

Psychological First Aid & Stress Management

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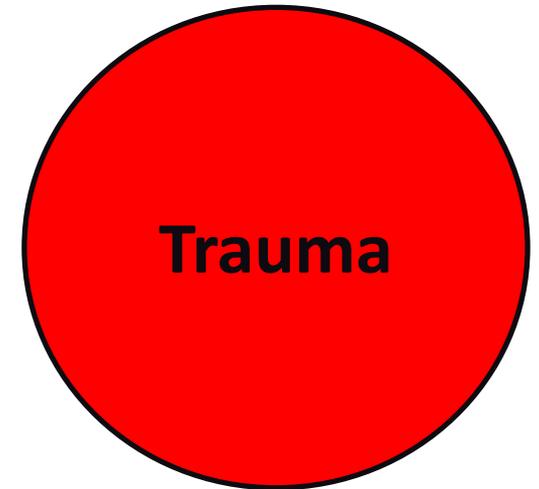
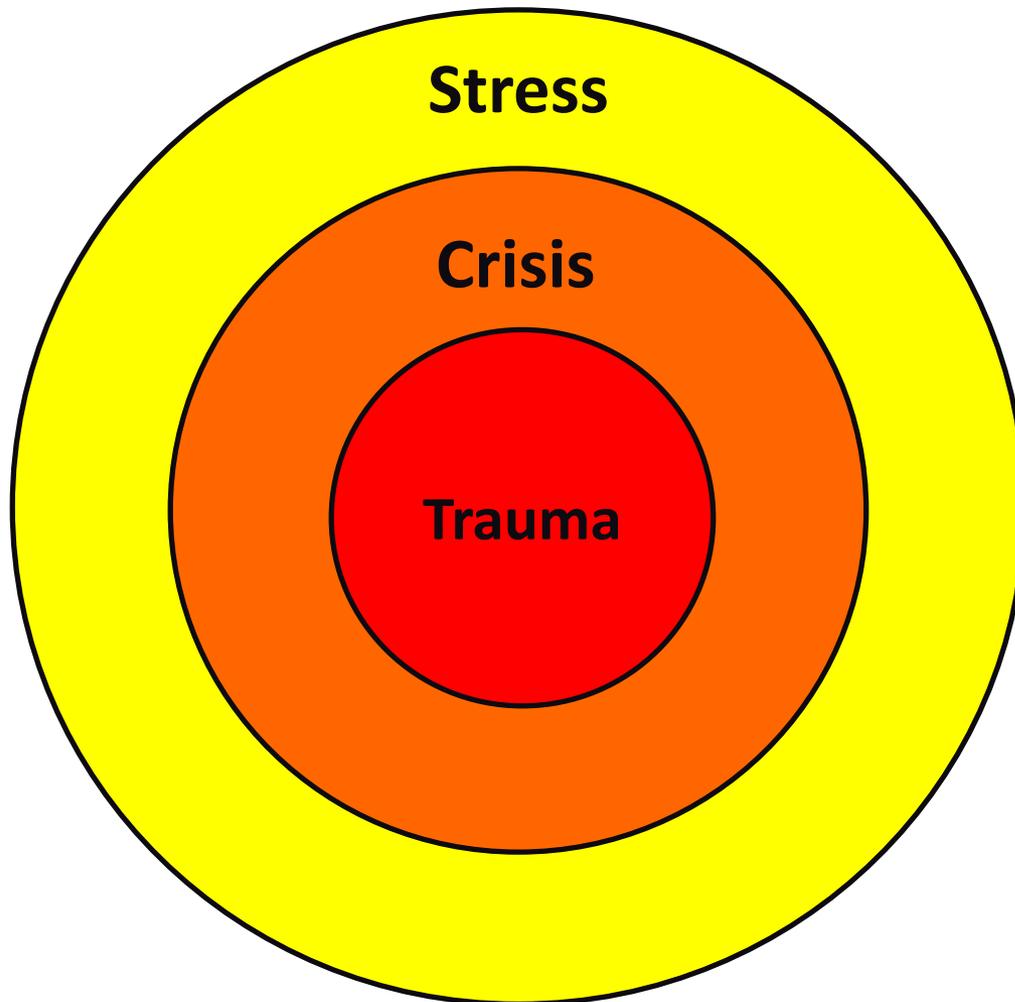


