severity and type.



¹ The Centers for Medicare and Medicaid (CMS) required long-term care facilities to implement trauma-informed care by November 28, 2019. See Department of Health & Human Services (October 4, 2016). Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. *Final Rule*, p. 663.

Every person will react when faced with stress. However, the way in which a person responds will depend on their preparation for and interpretation of the stressor events. During the course of this response, a person's stress reactions can cycle from Green to Yellow to Orange to Red zone, and back again, depending on circumstances.

Figure 1: The Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<u>DEFINITION</u> <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness <u>FEATURES</u> <ul style="list-style-type: none"> At one's best Well-trained and prepared In control Physically, mentally and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically 	<u>DEFINITION</u> <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk <u>CAUSES</u> <ul style="list-style-type: none"> Any stressor <u>FEATURES</u> <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	<u>DEFINITION</u> <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves a scar Higher risk <u>CAUSES</u> <ul style="list-style-type: none"> Life threat Loss Moral injury Wear and tear <u>FEATURES</u> <ul style="list-style-type: none"> Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame Misconduct 	<u>DEFINITION</u> <ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment <u>TYPES</u> <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse <u>FEATURES</u> <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment

Staff may try to conceal stress reactions from supervisors and from each other. However, it is important to recognize the signs of Orange zone stress in oneself or in a co-worker, and take steps to lessen its severity. Practicing self-care or helping connect a fellow staff member with a trusted support may help prevent stress reactions from progressing into or staying in the Red zone.

Four types of stress are most likely to move someone into the Orange zone:

- **Life Threat:** Feeling as if self or others are in a life-threatening situation. In healthcare, this might result from exposure to a threatening disease or an altercation with an aggressive resident.
- **Loss:** Grief due to the loss of close colleagues, leaders, family members, or other people you care about deeply. Grief can also come from the loss of one's role at work or at home, decreased functioning, lost relationships, or lost values.
- **Inner Conflict:** Inner conflict can result from acting outside of one's morals or values; from an inability to prevent harm to others; or through contributing to or not preventing harm to a resident or staff member. Indications for inner conflict include the words: "could've, should've, why me, if only."

- **Wear and Tear:** The result of fatigue and accumulation of prolonged stress (any source) without sufficient sleep, rest, and restoration.

Most people have experienced one or more of these four types of stress, and it is important to remember that 100% of people react when faced with stressful situations. Stress reactions in the Yellow zone are common. They are a normal part of developing competence and confidence in the face of life's challenges. Stress injuries (Orange zone) and stress illnesses (Red zone) result from more significant effects of stress on the mind and brain. These can result in no longer feeling like your normal self, feeling out of control, or being impaired in your work or personal roles.

The Stress First Aid Model's Core Actions

Stress First Aid is based on a set of five evidence-based elements that have been linked to better functioning after stress and adversity in a number of settings. These elements are: (1) regaining a sense of safety, or **cover**, (2) restoring **calm**, to reduce intense physiological arousal and negative emotions, (3) feeling **connected** to sources of social support, (4) increasing the sense of efficacy, which means feeling **competent** to handle the situations that create stress (on one's own or as a team) or one's own reactions to the stress, and (5) experiencing hope or **confidence** in one's self and the world.

Figure 2: The Stress First Aid Model's Core Actions



The Stress First Aid model includes two additional actions, **Check** and **Coordinate**, which are considered continuous actions because they should be performed in an ongoing way to monitor and recruit assistance any time someone is showing persistent Orange zone reactions. In contrast, the other five Stress First Aid actions are used only as needed.

