Offering Self-Care and Peer Support Through the Spirit of Stress First Aid

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Learning objectives

- Obtain a brief overview of the Stress First Aid model and how it was implemented at Minneapolis VA.
- 2. Learn about impact of SFA at 4 VA health systems throughout the country.
- 3. Experience an SFA session that emphasizes connectedness.

Stress First Aid (SFA)

- Stress First Aid for healthcare workers model was developed by Patricia Watson, Ph.D., of the National Center for PTSD, and Richard Westphal, Ph.D., PMHCNSBC of the University of Virginia.
- It is a civilian adaptation of the of the Caregiver Operational Stress First Aid (COSFA) Training Manual, developed by William Nash, M.D., Richard J. Westphal, Ph.D., PMHCNSBC, Patricia Watson, Ph.D., and Brett Litz, Ph.D.

Strength	Guiding Ideal	Vulnerability	
Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because personal health is not a priority	
Commitment to accomplishing missions and protecting others	Loyalty	Guilt and complicated bereavement after loss of others	
Toughness and ability to endure hardships without complaint	Stoicism	Not aware of / acknowledging significant symptoms /suffering	
Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code	
Becoming the best and most effective professional	Excellence	Feeling ashamed / denial or minimization of imperfections	

Chronic stress may lead to burnout

1.Emotional exhaustion

May have limited emotional resources to bring into encounters with others. May experience emotional numbness when they would normally respond with empathy.

2. Depersonalization

May feel cynical and detached from their work, patients, colleagues, and family.

3.A sense of low personal accomplishment May feel their work has a lack of meaning (Awa et al., 2010).

Burnout and beyond

- A recent study found that 13.9%, 15.6%, 22.8%, and 42.8% of healthcare workers had probable major depression GAD, PTSD, and AUD, respectively.
- Lacking social support was associated with symptom development (Hennein, Mew, and Lowe, 2021).
- Cardiovascular risks
- Neuroendocrine risks
- Central nervous system impacts
- Reduce immune function
 - In cases of ongoing chronic stress, inflammation can occur (Sullivan et al., 2022).

Employee retention

- Employee retention can be affected by stress and burnout.
- One in three physicians, advance practice providers, and nurses experiencing pandemic related stress intended to reduce work hours.
- One in five physicians and two in five nurses planned to leave their jobs (Sinsky et al., 2021).

What contributes to burnout?

- 1.Self-deprivation can lead to compassion fatigue.
- **2.Obsession with appearing invincible**. Perfectionism does not allow room for mistakes or dealing with them in a healthy way.
- 3. The fallacy that we have **more control over outcomes than we actually do.** Overemphasis on metrics may leave us with the sense that we must always take urgent action.
- 4. Repeated traumas can lead to emotional dissociation and **isolation** (Rindfleisch, 2017).
- 5. Systemic factors



Organizational factors related to resilience

- A genuine interest in the wellbeing of staff
- Meaningful recognition
- Accessibility to support and collaboration
- Greater input into work conditions
- Safe discussions of events and sharing

SFA for VA healthcare staff

Multi-Site Quality Improvement Project across 4 VA sites. (Carmen McClean Ph.D., Patricia Watson Ph.D., et. al)

- Connecticut VA:
- Iowa City VAHCS
- Minneapolis VAHCS (and VISN 23 Clinical resource hub)
- New Jersey VA

8 weekly 20-30 min sessions (in person or video)

Brief pre- and post- program 21 item staff survey

Stress Continuum Model

• A virtual tool for assessing an individual's stress experiences, zones of stress, and stress response

7 C's of Stress First Aid- Action areas

- Identify actions to counteract adversity, encourage and support activities within each area
- Used for self-care and co-worker support

Facilitators trained in SFA are flexible with workgroup needs

What does SFA have to offer?



