Stress First Aid for Health Care Professionals

Recognize and Respond Early to Stress Injuries

How Will This Toolkit Help Me?

Learning Objectives

1. Identify how to recognize stress injuries in health care professionals

2. Describe how to administer Stress First Aid (SFA) at the individual level

3. Describe SFA as a method of peer support at the organizational level
Introduction

Similar to physical stress, psychological stress can cause injury to the mind and body. These injuries go beyond burnout: a stress injury is any severe and persistent distress or loss of ability to function caused by damage to the brain, mind, or spirit after exposure to the overwhelming stressors of fatigue (burnout), trauma, loss, or moral injury. In particular, there is a significant risk of moral injury in high-stress, service-oriented professions where valued qualities such as selflessness, loyalty, a strong moral code, and excellence can also create vulnerabilities, such as prioritizing the needs of others above one’s own needs.

Stress injuries can cause behavioral changes, including:

- Withdrawal from friends and family connections
- Irritability
- Decreased impulse control and other unprofessional behaviors, such as displays of anger in public or patient care areas
- Impaired judgment, for example, when making clinical decisions
- Working longer hours or becoming more rigid about following protocols
- Decreased self-care

Individual stress responses range from baseline to stress reactions such as feeling anxious or irritable, to stress injury where control of moods may be lost to stress illness that presents as severe distress or symptoms that last more than 30 days. Serious stress injuries can be a precursor to medical errors, exit from practice, or even depression or suicide.

The Stress Continuum Model (Figure 1) is a helpful, color-coded visual tool that:

- Creates a common language about stress reactions
- Differentiates between expected stress reactions and stress injuries, where help is needed
- Helps to reduce stigma by normalizing the language and understanding of stress reactions
- Facilitates recognition of when and what immediate and long-term actions would be most appropriate
Figure 1. The Stress Continuum Model

<table>
<thead>
<tr>
<th>Intervene with Stress First Aid</th>
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<tbody>
<tr>
<td><strong>Ready</strong></td>
</tr>
<tr>
<td>Definition</td>
</tr>
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</table>

- Adaptive coping
- Effective functioning
- Well-being
- Responding to multiple stressors at work and home
- Mild and transient distress or loss of function
- Responding to strong or multiple stressors
  - Trauma
  - Loss
  - Moral injury
  - Wear and tear
  - More severe or persistent distress or loss of function
- Unhealed orange zone stress
- Additional stress or risk factors
- Clinical mental disorders (PTSD, anxiety, depression, substance use disorders)

<table>
<thead>
<tr>
<th>Features</th>
<th>Features</th>
<th>Features</th>
<th>Features</th>
</tr>
</thead>
</table>
- In control
- Calm and steady
- Getting the job done
- Motivated
- Maintaining humor
- Sleeping enough
- Ethical and moral behavior
- Changes in mood (worrying, anxious, sad, irritable, angry)
- Loss of motivation
- Loss of focus
- Physical changes (poor sleep, aches and pains)
- Social changes (isolation, hyperactive, loud, numb)
- Loss of control of mood, social, or physical reactions (panic, rage, guilt, shame, social numbing or isolation, can't sleep, moral compass affected)
- No longer feeling like normal self
- Symptoms persist and worsen for more than 30 days
- Severe distress
- Functional impairment

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**Stress First Aid (SFA)** is a framework for peer support and self-care for health care professionals. The SFA framework is parallel to how a clinician or first-responder approaches physical first aid—intervening when needed to remove the stressor, prevent further harm, and promote recovery for those who have been strongly affected by significant stress. Individuals may employ this framework when supporting peers or if they are aware of a potential injury in themselves, whereas organizations may train a team of health care professionals to administer SFA to their colleagues. SFA is usually administered to individuals experiencing a stress injury to stop progression to illness; however, as shown in Figure 1, SFA can be applied throughout the continuum.