1) Check: Assess -- Observe and Listen

The **Check** action in Stress First Aid involves maintaining an overall increased awareness of stress reactions in yourself and your coworkers, whether caused by stressors at work or at home. The components of **Check** involve:

- Observing what is going on by noting how you or your coworker are being affected, and by what. This is not meant to be an intrusive process, but one of awareness and caring. It is often easier for us to notice subtle differences in each other, rather than in ourselves. Noticing changes in a co-worker and providing a gentle check-in can build a greater sense of community and support.
- Keeping track of the key indicators of the stress zones. Pay special attention to stressor events (both at work and at home) and the internal distress and changes in functioning that these events (or their accumulation over time) provoke. If Stress First Aid actions have already been used, keep track of whether they have been effective.
- Considering all the information gathered from your observations over time, as well as from other sources, such as peers and supervisors.
- Deciding on what stress zone is involved, whether anyone is in danger, and what potential next steps and/or Stress First Aid actions need to be taken, based on the information you gather.

The **Check** action often begins with awareness that someone has been exposed to or reminded of specific stressors. We can all use additional support, help, and validation when we are under stress. However, exposure to a stressor is not enough to trigger the rest of the seven C's of Stress First Aid. These are triggered by indications that someone who has been exposed to these events is functioning in the Orange or Red zone.

The Check action includes all staff: During the COVID-19 pandemic, all long-term care staff will experience additional stress. For example, housekeeping is critical to maintain facility disinfection during the pandemic. Housekeepers may be working long hours with limited protective gear and they, too, may be highly concerned about carrying infection to vulnerable residents and/or vulnerable family members at home.

2) Coordinate: Get Help, Refer as Needed

The **Coordinate** action in SFA involves getting any additional information and assistance that might be needed. This could involve consulting with and collaborating with others or informing those who need to know.

*Example of Need to **Coordinate**: A staff person enters the employee breakroom and finds a colleague asleep at the table with her food half-eaten. She says that the extra hours at work on top of caring for her kids and a sick older family member at home are “killing” her. She laughs that she is so exhausted that she fell asleep at a stoplight while driving home, but her voice drops when she says she keeps catching herself making mistakes when passing out medication. She says she’s fine, though, just tired.*

The key components of the **Coordinate** action involve:

- Collaborating with everyone who has a stake in the well-being of the stressed individual, with an emphasis on discretion when collaborating. Inform those who “need to know” while protecting the stressed individual’s privacy as much as possible.
- Getting assistance from others at any step in the process, especially when help is needed to care for those in the Orange zone.
- Informing others, such as supervisors, to the extent that they need to know.
- Referring the stress-affected person to others who can help, either with a referral for treatment, or through a more gradual mentoring process that results in them eventually getting the help they need.

Confidentiality may be challenging when using the **Coordinate** action, so you may need to ask for advice from those in your organization as to the most appropriate ways to refer for care or inform others in your setting.



NOTE: If an individual indicates that he or she wants to harm themselves or others, it should be reported to 911 immediately. Be prepared to provide name, location, and cell phone number. Stay with the individual physically or on line until help arrives. If possible, call the National Suicide Prevention Lifeline at 1-800-273-8255 to speak to a crisis counselor.

3) **Cover**: Restore Sense of Safety

To provide **Cover** means to ensure ongoing safety, usually performed more for others than yourself. The components of **Cover** involve:

- Standing by and remaining available and ready to assist as needed.
- Making the person safe in any way you can. When necessary, **Cover** also encompasses making others safe from the person if he/she is not functioning well because of stress reactions.
- Encouraging a perception of safety for both affected staff and residents through a greater commitment to organizational safety and order.

Cover: Example

Two members of the care team were giving report at the change of shift when a resident approached them, agitated and upset, yelling that she was “going crazy” being confined to her room. The resident was not wearing a mask and spittle was visibly coming from her mouth and landing on the staff members. One staff member backed away, eventually retreating completely into an employee breakroom. The other remained present with the resident and eventually succeeded in helping her calm down and return to her room. The staff member who retreated expressed guilt at leaving. The other responded, “I’m glad you backed away. Mrs. Smith was very upset and I think that she might have stayed that way if we were both trying to engage with her. These are really hard situations and I’m glad you made the decision you did. Now, let’s both go get a fresh mask and gown.”