SFA can reduce stigma by changing culture

SFA creates a common language to address stress



SFA addresses stress reactions before they create problems



SFA protects the wellbeing of employees in high stress jobs



SFA fosters longevity in the job

The Stress Continuum Model

READY	REACTING	INJURED	ILL
(Green)	(Yellow)	(Orange)	(Red)
 DEFINITION Optimal functioning Adaptive growth Wellness FEATURES 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 	 Mild and transient distress or impairment Always goes away Low risk CAUSES Any stressor FEATURES Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	 More severe and persistent distress or impairment Leaves a scar Higher risk CAUSES Life threat Loss Moral injury Wear and tear FEATURES Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame Misconduct 	 Clinical mental disorder Unhealed stress injury causing life impairment TYPES PTSD Depression Anxiety Substance abuse FEATURES Symptoms persist and worsen over time Severe distress or social or occupational impairment

Essential skills of SFA

Recognize

Recognize when a coworker has a stress injury

Act

Act: If you see something, do or say something

- To the distressed person
- To a trusted support of the distressed person

Know

Know at least 2 trusted resources you would access or offer to a coworker in distress— SFA is not meant to address all concerns. May need professional assistance.

The 7 c's of Stress First Aid

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- Check (week #2)
 - On stress reactions
- Cover (week #3)
 - By increasing sense of safety
- Calm (week #4)
 - With presence, information, and actions
- Connect (week #5)
 - With social support
- Competence (week #6)
 - Increase by fostering work, social, and wellbeing skills
- Confidence (week #7)
 - Increase by finding meaning, and hope
- Coordinate (week #8)
 - With other resources and more intensive support

A collective effort emphasizing peer support

- Use of 'relational pauses': focus shifts from what a team is doing to how they are feeling and interrelating.
- Sharing of experiences and emotional impact
- Emotional strain is diffused across the team.
- Relational pauses increase the changes of being able to "weather the storm" together.



Multisite survey results

- SFA program was appealing to them (86.6%)
- Suitable for VA (93.5%)
- Doable (90.5%).
- Participants reported that the pandemic at least *Somewhat* impacted their stress and anxiety before (76.6%) and after (79.6%) SFA.

Survey results continued

- From pre to post SFA program, the impact of the pandemic on stress and anxiety increased, U(244) = 9739.50, p = .039.
- Proficiency in supporting peers increased, U(245) = 9123.00, p = .002.
- Burnout, mood, valuation, and perceptions of peer support did not change (≥ .197).

Qualitative feedback

- "Shared verbiage within the team is really beneficial so we can communicate with a similar understanding."
- "We've since had some really challenging situations come up and I think it's helped us come together and support each other and gave us permission to say we aren't doing ok and support each other."
- "I was super excited for it because I was really stressed out to the point of dragging myself to work so it would be good to vent and learn new skills."
- "20 min was really rushed to try to learn things and practice them... at least we got something though."
- "I was really frustrated that we got this at the end of a horrible time. It would have been incredibly beneficial to have gotten this earlier. It was too late. Many people already left the ward."

Mindfulness and connection

- Staying connected requires mindfulness.
- It requires us to be fully present with someone else.
- We can offer more support when we are in the green zone.
- Integrating the other "C's" such as calm may help facilitate connection both in our clinical, collegial, and personal relationships.



Connect actions



Observe

Maintain presence

Keep eye contact

Listen

Empathize

Accept



Keep Track

Find trusted others

Foster contact with others

Encourage contact with others



Examine

Improve understanding

Correct misconceptions

Restore trust

Invite and include

- 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?
- How do you stay connected in your personal lifes?

What are new ways your team could encourage **CONNECT Self-Care Actions**?

- Seek out contact and be open to different types of support (Reach out to people in similar positions in other departments or organizations).
- Discipline yourself to have conversations: Make a point to send an email or message someone.
- Reprioritize your schedule: "Schedule" time to connect.
- Find creative ways to engage in social activities or focus on non-work relationships.

Examples:

- Check in regularly and be creative: Start team meetings with a review of what is going well and tips that team members want to share with others (e.g., "Thankful Thursdays")
- Offer different types of social support (practical, inclusive, emotional): Consider some levity (e.g., themes for team meetings).
- Promote connection: Provide opportunities for more connections 15-minute huddle for both care coordination and social connection,
- Keep calling, texting, and talking with co-workers.
- Assist with connection at all levels: Offer a note of support to those you supervise and those in leadership positions above you.

- Set a SMART goal for connecting in your professional and personal life.
- Opportunity to share goals.
- What could get in the way?
- How might you overcome barriers to connect goals?

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