Agenda

1. Understanding Stress
 - Stress vs. Trauma
 - Typical Stress Reactions
 - Outbreak-Specific Stressors
2. Addressing Stress Among Students, Colleagues, and Supervisees through Psychological First Aid
3. Handling Your Own Stress: Self-Care Beyond Lip Service
 - Occupational Hazards and Rewards
 - Stress Inoculation

Understanding Stress

Stress, Crisis, & Trauma



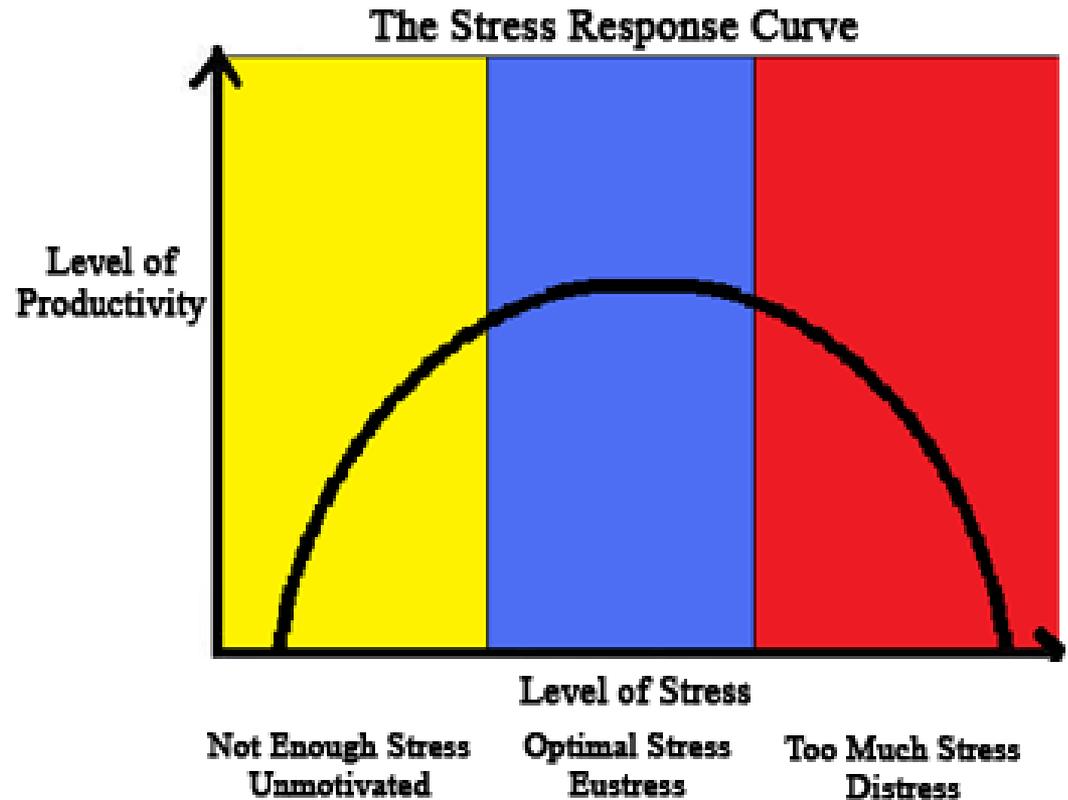
Stress

- Definition: The physiological response to any demand for change
- Types:
 - **Acute Stress:** The response to a single experience that creates heightened demands for a limited period of time
 - **Chronic Stress:** The cost of daily living: bills, kids, jobs... stress we tend to ignore or suppress
 - **Traumatic Stress:** The reaction to situations that are shocking and emotionally overwhelming, often involving actual or threatened death, serious injury, or betrayal

Stress – it's not all bad!

Eustress:

Stress in daily life that has **positive elements**: being challenged at work, birth of a child, pushing oneself physically, etc.



Trauma Definition

- The response to “an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening, with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

(SAMHSA)

- Derived from Greek word for “wound”

Trauma Types

Acute: A single experience that activates the fight or flight response, such as:

- Disaster
- Being victim of a crime
- Motor vehicle accident

Chronic: Ongoing threats to physical and emotional well-being, such as:

- Experiencing repeated intimate partner violence or child abuse
- Consequences of forced migration
- Incarceration

Stress & Trauma Reactions...