4) **Calm:** Relax, Slow Down, Refocus

Stress reactions can disrupt our bodies (physiological stress), our feelings (emotional stress), and what we do and say (behavioral stress). The goal of the **Calm** action in Stress First Aid is to reduce the intensity of physiological, emotional, and behavioral stress. There is overlap between the actions of **Cover** and **Calm** --the difference is that the primary goal of **Cover** is safety, whereas **Calm** actions may have no direct connection with safety. **Calm** actions for yourself or others involve:

- Stopping, quieting oneself, and ceasing physical exertion if possible, such as by sitting down or walking away, with the goal of slowing heart rate.
- Regaining composure to move into a more orderly and coherent way of thinking and reacting. For instance, you can help an individual compose him or herself by drawing attention away from chaotic inner thoughts and feelings and refocusing him or her on another task that is less stressful.
- Resting or sleeping for as long as is necessary, which is sometimes the only thing that will restore a person to more effective functioning.
- Soothing, which means to provide a calm physical presence and/or listen in a caring way.

5. **Connect:** Get Support from Others

The **Connect** action of Stress First Aid involves restoring or increasing social support, such as asking for or providing support when you see Orange zone stress in yourself or others. Elements of the **Connect** action involve:

- Being with the person who is experiencing Orange zone stress when they need support. This means being present, showing support, listening and/or mentoring and empathizing.

- Promoting connection, which may involve including the person in an activity, problem-solving obstacles that are getting in their way to receiving social support or giving help and information in strictly practical ways.
- Reducing the person's sense of isolation, which can often occur when Orange zone stress reactions make the person want to be alone. This may involve improving the person's understanding of the situation or their stress reactions. Often, you can help the person to see that stress reactions are understandable and acceptable, or that they are not alone in their experience of stress reactions.



Connect: Example

A nursing home is dealing with an outbreak of COVID-19 and staff are feeling stressed and worried. Connecting with other staff at the facility is hard, given the intense workload and high acuity of resident needs. The leadership team has designated a **support team** consisting of the lead social worker, the facility's behavioral health specialist/consultant, and other key staff as needed. Members of this support team speak with each unit daily to identify any COVID-19 response issues with residents or staff.² They get staff input on how to best to support them and maintain open communication throughout all shifts. They also meet with individuals and small groups to give staff a safe place to discuss their concerns, including how the crisis is impacting their sense of safety and/or their competence to handle the situation. The support team works closely with administration to provide transparency regarding higher-level plans to care for residents and staff and to relay staff needs.

6) Competence: Restore Effectiveness

The **Competence** action of SFA focuses on fostering and restoring a stress-affected person's capacity to function in all his or her important life roles, including occupational, personal, and social domains.

Competence elements involve:

- Improving social skills that have been damaged by stress, which can negatively affect a person's ability to function with others at home and on the job.

² Recommended by the New York Department of Health. DAL: C20-01. Subject: Guidance for Resident and Family Communication in Adult Care Facilities and Nursing Homes. April 19, 2020.

https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh-covid-acf-nh-communicationpractices_041920.pdf

- Improving occupational skills that have contributed to stress reactions or that may have been damaged by stress reactions. This may require mentoring, respite, and retraining.
- Fostering the development of coping skills that can help improve one's abilities to deal with stress reactions.

Competence: Example

A clinical supervisor collaborates with the facility's **support team** (see previous example) to mentor her care team. Working together, they monitor for Orange or Red zone stress and provide staff with guidance and opportunities for respite and training. Whenever possible, the clinical supervisor makes time to attend the support team's daily meetings to listen and make sure staff are updated with new developments and receive focused instruction on coping strategies to help themselves, their coworkers, and the facility's residents. When people on her team show prolonged and serious stress reactions, she meets with them to talk about the importance of getting help so the stress doesn't harm their well-being or their ability to care for residents. She referred one member of her care team to the NY free mental health telephone helpline and another to a domestic violence support line (she had shared that her partner hit her last night in a rage over finances). In the breakroom, the supervisor has posted contact information for the employee assistance program, as well as local and national resources for emotional support, consultation, and referral for COVID-19 frontline healthcare workers and their families:

- **National:** Therapist access for all essential workers
<https://www.coronavirisonlinetherapy.org/> (sliding scale)
- **National:** Free 24/7 telephone helpline 1-800-662-4357
- **National:** NAMI Helpline 1-800-950-6264
- **National: 7 Cups** - Free online text chat with a trained listener for emotional support and counseling. Also offers fee-for-service online therapy with a licensed mental health professional. Service/website also offered in Spanish.
- **New York:** Free telephone helpline for all essential workers 1-844-863-9314
- **New York:** Free 24/7 text helpline: text NYFRONTLINE to 741-741

7) Confidence: Restore Self-Esteem and Hope

The **Confidence** action of SFA may be the most challenging action to implement of all the SFA actions, but it may also have the greatest impact for someone who has lost confidence in themselves or others. The **Confidence** action involves promoting realistic hope and confidence in core values and beliefs, bolstering pride and commitment, or building self-esteem that may have been damaged as a result of stress. The components of **Confidence** involve:

- Fostering trust – this can be trust in many things, such as peers, equipment, leaders, self, or mission.

- Increasing hope - this is often the result of forgiving self or others, or being able to imagine the future in a positive way.
- Improving self-worth - this includes improving belief in self, accurate self-image, self-respect, and the awareness of and motivation to take the steps necessary to achieve one's life goals.
- Fostering meaning - this includes the process of making sense of the events in one's life, having a sense of purpose, holding a spiritual or philosophical perspective related to the human condition, or having a belief in others that gets one through difficult times.

Confidence: Example

A nursing home had four residents die in one night from the COVID-19 virus. Staff were deeply distressed. Members of several different departments wondered what they could have done differently and whether they might have contributed in some way to these deaths. The facility's **support team** quickly mobilized a Stress First Aid group meeting (see below) for the staff of every shift. Each group was co-led by the nursing home's chaplain, someone who was well-known and trusted by the staff. The support team knew that the chaplain would be the right additional person to help other staff move from a sense of guilt to one of constructive review of actions taken and not taken and -- most importantly -- help everyone learn from the experience.

Stress First Aid Group / Educational Format

The Stress First Aid model is primarily a one-on-one model, so that it can be more effectively tailored for the needs and priorities of the individual involved. However, in certain circumstances, Stress First Aid actions can also be used to structure a group following a stressful event. This use may look similar to a debriefing model in that it systematically uses all the five core Stress First Aid actions to lead a discussion, but there are some important differences:

1. No one is required to attend if they don't want to attend, and the group doesn't need to occur within any specific window of time following the event. Those involved should determine the best time for the group.
2. The stressful event is not revisited or described in detail.
3. The discussion is focused on how the event is impacting individuals in the present moment and into the future, within the SFA frame of five essential elements, which can also be conceived of as human needs (the needs for **Cover, Calm, Connectedness, Competence, and Confidence**). See the Stress First Aid Model (Figure 2).
4. This can be a good time to review the Stress Continuum Model (Figure 1) and potential strategies for moving from Orange and Red zone stress to the Yellow and Green zones (see Figures 3 and 4).

Figure 3: Potential Stress Contributor Actions

Actions That Can Contribute to Each Zone in a Pandemic

READY	REACTING	INJURED	ILL
<p>Safety: Staying informed Facing facts</p> <p>Calm: Changing expectations Being patient Keeping balanced</p> <p>Connect: Apart but connected</p> <p>Self-Efficacy: Planning and adapting Focusing on prevailing Problem solving Making routines Seeking mentoring/training</p> <p>Hope: Living by values Gratitude Faith / philosophy actions</p>	<p>Not pacing oneself Taking on too much Ignoring drops in functioning Not changing expectations Not checking in Underestimating needs Not adapting self-care Overriding the concern of others Self-medicating Lack of routine Unhelpful thoughts or habits</p>	<p>Lack of attention to chronic yellow zone stress</p> <p>Stuck in unhelpful patterns</p> <p>More disengaged / isolated</p> <p>Overdoing</p> <p>Underdoing</p> <p>Stigma</p>	<p>Lack of attention to orange zone stress</p> <p>Not seeking help / expertise</p> <p>Engaging in counterproductive behaviors</p>