The SFA framework is comprised of 5 essential needs that are related to increased resilience and recovery during a variety of adverse circumstances:

1. A sense of safety
2. Calming
3. Social support
4. Occupational and coping competence
5. Confidence in oneself, others, and the future
These 5 essential needs, in turn, are the foundation for the 7 core functions of SFA (the 7 Cs) to improve self-care or to support a person whose behavior indicates that they may be experiencing stress injury (Figure 2).

**Figure 2. The 7 Cs of the Stress First Aid Model**

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**Three STEPS to Provide Stress First Aid**

1. Recognize a Stress Injury *(Check & Coordinate)*
2. Provide Primary Aid *(Cover & Calm)*
3. Provide Secondary Aid *(Connect, Competence, & Confidence)*
Recognize a Stress Injury (Check & Coordinate)

Recognizing a stress reaction or injury is an ongoing, continuous process that begins with the Check and Coordinate “Cs” of SFA. Whenever there is a change in behavior or change in risk for stress injury, consider performing these 2 Cs. The Stress First Aid Algorithm helps you determine the appropriate timing for the Check and Coordinate functions if you suspect a stress injury (Figure 3).

Figure 3. Excerpt from the Stress First Aid Algorithm

Excerpt from the Stress First Aid Algorithm highlighting the Check and Coordinate functions in green. For the full algorithm, see Figure 4 in the Conclusion.

Check: Assess for Signs of Stress Injury

Be attuned to your coworkers—are they acting more withdrawn, or do they seem to have a shorter fuse than usual? Rather than look the other way or chalk it up to who they are or what they are going through, pause and think about checking in. Those who have a stress reaction or injury may not be aware that their behavior has changed. Reactive or injured individuals may also be unaware that they are at an increased risk of serious consequences such as depression, sleep disturbance, or post-traumatic stress disorder (PTSD). Health care professionals need to become skilled at checking in with their colleagues during times of crisis. This could be just the outreach a coworker needs during a rough time.

Fear of stigma can be an obstacle to asking for help. In addition, stress injuries may last a long time after the event or be triggered by a new experience. By cultivating a habit of attention to and checking-in with colleagues, you will be better able to observe patterns of behaviors that may indicate a stress injury and offer support. The Check function can be intimidating because we do not want to intrude into a peer’s personal life, and yet, we are often in roles that require vigilance for patient and team member safety where we must act.

The OSCAR communication strategy is one tool for conducting a check with a peer without making any assumptions about what the peer is feeling or thinking (Table 1).
Table 1. The OSCAR Communication Strategy

<table>
<thead>
<tr>
<th>Description</th>
<th>Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe</td>
<td>Actively observe behaviors and look for patterns.</td>
</tr>
<tr>
<td>State observations</td>
<td>State the behaviors. Summarize just the facts without interpretations or judgments.</td>
</tr>
<tr>
<td>Clarify role</td>
<td>State why you are concerned about the behaviors. Validate why you are addressing the issue.</td>
</tr>
<tr>
<td>Ask why</td>
<td>Seek clarification; try to understand the other person’s perception of their behaviors.</td>
</tr>
<tr>
<td>Respond</td>
<td>Clarify concern if indicated. Discuss desired behaviors. State options in behavioral terms.</td>
</tr>
</tbody>
</table>

“Ask yourself about your colleagues—are they more sullen, withdrawn, frustrated, or irritable than usual?”

“I have noticed over the past few days that you seem [lost in thought/quiet/frustrated/irritated].”

“As a [coworker/friend/supervisor], [Colleague], I am concerned.”

“Help me understand what’s going on. I would like to help if I can.”

“Thank you for trusting me enough to share that [issue]. I really do want for you to be comfortable working together. I respect your privacy and that you have a lot going on. If not me, would you be willing to talk with [names of two trusted resources].”

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Coordinate: Connect With Additional Support

If you have recognized significant stress in a colleague, the next automatic and complementary action is to ask:

1. Who else can help?
2. Who else needs to know about this individual’s stress?

If you are a colleague, you may want to express your concern, offer your support, and ask if they would like to seek additional support from appropriate people within the organization. If you are a leader, you will have a greater responsibility and more resources to act. For example, marital discord that is impacting work behavior may be addressed with couples counseling through the organization’s Employee Assistance Program (EAP). Supply chain quality improvement could address team member anger about poorly functioning equipment. A trusted mentor describing their own error experience may reduce the sense of isolation and guilt a person feels after a medical error.
Why is peer support and outreach to colleagues so important in SFA?