- ... are *understandable* reactions to abnormal circumstances.
- ... are not necessarily a sign of pathology.
- ... can be immediate or delayed; the connection to the traumatic event may or may not be obvious.
- ... change over time. For most people, distress will lessen and their usual ways of coping will return.
- ... can include symptoms in multiple realms.

Typical Reactions to Stress Exposure

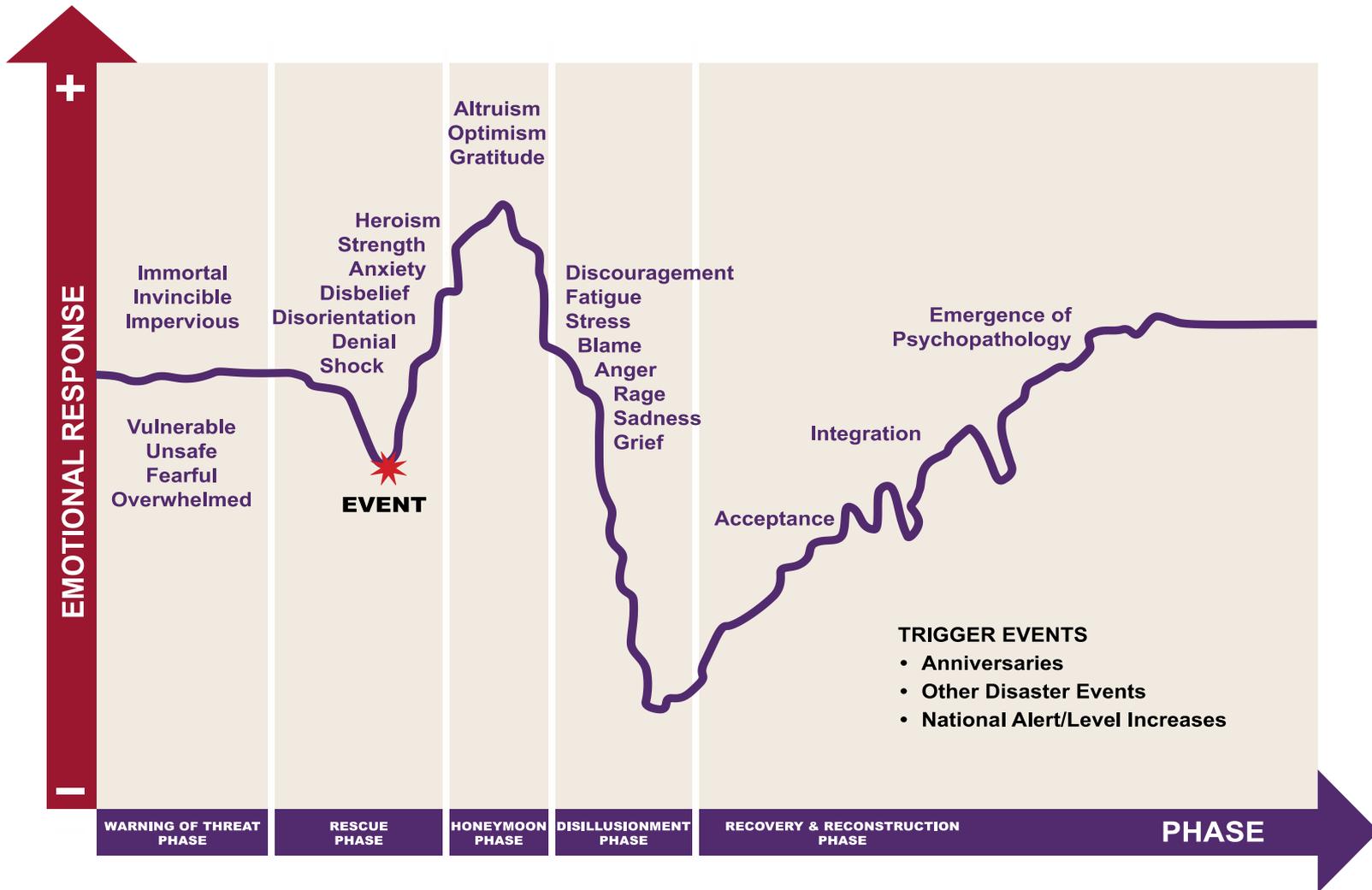
- **Physical:** Jumpiness, breathlessness, digestive problems, fatigue, sleep disruption, headaches
- **Emotional:** Anxiety, depression, irritability, anger, vulnerability, tearfulness
- **Behavioral:** Social withdrawal, avoidance, neediness, self-medicating with alcohol or drugs, altered sex drive
- **Cognitive:** Rumination, preoccupation, forgetfulness, difficulty concentrating
- **Spiritual:** Hopelessness, loss of faith, questioning benevolence