Figure 4: Potential Stress Recovery Actions

Prioritize Actions That Can Move You Towards the Green Zone

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

Summary

Stress First Aid actions are used as needed for yourself or with coworkers who are experiencing significant distress or problems in functioning. Stress First Aid actions should be incorporated into duties in a natural, seamless way, and implemented only when needed. The table below gives a summary of actions you could take to provide each of the seven Stress First Aid core actions.

Continuous	
SFA ACTIONS	POSSIBLE STRATEGIES
Check	<ul style="list-style-type: none"> Assess current level of distress and functioning Assess immediate risks Assess need for additional SFA interventions or higher levels of care Reassess progress
Coordinate	<ul style="list-style-type: none"> Decide who else should be informed of the situation Refer for further evaluation or higher levels of care, if indicated Facilitate access to other needed care

As Needed	
SFA ACTIONS	POSSIBLE STRATEGIES
Cover	<ul style="list-style-type: none"> Ensure immediate physical safety of stress-affected person and others Foster a psychological sense of safety Protect the person from additional stress
Calm	<ul style="list-style-type: none"> Reduce physiological arousal (slow heart rate and breathing, relax) Reduce intensity of negative emotions such as fear or anger Listen empathically to the person talk about his or her experiences Give information that calms
Connect	<ul style="list-style-type: none"> Be a support, or encourage a connection to supportive others Help the person problem-solve to remove obstacle to social support Foster positive social activities and practical support
Competence	<ul style="list-style-type: none"> Help mentor the person back to full functioning Facilitate rewarding work roles and retraining, if necessary Help the person problem-solve ways to deal with their own stress reactions Encourage gradual re-exposure to potentially stressful situations
Confidence	<ul style="list-style-type: none"> Mentor the person back to full confidence in self, leadership, and / or core values Discuss any obstacles to confidence, such as the person's sense of guilt or anger, and if possible, shift them to a lesson learned perspective Find out how the person makes meaningful regarding their experiences, or connect them with someone who can

Resources

SAMSHA – Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/find-treatment> Links to search for local providers, multiple national hotline numbers

Schwartz Center Compassion in Action Archive (webinars)

Caring with compassion: Supporting patients and families in a crisis -

<https://www.theschwartzcenter.org/webinar/caring-with-compassion-supporting-patients-and-families-in-a-crisis>

Leading with compassion: Supporting healthcare workers in a crisis -

<https://www.theschwartzcenter.org/webinar/leading-with-compassion-supporting-healthcare-workers-in-a-crisis>

Caring for yourself and others during the COVID-19 pandemic: Managing healthcare workers' stress -

<https://www.theschwartzcenter.org/webinar/caring-for-yourself-others-during-the-covid-19-pandemic-managing-healthcare-workers-stress>

Recognition and gratitude: Why it matters to patients, families, and healthcare –

<https://www.theschwartzcenter.org/webinar/recognition-gratitude-why-they-matter-to-patients-families-healthcare>

National Center for PTSD Coronavirus Websites

https://www.ptsd.va.gov/covid/list_healthcare_responders.asp (for healthcare)

https://www.ptsd.va.gov/covid/list_employers_leaders.asp (for employers, leaders)

<https://www.ptsd.va.gov/covid/index.asp> (for everyone)

Larger lists of mental health support resources and ideas

<http://www.sprc.org/covid19> (links grouped by community – *has older adult and child sections*)

