



Stress First Aid Self-Care and Coworker Support Model



StressFirstAid(SFA)is a self-care and coworker support model developed for those in high-stress occupations. It offers simple, practical actions to identify and address early stress reactions in oneself and others in both an acute and ongoing way (not just after “critical incidents”). It allows for differences in capacity for self-care or coworker support, as well as preferences as to what is most helpful. Rather than prescriptively telling people *how* they should support each other, it highlights the *importance* of coworker support, which is protective because of the unspoken understandings that result from working together. It is frequently only in moment-to-moment encounters that the right support can happen, if a person is aware of its importance and empowered to decide how best to give that support. SFA gives a framework to identify the actions which might be most indicated in different circumstances. It also highlights the importance of organizations engaging in discussions and problem-solving around work stress.

The Stress Continuum Model is a foundational part of the SFA model. It highlights that stress reactions occur on a continuum, and that early awareness and response could bring a person back into a less severe zone before the need for more formal intervention. Everyone will react when faced with severe enough or extended enough stress, and many factors can affect how someone responds or how they recover. The continuum also aims to reduce the stigma which can cause someone to conceal stress reactions to avoid perceived judgment, employment consequences, and/or medical or psychological intervention. When leaders or departments use it as a shorthand way to discuss work stress, it can facilitate problem-solving and communication. When a person uses it to recognize the signs of stress in themselves or others, it can often prompt them to be more disciplined about self-care or help them identify when and how to support a coworker. This can help prevent stress reactions from progressing further (*Nash et. al., 2010*).

Figure 1: The Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness FEATURES <ul style="list-style-type: none"> At one's best Well trained and prepared In control Physically, mentally, and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically and legally 	DEFINITION <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk FEATURES <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleep Muscle tension, heightened heart rate, breathing, or other physical changes Not having fun CAUSES <ul style="list-style-type: none"> Any stressor / trigger 	DEFINITION <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves an emotional/mental “scar” Higher risk FEATURES <ul style="list-style-type: none"> Loss of control Panic, rage, or depression No longer feeling like normal self Excessive guilt, shame, or blame CAUSES <ul style="list-style-type: none"> Life threat Loss Inner conflict Excessive wear and tear 	DEFINITION <ul style="list-style-type: none"> Persistent and disabling distress or loss of function Clinical mental disorders Unhealed stress injuries FEATURES <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment Hopelessness TYPES <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse



SFA's core functions are based on five "essential elements" that have been endorsed by a large body of research as related to better resilience in many different types of adverse situations:

- a) **Cover:** *Promoting a psychological sense of safety* can reduce biological aspects of posttraumatic stress reactions, positively affect cognitive processes that inhibit recovery, and reduce exaggerations of future risk
- b) **Calm:** *Promoting calming* can reduce anxiety that may generalize to other situations, increase risk for mental health disorders, and interfere with sleep, eating, hydration, decision-making and performance of life tasks
- c) **Connect:** *Social connectedness* is related to better emotional well-being and recovery in many adverse circumstances. It increases opportunities to exchange knowledge and advice, and provides opportunities for a wide range of social support activities
- d) **Competence:** *Promoting competence, or a sense of self-efficacy* increases a person's belief in their ability to manage distressing events, principally through self-regulating thought, emotions and behavior
- e) **Confidence:** *Instilling confidence or hope*, by increasing positive expectancy, reducing guilt or blame, or promoting confidence, meaning, or helpful thoughts, is related to more favorable outcomes in a variety of adverse circumstances (Hobfoll et al., 2007).

SFA adds two functions to assist with ongoing self-care peer support: (1) *Check*: assess and reassess regularly; and (2) *Coordinate*: gather resources and refer to additional care as needed.

SFA's actions are based on multiple focus groups across different work cultures with those identified as good leaders or supportive peers. Their practical, feasible recommendations give a variety of options that can validate or inspire people to act, guided by individual personality style, circumstances and capacity to respond to others or self. SFA is not meant to address all ranges of issues, so it also aims to help to bridge people to higher care when indicated.

In general, SFA has been well received, with personnel reporting that they feel that both they and their departments are more likely to recognize and address stress, and more prepared to provide support for coworkers (Jahnke et al., in preparation). There is also a public-facing version to help reduce stress reactions in customers who are faced stress (Gist et al., 2013).

The following table summarizes some of the potential actions that could be used for each core function of SFA.

SFA FUNCTIONS	POSSIBLE ACTIONS
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 (Re-Check)
Coordinate	<ul style="list-style-type: none"> Decide who else should be informed of situation Refer for further evaluation or higher levels of care, if indicated Facilitate access to other needed care
Cover	<ul style="list-style-type: none"> Ensure immediate physical safety of stressed person and others Foster a sense of psychological safety and comfort Protect from additional stress (ensure respite)
Calm	<ul style="list-style-type: none"> Reduce physiological arousal (slow down heart rate and breathing, relax) Reduce intensity of negative emotions such as fear or anger Listen empathically to the individual talk about experiences Provide information that calms
Connect	<ul style="list-style-type: none"> Encourage connection to primary support people Help problem-solve to remove obstacles to social support Foster positive social activities within crew
Competence	<ul style="list-style-type: none"> Help mentor back to full functioning Facilitate rewarding work roles Arrange for retraining
Confidence	<ul style="list-style-type: none"> Mentor back to full confidence in self, leadership, mission and core values Foster the trust of coworkers and family members in the individual

References

Gist, R., Watson, P., Taylor, V Evlander, E., Leto, F., Martin, R., &Vaught, D. (2013). Curbside Manner: Stress First Aid for the Street. National Fallen Firefighters Foundation.

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(4), 283-315.

Jahnke, S.A., Jitnarin, N., Kaipust, C., Hollerbach, B., Haddock, C.K. & Poston, W.S.C. (in preparation). Evaluation of the Stress First Aid Intervention of Firefighters.

Nash, W. P., Westphal, R. J., Watson, P. J., & Litz, B. T. (2010). Combat and Operational Stress First Aid: Caregiver Training Manual. Washington, DC: U.S. Navy, Bureau of Medicine and Surgery.