

ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Stress First Aid Self Care / Organizational Support Model

The Stress First Aid (SFA) model is a self-care and peer support model originally developed for those in high-risk occupations like military, fire and rescue, and law enforcement. It includes seven actions that help to identify and address early signs of stress reactions in yourself and others in an ongoing way (not just after "critical incidents").

While stress reactions may be relatively common in stressful jobs, SFA can be used by anyone who is in an ongoing stressful situation, particularly when functioning is impaired or there is significant distress involved, such as:

- No longer feeling like your normal self
- · Loss of control of emotions or behavior
- Excessive guilt, shame or blame
- · Panic, rage, or depression

Stress Continuum Model

The Stress Continuum Model is a foundational part of the SFA model. It was developed as a way to assess the level of your own and other's stress responses. It was first developed for by Navy/Marine Corps service members as a way to acknowledge that stress reactions occur on a continuum, and that early awareness and response could bring a person back into a less severe zone before they had the need for more formal intervention.

The crux of the stress continuum model is that stress responses lie along a spectrum of severity. Everyone will react when faced with severe enough or extended enough stress, and many factors can affect how they respond and how they recover. A person's reactions can range relatively rapidly from Green to Yellow to Orange to Red zone, and back again.

Adapted from: Watson, P., Gist, R., Taylor, V. Evlander, E., Leto, F., Martin, R., Vaught, D., Nash, W.P., Westphal, R., & Litz, B. (2013). Stress First Aid for Firefighters and Emergency Services Personnel. National Fallen Firefighters Foundation.

Figure 1: 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 and legally	DEFINITION Mild and transient distress or impairment Always goes away Low risk FEATURES 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 Any stressor / trigger	DEFINITION More severe and persistent distress or impairment Leaves an emotional/mental "scar" Higher risk FEATURES Loss of control Panic, rage, or depression No longer feeling like normal self Excessive guilt, shame, or blame CAUSES Life threat Loss Inner conflict Excessive wear and tear	DEFINITION Persistent and disabling distress or loss of function Clinical mental disorders Unhealed stress injuries FEATURES Symptoms persist and worsen over time Severe distress or social or occupational impairment Hopelessness TYPES PTSD Depression Anxiety Substance abuse

Nash, W. P. (2011). US Marine Corps and Navy combat and operational stress continuum model: A tool for leaders. Combat and operational behavioral health, 107-119.

The internal or external stigma associated with reacting to stress can result in someone trying to conceal stress reactions from peers and those at work, to avoid perceived judgment, employment consequences, and/or medical or psychological intervention. However, when a person recognizes the signs of orange zone stress in themselves or others around them, it can often make a difference to be more disciplined about self-care for a period of time, or to support a coworker or get them connected with a trusted support. This may help prevent stress reactions from progressing into the Red Zone.

Four types of stress are most likely to move someone into the orange zone. Generally, entering the orange or red zones are the result of a combination of the four following types of stressors:

- Life Threat: life-threatening or other situations that provoke terror, horror or helplessness. This type of injury can include experiencing a near-miss or close call, or witnessing or hearing about the life-threatening experiences of others.
- Loss: grief due to the loss of close coworkers, leaders, family members, people we feel responsible for, or other cared-for individuals. This can also include loss of role, functioning, relationships, and values.
- Inner Conflict: a sense of inner turmoil due to conflict between one's moral/ethical beliefs and current experiences. Inner conflict can result from acting outside of internal, self-imposed morals or values, or the perception of contributing to or being unable to prevent harm to others. Indications for inner conflict include the words: "could've," "should've," "ought to have," "why me?" or "if only."
- Wear and Tear: the result of fatigue and accumulation of prolonged stress, including from nonoperational sources, without sufficient sleep, rest and restoration.

(LITE)

The Stress First Aid Model's Core Actions

Stress First-Aid Seven Cs of Distress or loss of function Stress First Aid: Cover due to stress 1. CHECK Assess: observe and listen Calm STRESSORS 2. COORDINATE Get help, refer as needed 3. COVER Get to safety ASAP 4. CALM Wellness Connect Relax, slow down, refocus 5. CONNECT Get support from others Continue to Check & Competence 6. COMPETENCE Coordinat Restore effectiveness Confidence 7. CONFIDENCE Restore self-esteem and hope

William Nash, Richard Westphal, Patricia Watson, Brett Litz; 2009

Stress First Aid is based on a set of five evidence-based elements that have been linked to better functioning after stress and adversity across a number of settings, including safety (cover), calming, connectedness, self-efficacy (competence), and hope (confidence). Two additional actions, Check and Coordinate, were added, which should be performed in an ongoing way to monitor and recruit assistance any time a person is showing persistent Orange Zone reactions. In contrast, the other five SFA actions are used only *as needed*.

Stress Indicators

- Change in eating habits
- · Change in weight
- Loss of will power
- Losing interest / apathy
- Can't hold a conversation
- Excessive guilt
- Taking lots of time off
- Drinking more
- Conflict in relationships
- Fatigue / more sleep
- Don't give self break (leaders)
- Changes in relationships

- Loss of control
- No longer feeling like self
- Can't get tasks done
- Can't think clearly
- Things excessively piling up
- Isolating self
- Feeling overly busy, hurried
- Physical changes
- Going through the motions
- Memory problems
- Post traumatic stress symptoms
- Depressive or anxiety symptoms

SFA ACTIONS	POSSIBLE STRATEGIES	
Continuous SFA Actions		
Check	 Assess current level of distress and functioning Assess immediate risks Assess need for additional SFA interventions or higher levels of care Reassess progress 	
Coordinate	 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		
Cover	 Ensure immediate physical safety of stress-affected person and others Foster a psychological sense of safety Protect the person from additional stress 	
Calm	 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	 Be a support, or encourage a connection to supportive others Help the person problem-solve to remove obstacles to social support Foster positive social activities and practical support 	
Competence	 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 Mentor the person back to full confidence in self, leadership, 	
Confidence	 Mentor the person back to full confidence in sell, 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 lessons learned perspective Find out how the person makes meaning regarding their experiences, or connect them with someone who can 	