One of the first things lost during a stress injury is self-awareness and the ability to recognize a stress injury in oneself. Therefore, while the principles of SFA can be applied to both self-care and peer support, the peer support component is often essential for early recognition and intervention.

When should I be concerned when performing a Check?

Recognition and intervention become essential when an individual is showing features of being injured, which is the orange zone shown in Figure 1. Stress injuries are identified by decreased ability to navigate daily life (loss of function), moral injury, and burnout/fatigue. To effectively mitigate stress injuries, individuals first have to be able to recognize them, then reduce stress in themselves or talk with the affected peer.

How do I recognize a moral injury or burnout in a colleague during Check?

Moral distress and ethical challenges, along with feelings of shame, self-blame, or a sense of betrayal by peers or leaders, can lead to moral injury. Words that may indicate the presence of moral injury are “could’ve,” “should’ve,” “ought’ve,” “if only.” Detecting moral injury can be challenging because individuals may feel ashamed or guilty and thus reluctant to talk about the experience. Importantly, individuals who bear a personal sense of shame or guilt because the moral injury is due to an act of omission (not taking action) or commission (taking action) may be at greater risk of suicide. For example, in an adverse event that resulted in patient harm, missing a critical detail in a patient condition would be an omission, while prescribing a medication or treatment that caused harm would be commission. Using the OSCAR communication method begins to break down the vow of silence that can accompany moral injury. For the injured person, being noticed in suffering can bring relief.

For cases of burnout/fatigue, the injury features tend to develop slowly over time and may look more like bullying, unprofessional behavior, or poor anger management. Because we do not see the stressor, there is a risk of blaming the individual for their behavior. This is why using the OSCAR communication during the Check step can be helpful. Initiate a conversation by saying “help me understand.” When you and the injured individual have shared knowledge about systems issues and other life stressors, there is opportunity for healing.

Provide Primary Aid (Cover & Calm)

When encountering an individual with an acute stress reaction or stress injury, your first step as a either a colleague or leader is to ensure physical and psychological safety. This is similar to physical first aid, where the primary survey is an assessment for airway, breathing, and circulation. Cover and Calm are the two Cs that make up primary stress first aid.

Cover: Protect From Impending Danger

When you witness a potentially dangerous reaction in a colleague, whether it is someone being uncharacteristically apathetic talking about wanting “it all to end” or someone overly sleep-deprived about to drive home, don’t stay silent. Instead, use verbal and nonverbal tactics to create an authoritative presence that will prevent a potentially dangerous situation.

Examples of actions to take to address stress reactions or injuries before they become dangerous are shown in Table 2.
Table 2. Immediate and Longer-Term Approaches to “Cover”

<table>
<thead>
<tr>
<th>IMMEDIATE ACTIONS</th>
<th>LONGER-TERM ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal</strong></td>
<td><strong>Non-Verbal</strong></td>
</tr>
<tr>
<td>• Ask “Are you okay?”</td>
<td>• Make eye contact.</td>
</tr>
<tr>
<td>• Ask “Do you need help?”</td>
<td>• Hold up your hands in a “stop” gesture.</td>
</tr>
<tr>
<td>• Suggest an alternate, safer course of action.</td>
<td>• Keep pressure on the person’s arm with one hand.</td>
</tr>
<tr>
<td>• Forcefully command the person to stop.</td>
<td>• Shake or nudge the person to get their attention.</td>
</tr>
</tbody>
</table>

**Calm: Promote Physical Stress Reduction**

Along with Cover actions to protect from impending danger, it is important to also take action to calm yourself or others during situations that may trigger acute stress injuries (Table 3).