Other Typical Reactions to Stress

- **Shame:** Damage to one's sense of personal quality, sense that the self is defective
- **Guilt:** Sense one may have harmed someone or violated an important code
 - Guilt due to absence: I should have been there to help
 - Survivor guilt: Why did I live when others didn't?
 - Performance guilt: I could have done more to help others

People experiencing these reactions often have distorted perceptions, overestimating what they could have accomplished or underestimating how much they actually did.

Reactions Over Time – for *typical* disasters



Source: Fundamentals of Disaster Mental Health Practice, NYS Office of Mental Health

Outbreak-Specific Stressors: General Uncertainty & Unfamiliarity

- Threat is invisible, with unclear timing of effects (both personal and societal)
- Impact is unpredictable (obviously serious, but not clear how serious it will get)
- Unprecedented use of social distancing is creating both practical and emotional stress
- Rapidly changing and sometimes conflicting information from authorities adds confusion

Outbreak-Specific Stressors: General Uncertainty & Unfamiliarity

Result: Constant need to adapt, with ratcheting up of our baseline stress levels caused by activation of each new level of response measures!

Outbreak-Specific Stressors: Medical Fears

- Will I get sick?
 - If so, how bad will it be?
 - What if I'm infected but asymptomatic and inadvertently infect other people?
- Will my loved ones get sick?
 - If so, how bad will it be?
 - Are they in high-risk groups?

Outbreak-Specific Stressors: Caregiving Concerns

- If I get sick:
 - How will I continue to care for my dependents?
 - Who will take care of me?
- If my loved ones get sick:
 - How can I care for them while trying to work and meet other obligations?
 - Will they have access to needed medical care if they get seriously ill?

Outbreak-Specific Stressors: Practical Concerns

- Will we have access to needed supplies or will the supply chain start to fail?
- Can we access healthcare resources for non-COVID-19 medical needs?
- How will this impact my children's education?
- Will I continue to be paid or do I risk loss of income, or entire job?
- Other, due to individual circumstances and demands...

Outbreak-Specific Stressors: Social Concerns

- How will this impact my broader community?
- Will this bring us all together or sow further partisan divisiveness?
- Will other people hoard necessities, fueling a sense of competition for scarce resources?
- How can we stay connected to each other under social distancing rules?
- How will we make up for missed experiences, like kids' birthday parties or graduating seniors' commencement ceremonies?

Outbreak-Specific Stressors: Work-Life Balance Concerns

- How can I manage to work effectively from home for an indefinite time while keeping my kids educated / busy / sane?
- How can I set boundaries between work and personal life when there's no physical divide between realms?

Outbreak-Specific Stressors: Work-Life Balance Concerns

- For supervisors: How can I foster a cohesive work environment, effectively manage my team remotely, and support their well-being while maintaining productivity?
- For professors and staff who deal directly with students: How can I try to meet all of their needs, pedagogically and emotionally, without becoming overwhelmed?

Addressing Stress Among Students, Colleagues, and Supervisees

Evidence-Based Principles of Early Intervention

Intervention and prevention efforts should include:

- Promoting sense of safety
- Promoting calm
- Promoting sense of efficacy in self and community
- Promoting connectedness
- Instilling hope

(Hobfoll et al., 2007)

Psychological First Aid

Psychological First Aid: Characteristics

- Universal – can be provided to all survivors
- Short-term; here and now
- Focus on interrelated practical, physical, and emotional needs
- Promotion of recovery to pre-event functioning level, not opening up past wounds for examination

Psychological First Aid: Characteristics

- PFA is not a process, but a toolkit of components to be used as needed, in any order appropriate
- Depending on your role and timing in a response you may be more or less likely to use certain elements
- Can be used to support colleagues, as well as clients
- Goal is to remove any barriers to survivors' natural recovery processes and to provide basic, immediate supportive care

Psychological First Aid: Elements

Providing comfort care

Recognizing basic needs and helping to solve problems

Validating survivors' feelings and thoughts

Connecting people with their support systems

Providing accurate and timely information

Providing education about stress reactions

Reinforcing strengths and positive coping strategies

Recognizing Basic Needs and Helping To Solve Problems

- Crises often create a variety of physical needs and logistical demands that can feel overwhelming to survivors
- You may be able to help people whose judgment and decision-making ability is temporarily impaired
- Break down the brick wall!