<https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>

(National Academy of Medicine resources for clinicians)

Leadership resources (also see Schwartz Center Archive, above)

Supporting your staff during the COVID-19 pandemic:

https://www.ptsd.va.gov/covid/COVID_leaders_support_staff.asp

Resources for times of crisis: <https://www.ccl.org/coronavirus-resources/>

How leaders can maximize trust and minimize stress: <https://www.apa.org/news/apa/2020/03/covid-19-leadership>

Grief/Bereavement

Grief during COVID-19 pandemic (article): [https://www.jpsmjournal.com/article/S0885-3924\(20\)30207-4/pdf](https://www.jpsmjournal.com/article/S0885-3924(20)30207-4/pdf)

Chaplaincy Innovation Laboratory: <https://chaplaincyinnovation.org/2020/04/chaplaincy-coronavirus>

Funerals and Dying in Absentia: <http://www.orderofthegooddeath.com/funerals-dying-in-absentia-inspiration-tips-during-covid-19>

The discomfort of grief: <https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>

Apps:

Headspace - Free Access to US healthcare professionals through 2020 <https://www.headspace.com/health-covid-19>

COVID Coach - https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp (free)

Mindfulness Coach - <https://www.mobile.va.gov/app/mindfulness-coach> (free)

Gratitude apps <https://www.happierhuman.com/gratitude-app/>

Mindfulness apps <https://www.mindful.org/free-mindfulness-apps-worthy-of-your-attention/>

Affirmations <https://www.thinkup.me/> <https://myaffirmations.org/>
Meditation https://play.google.com/store/apps/details?id=com.meditation.elevenminute&hl=en_US
<https://www.stopbreathethink.com/> <https://insighttimer.com/> (web link, also app version)

Artificial Intelligence based apps: Free to download, some connect to real therapist for fee
<https://analyticsindiamag.com/top-ai-based-mental-health-apps-in-2019/>

Fun Fluid Simulator – make interesting patterns for stress relief
<https://apps.apple.com/us/app/fluid-simulation/id1443124993>
https://play.google.com/store/apps/details?id=games.paveldogreat.fluidsimfree&hl=en_US

Meditation/sounds only

Isochronic tones: https://play.google.com/store/apps/details?id=ninja.ronin2.isotonos&hl=en_US
White Noise generator: https://play.google.com/store/apps/details?id=net.relaxio.relaxio&hl=en_US

<https://apps.apple.com/us/app/relax-melodies-sleep-sounds/id314498713>

Meditation music:

https://play.google.com/store/apps/details?id=yoga.meditation.yogamusic.meditationmusic&hl=en_US

Acknowledgements

The Stress First Aid for Healthcare Provider Toolkit was developed by Patricia Watson, PhD, National Center for PTSD, and was adapted for long-term care by Barbara Ganzel, PhD, Ithaca College Gerontology Institute and the Finger Lakes Geriatric Education Center. We would like to thank Paige Hector, LMSW, J. Scott Janssen, LCSW, and Leanna Anderson, LICSW, for comments on this Toolkit, and also Kathleen Bickel, MD, for her comments and for most of the resources provided above.

The Stress First Aid toolkit represents an adaptation of the National Fallen Firefighters' Stress First Aid Manual, developed by: Richard Gist, Ph.D., Patricia Watson, Ph.D., Vickie Taylor, and Erika Elvander. The NFFF Stress First Aid Manual is a civilian adaptation of the Combat and Operational Stress First Aid (COSFA) Field Operations Manual, developed by William Nash, M.D., Richard J. Westphal, Ph.D., PMHCNSBC, Patricia Watson, Ph.D., and Brett Litz, Ph.D.

This project is sponsored by the **Finger Lakes Geriatric Education Center** funded by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under the Geriatric Workforce Enhancement Program # U1QHP28738. This information or content and conclusions are those of the authors/speakers and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, DHHS, the Department of Veterans Affairs, or the U.S. Government.