Table 3. Strategies for Calming Yourself and Others

**STRATEGIES FOR CALMING**

<table>
<thead>
<tr>
<th><strong>Yourself</strong></th>
<th><strong>Others</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In a stressful moment</strong></td>
<td>Giving the person time to rest or take a break, or asking them for help to empower and distract them, can give them time to compose themselves.</td>
</tr>
<tr>
<td>• Practice slow breathing to lower your heart rate.</td>
<td>• Non-verbal actions:</td>
</tr>
<tr>
<td>• Pause for 15-30 seconds before making a major decision or responding to a new challenge.</td>
<td>◦ Be a calm presence.</td>
</tr>
<tr>
<td></td>
<td>◦ Maintain eye contact.</td>
</tr>
<tr>
<td></td>
<td>◦ Stay with the person.</td>
</tr>
<tr>
<td></td>
<td>• Verbal actions:</td>
</tr>
<tr>
<td></td>
<td>◦ Give direction, such as, “take a deep breath and focus with me.”</td>
</tr>
<tr>
<td></td>
<td>◦ Coach in a breathing or grounding activity.</td>
</tr>
<tr>
<td></td>
<td>◦ Use the person’s name and communicate exactly what is needed in a calm, methodical voice.</td>
</tr>
</tbody>
</table>
STRATEGIES FOR CALMING

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>On an ongoing basis</td>
<td>On an ongoing basis</td>
</tr>
<tr>
<td>• Train yourself so that one deep breath lowers your heart rate and clears your thoughts.</td>
<td>• Make others aware of the importance of self-calming strategies.</td>
</tr>
<tr>
<td>• Be aware of and connect with your passions or priorities.</td>
<td>• Acknowledge possible stressors and the potential need for support ahead of difficult events in a matter-of-fact way; consider doing so through humor.</td>
</tr>
<tr>
<td>• Spend time with family and close friends. Let them know what is calming for you ahead of time so they can better support you when needed.</td>
<td>• Be a good listener to help your colleagues feel supported.</td>
</tr>
<tr>
<td>• Break down problems and concerns into manageable chunks and tackle them a little at a time. Consider asking for help with some aspect of the process.</td>
<td></td>
</tr>
<tr>
<td>• Try to see things from a broader perspective.</td>
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Provide Secondary Aid (Connect, Confidence, & Competence)

While the importance of primary aid may be apparent to clinicians, it is critical to go beyond promoting safety. Long-term recovery depends on offering ongoing support via Connection and restoring Confidence and Competence in practice.

Connect: Engage Positive Social Supports

When you find yourself or a colleague in distress, ask yourself if there is a component of isolation and/or alienation contributing to the distress. The connection between individuals and team members builds a common identity through shared experiences, a common understanding of the meaning of events, shared responsibility, and reduced feelings of guilt, shame, or blame. The Connect “C” is vitally important when primary stressors are related to systems issues that require team-based solutions within the environment of care.

There are 3 general Connect actions as shown in Table 4.
### Table 4. Approaches to Reestablishing Connections for Individuals and Teams

<table>
<thead>
<tr>
<th>Action</th>
<th>Specific intent</th>
<th>Taking action</th>
<th>Probing questions or prompts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess social resources</td>
<td>Identify the best possible sources of social support for an individual.</td>
<td>Sources of social support could be a person the individual trusts or has a positive attachment to—this could be you, a colleague, a mentor, a respected leader, or someone outside of work.</td>
<td>“Thanks for sharing that this is a difficult time for you and you’re not sure where to turn. Let’s think about who else can help—at work and away from work.”</td>
</tr>
</tbody>
</table>
| Assess obstacles to obtaining or receiving social support | Understand why an individual is not accessing or using all available resources. | • Ask the individual how they perceive their own level of social involvement and connectedness.  
  • Find out what has changed that has led to isolation or alienation.  
  • Observe the individual interacting with others to look for patterns of poor communication or lack of respect or trust. | “You told me about spending less time with family and friends. What is preventing you from reaching out to them?” |
| Intervene to remove obstacles to social support | Overcome obstacles faced by the individual or teams to better social connectedness. | • Discuss events as a group to promote common perceptions and understanding.  
  • Bring to light and evaluate factors that might interfere with two-way trust and respect.  
  • Confront and try to neutralize blame, guilt, and shame. | To an individual: “There was an error, and we will work together to learn from this. What are you thinking right now?”  
  For a team experiencing a stress injury: During a huddle, “This is a tough situation, and we need to get on the same page. What are everyone’s concerns?” |
Competence: Improve Social and Professional Skills