Validating Survivors' Feelings and Thoughts

- Living through a traumatic event is a new and confusing experience for most people
- You may be able to help them identify or express their feelings – but don't push someone to talk about their experience if they're not ready to!
- The fact that others suffered worse losses doesn't minimize the impact of that individual's own losses

Expressing Empathy

- Empathy vs. sympathy
- These phrases express empathy and help you make sure you understand what the survivor is trying to say:
 - “I hear you saying...”
 - “It sounds like...”
 - “It seems to you...”
 - “You appear...”
- If you get it wrong, apologize and ask the survivor to clarify their point

Expressing Empathy

These phrases should be avoided:

- “Don’t feel bad.”
- “Don’t cry.”
- “Try not to think about it.”
- “Let’s talk about something else.”
- “I know how you feel.”
- “It’s God’s will.”
- “It could be worse.”
- “At least you still have....”
- “At least [anything].”

They mean well, but feel dismissive or invalidating to the survivor.

Connecting People with Support Systems

- Most survivors receive far more comfort from existing support networks than from any professional intervention, so reconnecting with loved ones is a key PFA goal – even if that must be done through technology
- Social support can be:
 - Instrumental
 - Emotional
 - Informational
- Some may resist reaching out, not wanting to be a burden – ask “what would you want if the roles were reversed?”
- BUT – some friends and relatives would NOT provide positive support, so accept when resistance to reaching out is appropriate

Providing Accurate and Timely Information

Accurate information is an important antidote for the uncertainty and anxiety survivors experience after a crisis!

Providing Accurate and Timely Information

- Stay aware of any up-to-date lists of available resources, treatment guidance, etc.
- Present information in simple language and provide it in writing if possible
- Be sure never to give out unconfirmed news, or share information you're not authorized to
- Say "I don't know" when necessary, but preferably "I don't know, but...."

Reinforcing Strengths and Positive Coping Strategies

- It's important to acknowledge and support a survivor's strength, competence, courage, and power to begin to restore a sense of control
- You can ask: "How have you gotten through tough times before?" or "What skills do you have that will allow you to get through this?"
- Survivors can be warned about ways of coping that make them feel better temporarily but don't really help in the long run
- Encourage them to use effective methods that help them both **feel** and **function** better

When Using PFA, Remember...

- Goal is to help people return to baseline functioning, not fix all of their problems
- People should not be treated identically; individual needs and cultural differences must be respected
- You **MUST** understand limits of PFA, and know when and how to refer for more intensive mental health care if needed

PFA Do's and Don'ts

DON'T	DO
Over-promise or over-reassure	Be realistic in your assurances
Minimize the survivor's losses or make comparisons to other survivors	Validate the survivor's feelings
Change the subject	Stay with the survivor's focus
Fill up silence with chatter	Learn to tolerate silence
Take survivor anger or frustration personally	Accept that they're venting and it's not really aimed at you

PFA Video Examples

Vaccination clinic:

- Anxious students in line

<https://www.youtube.com/watch?v=Zu4-mrzgUls>

- Disgruntled colleague

<https://www.youtube.com/watch?v=F7tajXi-G10>

Questions so far?

Handling Your Own Stress: Self-care Beyond Lip Service

The “Self-Care Imperative”

Remember: People who don't take care of themselves will not be able to take care of others or meet their professional demands.

Therefore, taking steps to manage your own stress and maintain your resilience is not a luxury or a sign of weakness – it's an ethical responsibility!

