The presenter has no financial disclosures, and will not be discussing non-FDA approved uses of drugs or devices.

The concepts and applications in this presentation were originally developed and sponsored by the U.S. Navy and U.S. Marine Corps.

The views expressed in this presentation are those of the author(s) and do not reflect the official policy or position of the Department of the Navy, Department of Defense, or the U.S. Government.
Bottom Line Up Front (BLUF):

- A focus on Burnout and Bullying may mask the stress problems in the environment of care
- Teaching a workforce to take two deep breaths and get back to work is not an effective occupational stress mitigation strategy
- There is a need to shift occupational organizational culture and policies from mental illness response to mental health promotion
- Occupational stress injuries can be observed, are predictable, and amenable to interventions.
Bullying and Burnout

✧ Bullying: Repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient (ANA, 2018)

✧ Burnout: To fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources (Freudenberger, 1974)

✧ Most studies reflect the prevalence and outcomes on individuals and individual coping responses

✧ Indicators of Stress Injury
  ✧ Bullying: Shame and displaced aggression
  ✧ Burnout: Demands of a greedy institution or role
Traditional Interventions

✦ Focus on individual characteristics and behaviors

✦ Anti-bullying interventions focus on building individual skills; assertiveness skills for victims and emotional intelligence skills for bullies

✦ Burnout interventions predominately focus on self-care strategies related to reducing autonomic arousal, mindfulness, and making healthy choices
Caregiver Occupational Stress Control

- Program developed to address the full range of stress injuries related to occupational stress
  - Hospitals, Fire, EMS, Law Enforcement
- A demand::resource balance model
- The focus is on the work environment and occupational stressors
  - Assessment
  - Training
  - Support
- Uses three conceptual elements
  - Stress Continuum
  - Sources of Stress Injury
  - Stress First Aid Interventions
# Stress Continuum

<table>
<thead>
<tr>
<th>READY (Green)</th>
<th>REACTING (Yellow)</th>
<th>INJURED (Orange)</th>
<th>ILL (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Good to go</td>
<td>- Distress or impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Well trained</td>
<td>- Mild and transient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prepared</td>
<td>- Anxious, irritable, or sad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fit and focused</td>
<td>- Behavior change</td>
<td></td>
<td></td>
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<tr>
<td>- Cohesive units &amp; ready families</td>
<td>- More severe or persistent distress or impairment</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Leaves lasting memories, reactions, and expectations</td>
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<tr>
<td></td>
<td>- Stress injuries that don’t heal without help</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- Symptoms and impairment persist over many weeks or get worse over time</td>
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</tbody>
</table>

**Leader Responsibility**

**Individual, Peer, Family Responsibility**

**Caregiver Responsibility**

**Stressor**
Stress Zone Transitions

Green “Ready”
- Healthy
- Well
- Fit
- Safe
- Connected
- Capable
- Confident

Yellow “Reacting”
- Drained
- Sore
- Irritable
- Anxious
- Down

Orange “Injured”
- Hurt
- Out of control
- Symptomatic
- Distressed
- Dysfunctional

Red “Ill”
- Clinically symptomatic
- Impaired
- Worsening
- Disordered

Routine Stressors
Resilience
Toxic Stressors
Recovery

Cumulative stress without sufficient resources

Recovery

100% 35% 5%
Occupational Stress Injury

✧ Severe and persistent distress or loss of functioning caused by disruptions to the integrity of the brain, mind, or spirit after exposure to overwhelming stressors

✧ Impaired or diminished role function
  • Work, Spouse, Parent, Friend

✧ No longer feeling like normal self

✧ Excessive guilt, shame or blame

✧ Panic, rage, or depression

✧ Loss of control
Four Sources of Stress Injury

Intense or Prolonged Stress

- **Life Threat**
  A traumatic injury
  Due to an experience of death-provoking terror, horror or helplessness