A “Stop, Back Up, and Move Forward” approach is one way to restore or enhance Competence after a stress injury (Table 5). The goal is to restore the individual’s ability to function in occupational, personal, and social roles while cultivating new capabilities as needed.

Table 5. “Stop, Back Up, and Move Forward” Approach to Competence

<table>
<thead>
<tr>
<th>Action</th>
<th>Specific intent</th>
<th>Examples of phrases to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Make sure there is time given to rest and to recover if needed.</td>
<td>“We need to pause. I can cover this. Take a 10-minute break.”</td>
<td></td>
</tr>
<tr>
<td>• Identify challenges to functional capabilities.</td>
<td>“The EHR is down. Let’s step away from the keyboard. What do you need to get done?”</td>
<td></td>
</tr>
<tr>
<td>• Do not keep doing what is not working.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Retrain and refresh old occupational, well-being, or social skills.</td>
<td>“You have been doing this a long time, and it feels like everything changed in the last few months. What new skills or ways of thinking do we need now and going forward?”</td>
<td></td>
</tr>
<tr>
<td>• Give training in new occupational, well-being, or social skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Help mentor, solve problems, or explore new options.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move forward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide opportunities to practice to refresh old skills.</td>
<td>“I am glad that you completed the communications training and are back to work. Remember that not everyone knows that you are trying to change. I will check in with you to see what is and is not working; you can check in with me, too.”</td>
<td></td>
</tr>
<tr>
<td>• Offer support to perfect new skills.</td>
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<tr>
<td>• Assist in integrating back into duties. Help find and set new directions and goals.</td>
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Confidence: Build Self-Esteem and Hope for the Future

Restoring Confidence begins by engaging in a reflective process that wrestles with the question, “Who am I now, given the experiences that I have had?” Confidence actions are best accomplished through an empathic and authentic relationship that evolves over time.

Table 6. Approaches to Restore Confidence

<table>
<thead>
<tr>
<th>Action</th>
<th>Specific intent</th>
<th>Actions</th>
<th>Examples of phrases to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine</td>
<td></td>
<td>Listen empathically</td>
<td>For an individual: “You said, ’It doesn’t matter anymore.’ What is the ‘it’?”</td>
</tr>
<tr>
<td>needs</td>
<td>Assess:</td>
<td>• Develop a trusting relationship</td>
<td>For a team: “Team, we have had a rough week. What does it mean to be a doctor, nurse, or a team member, given our experience?”</td>
</tr>
<tr>
<td></td>
<td>• Self-image</td>
<td>• Ask questions and offer tentative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Understanding of meaning of life events</td>
<td>observations and understandings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Level of trust in self and others</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hope for the future</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Specific intent</td>
<td>Actions</td>
<td>Examples of phrases to use</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Connect with resources</td>
<td>• Restore depleted physical, psychological, and social resources</td>
<td>• Coordinate with all available resources both inside and outside the organization</td>
<td>For an individual: “I can see this past month has been a drain on you and you are exhausted. Here are some resources that we have that may help.”</td>
</tr>
<tr>
<td></td>
<td>• Foster spiritual connections</td>
<td>• Address problems if possible: financial, family, occupational, health, etc</td>
<td>For a team: “The past month has been a drain for all of us. Physically, mentally, and financially, we have been hit hard. Some of us are pretty exhausted. Here are some of the resources that we have.”</td>
</tr>
<tr>
<td>Encourage growth</td>
<td>• Reduce excessive guilt or shame</td>
<td>• Help the person focus on the present rather than dwelling on the past or worrying about the future</td>
<td>For an individual: “There was a bad outcome, and you are feeling bad; I get it. You are not 100% responsible for this. Let’s take an honest look at what was and was not in your control. Now, let’s think about what we will do differently in the future.”</td>
</tr>
<tr>
<td></td>
<td>• Promote forgiveness of self and others</td>
<td>• Let the person know they are not alone in experiencing stress reactions</td>
<td>For a team: “Team, we have been talking about our challenges and the things that did not go well. Let’s take a moment and talk about some of the things that did go well. Which of these do we need to make sure that we keep doing?”</td>
</tr>
<tr>
<td></td>
<td>• Establish new meaning and purpose</td>
<td>• Listen for and confront distorted or overly negative and/or rigid conceptions or perceptions of self or others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Set new directions and goals</td>
<td>• Encourage the person to understand how others see them, or to try more adaptive ways of seeing themself, or the situation</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Encourage learning and education</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encourage setting realistic goals and setting a plan to achieve those goals in readily attainable steps</td>
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</table>