The Compassion Stress Continuum

Compassion
Satisfaction



Compassion
Fatigue

Compassion Satisfaction

- Positive aspects of helping
- Described as “the pleasure you derive from doing your work” (www.proqol.org)
- Includes:
 - Sense of accomplishment
 - Sense of purpose
 - Sense of competence in being able to help others

Compassion Fatigue

- Caused by overextending one's capacity for selflessness
- Refers to the deep emotional and physical “wearing” down that takes place when helping professionals are unable to refuel and renew (Figley, 1995)
- Experienced as a gradual erosion of all the things that keep us connected to others in our caregiver role: empathy, hope, and compassion – not only for others but also for ourselves (Mathieu, 2012)

Burnout

Chronic condition that develops gradually over time, marked by:

- Emotional exhaustion
- Reduced feelings of accomplishment or that your efforts make no difference
- Difficulty dealing with work and/or doing your job effectively

Associated with:

- Very high workload
- Non-supportive work environment

Common Barriers to Self-Care

- Lack of experience
- Lack of training
- Myth of professional immunity (“I take care of other people, I don’t need any help myself”)
- Negative self-talk (“Everyone else seems to be managing – I must be weak for feeling this way”)
- Stigma (“They’ll think I can’t handle the job if I ask for help”)

Self-Care: Emotion- & Behavior-Based Strategies

- Mindfulness
- Meditation
- Relaxation/Breathing
- Yoga
- Exercise



Self-Care: Cognition-Based Strategies

- 'Self-Talk'
- Cognitive Restructuring
- Stress Inoculation



Stress Inoculation

Stress Inoculation

- Goal is to **manage stress** – not to get rid of it!
- Preparing in advance for the realities of an experience will help you:
 - Acknowledge that the stress exists and will impact you
 - Manage your expectations of the event and of yourself
 - Predict the intensity of emotions and interpersonal interactions you're likely to experience
 - Practice or mentally prepare

Stress Inoculation

Components:

1. Identify potential stressors
2. Appraise stressors
3. Identify personal coping strategies
 - Problem-focused
 - Emotion-focused
4. Identify organizational coping strategies

Stress Inoculation:

1. Identify Potential Stressors

- Trying to identify personal potential stressors allows for preparation and realistic expectations for your response – a kind of mental rehearsal, giving you a chance to predict what may happen and how you could most effectively respond.
- Think as specifically as possible about what you might find most stressful:
 - Sights, sounds, smells
 - Exposure to other people's distress
 - Feeling unconfident / unequipped to deal with a new experience
 - Uncertainty about the future

Stress Inoculation:

2. Appraise Potential Stressors

- People experiencing stress make a subjective evaluation balancing the stressful situation with their perceived ability to meet the demands.
- Behavior depends on which appraisal is made:
 - that the situation is a **threat**
 - that the situation is a **challenge**

Stress Inoculation:

2. Appraise Potential Stressors

If situation is appraised as a **threat**:

- Available coping mechanisms can become overwhelmed, and anxiety and stress can continue to build
- You may limit your coping skills to one or two that may be minimally effective in dealing with the stress
- You may become paralyzed in terms of thinking and be unable to organize, prioritize, or develop a plan of action
- If you're confronting a perceived challenge you're likely to think things like "This is awful!" or "I can't do this."
- This appraisal is likely to lead to an inability to cope or problem-solve.

Stress Inoculation:

2. Appraise Potential Stressors

If situation is appraised as a **challenge**:

- You're more likely to mobilize the psychological resources at your disposal
- Coping skills used are likely to be varied and potentially new
- You'll be more able to break the situation into manageable pieces
- You can create or follow a plan for helping others
- When you confront a perceived challenge you're more likely to think things like "I can handle this" or "Where do I start?"

Stress Inoculation:

2. Appraise Potential Stressors

- The final level of appraisal is to assess whether perceived stressors are:
 - Under one's control
 - Not under one's control

In other words, can you actually change the source of the stress?

- If so, how will you do that?
- If not, how will you still cope with what can't be changed or avoided?

Stress Inoculation:

3. Identify Personal Coping Strategies

If you appraise a situation and find that aspects can be changed or resolved, **a problem-focused coping strategy** can involve:

- Breaking problems into manageable parts
- Problem-solving
- Brainstorming
- Symptom management
- Skill development

Stress Inoculation:

3. Identify Personal Coping Strategies

If little or nothing can be changed about the event or the response, then **emotion-focused strategies** will be most helpful. Elements include:

- Relaxation
- Distress tolerance
- Emotion regulation
- Anger management
- Distraction skills