- **Loss**
  A grief injury
  Due to the loss of cherished people, things or parts of oneself

- **Inner Conflict**
  A moral injury
  Due to behaviors or the witnessing of behaviors that violate moral values
  - Omission
  - Commission
  - Bearing Witness

- **Wear & Tear**
  A fatigue injury
  Due to the accumulation of stress from all sources over time without sufficient rest and recovery
Five Essential Human Needs

- NIMH Traumatic Stress Research Program and SAMSHA/HHS workgroup to identify best empirical evidence for post disaster interventions for short and mid-term period
- Identified five intervention principles that have empirical support for guiding practice and programs
  - Promote sense of safety
  - Promote calming
  - Promote connectedness
  - Promote sense of self- and collective-efficacy
  - Promote hope

What Is Stress First Aid (SFA)?

A flexible multi-step process for the timely \textit{assessment} and preclinical response to psychological injuries ...

...in individuals or units with the goals to \textit{preserve life}, prevent further harm, and promote recovery.
STRESS FIRST AID MODEL

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen

2. COORDINATE
   Get help, refer as needed

3. COVER
   Get to safety ASAP

4. CALM
   Relax, slow down, refocus

5. CONNECT
   Get support from others

6. COMPETENCE
   Restore effectiveness

7. CONFIDENCE
   Restore self-esteem and hope
Training Modules

 لدينا التعليمات التالية:

✧ **Awareness Brief:** 20-30 Minutes
  - جميع الموظفين. تقديم المفاهيم وإنشاء مهارات التعرف المبكر.

✧ **Unit Champions:** 4 hours
  - جميع الموظفين. بناء المعرفة والمهارات للعثور على الجرح في الضغط والرد على ذلك بطريقة تساعد على إنقاذ الحياة، تقليل الإصابات الأدراكية، وتعزيز التشفير.

✧ **Leaders’ Training:** Leaders’ Brief and a 3 hour course
  - التدريب للقادة لتكامل SFA داخل مهارات القادة، وتطبيق مبادئ SFA في مستوى الوحدة بعد الأحداث الوصمة أو التخرب الرفع في مستوى التأهيل الوحدة بسبب إصابات القلق.

✧ **Peer Support Personnel:** 8 hours
  - الرعاة الشخصي، العناصر العناصر، والموظفين الذين يكونون أكثر الأشخاص الذين يكونون نقطة الاتصال الرئيسية للرجل المحترم أو مساعد القادة على صحة ونجمة ونجمة الوحدة.

✧ **Train the Trainers’ Development:** 2 Day Instructor’s Course
  - تنمية مهارات التدريس الداخلي ومستشار الدكتوران.
Assessment: ProQOL: Burnout v Compassion Satisfaction

- Burnout
- Injury Risk
- Meaningful Effort
- Total: Burnout Scale
- Total: Compassion Satisfaction Scale
# Stress First Aid Framework for Unit/Department Assessment

<table>
<thead>
<tr>
<th>Stress Source</th>
<th>Cover</th>
<th>Calm</th>
<th>Connect</th>
<th>Competence</th>
<th>Confidence</th>
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</thead>
<tbody>
<tr>
<td>Trauma/Life Threat</td>
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<td>Loss</td>
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1. **First Assess:** Do not assume all have been affected or need an intervention
2. **Look for themes at intersections of stress injury source and essential needs**
3. **Identify strengths and vulnerabilities**
4. **What have the leaders already done or current status?**
5. **What resources are available?**
6. **Which factors need clarification to implement a plan of action?**
Conclusion

✧ Burnout and bullying are indicators of stress injury within individuals and units
✧ Proactive peer support creates a low stigma culture that results in early recognition and actions to address burnout and bullying behaviors
✧ The environment of care is a major source of occupational risk factors that increase burnout and bullying behaviors and is amenable to occupational health and safety interventions to reduce risk
Questions or Comments

Beta Kappa Chapter