The Confidence function builds realistic self-esteem and restores hope that was undermined in the aftermath of stress injury. The concepts of resilience, wisdom, and post-traumatic growth are grounded in the actions of reflection and a renewed belief in oneself. Trusted peers and leaders play a significant role in supporting someone with a stress injury who has experienced a loss of confidence. The Confidence function is particularly needed when there is despair, guilt, shame, emptiness, or thoughts of suicide.
How do stress injuries lead to loss of competence?

A stress injury not only negatively impacts a person's prior skills and abilities due to a decreased capacity to think clearly, but also prevents effective growth in social or professional skills. Competence is lost when existing occupational skills are no longer aligned with the demands that the person is facing. For example, this is commonly seen as someone advances in an organization where clinical skills may not be suited for leadership or administrative demands. Another example is the introduction of the electronic health record (EHR), which fundamentally changed patient–clinician interactions while creating new productivity demands that required new skills and knowledge.

Why is restoring competence after stress injury important?

Competence supports recovery, healing, and resilience by ensuring that needed skills are restored or obtained, then practiced. The general process for Competence is to:

• Pause and identify core challenges
• Develop or reinforce coping, social, and occupational skills
• Re-engage with the challenge

It is important to note that if the person's stress injury behavior included conflict with team members, the entire team could benefit from Competence actions to prepare for integrating the person back into the team.

Conclusion

Health care team members can be injured by the occupational stress of the work they do, and preserving the well-being of health care workers is one of the great challenges facing medicine today. Stress injuries are multifaceted and are the result of demands that exceed coping resources. The goals of SFA are to ensure safety, decrease stressors that are within the individual's or organization's ability to control, and facilitate recovery by employing additional resources. Figure 4 summarizes the process of SFA. Early recognition and intervention with SFA can reduce the risk of adverse outcomes or career harm.
Figure 4. Example of a Stress First Aid Algorithm

Possible stress injury

- Behavior change (immediately)
- Stated distress (immediately)
- Event exposure (within 24 hours)

Check & Coordinate

- Assess for:
  - Dangerousness
  - Safe and calm
  - Immediate referral need

Unsafe or in crisis?

- Yes
  - Primary Aid
    - Act to:
      - Cover: Establish safety
      - Calm: Breathe and focus

- No
  - Check & Coordinate
    - Needs referral?
      - Yes
        - Refer to next level of care

Stress concerns present?

- Yes
  - Secondary Aid
    - Act to:
      - Enhance peer connection
      - Support coping and work competencies
      - Build confidence about role and mission

- No
  - Periodic follow-up

Who else needs to know or can help?

- Address systems issues as stress sources
- Leaders
- Employee Assistance Program (EAP)
- Peer Support team

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AMA Pearls

- Stress First Aid is an important tool for preventing and treating stress injuries
- The Stress First Aid core functions—the 7Cs—can be effectively implemented with few resources
- Stress First Aid can be integrated into existing peer support programs or used as a framework to establish a peer support program

Further Reading

Journal Articles and Other Publications

  
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References