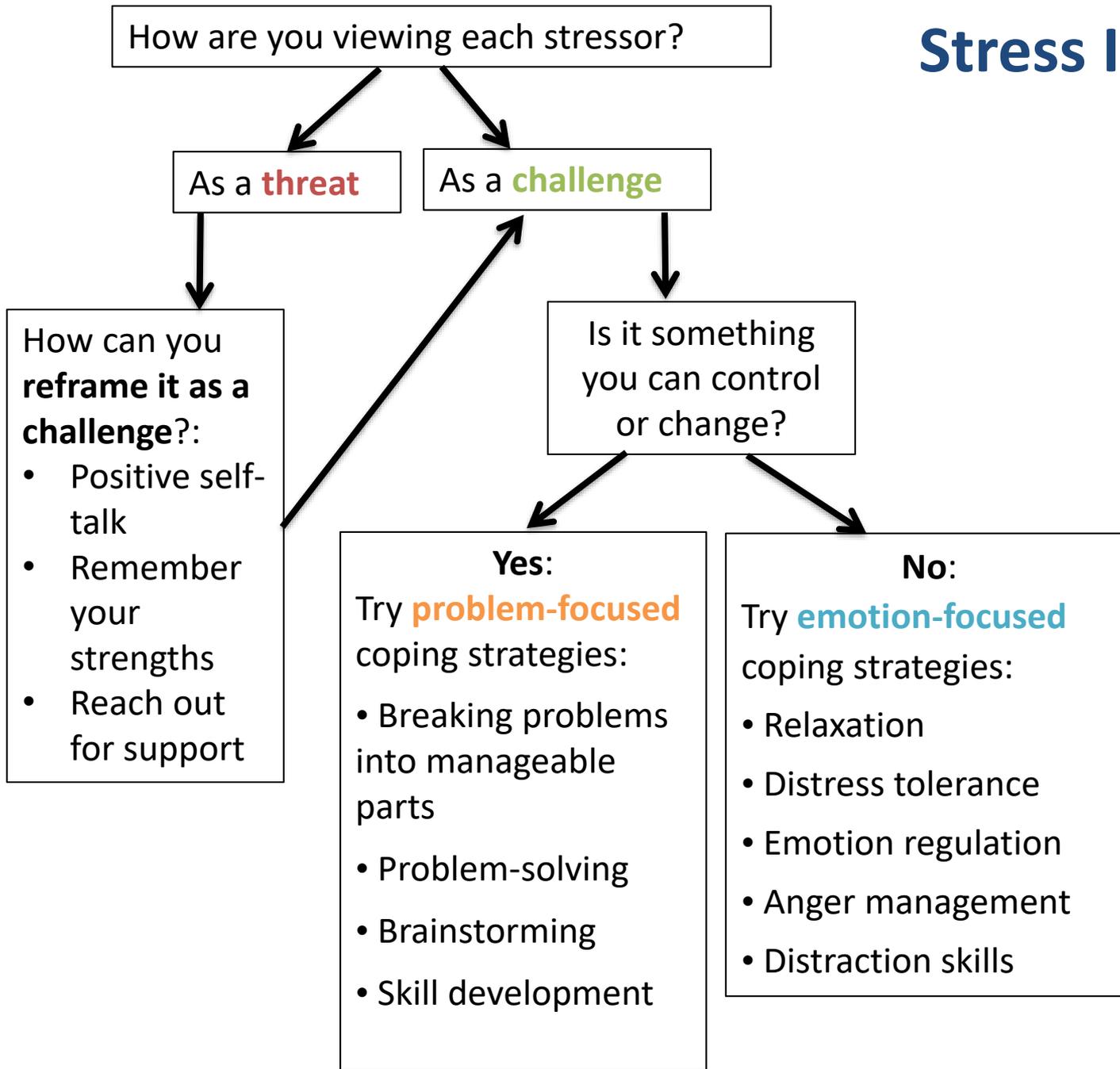
Stress Inoculation:

4. Identify Organizational Strategies

Depending on your role, you can also help combat stress by making changes within the structure of the organization to impact how work and stress are perceived including:

- Ensuring that orientation and supervision of staff focuses on preparing for expected stressors
- Providing realistic preparation to help staff be aware of what they might be exposed to and give themselves time to think about how they'll respond to these conditions
- Dividing tasks into essential and non-essential, allowing staff to prioritize and minimize the risk of becoming overwhelmed

Stress Inoculation Flowchart



Discussion / Questions?