



Stress First Aid

Exposure to stress creates a risk for potentially severe stress reactions and functional problems in those who work in high-stress contexts. Over the last decade, advances have been made to address this need in the field, as illustrated in the Stress First Aid model.

Stress First Aid for Self-Care and Coworker Support

SFA was originally designed as a self-care and peer support model. It includes a set of supportive actions designed to help those who work in high-stress jobs reduce the negative impacts of stress. It has been adapted for military, fire and rescue, public safety, probation, rail work, and healthcare settings. It is based on five empirically supported intervention elements that have been identified via expert consensus to guide intervention practices following disaster and other adverse events, particularly in situations of ongoing threat. The SFA model was created using the five essential elements framework and added two elements to map onto ongoing self-care and peer support. The seven actions of the model are: (1) Check: assess and reassess; (2) Coordinate: inform others and refer for additional care, as needed; (3) Cover: get to safety and keep safe; (4) Calm: reduce physiological and emotional arousal; (5) Connect: ensure or restore social support from peers and family; (6) Competence: re store self-efficacy and occupational and social competence; and (7) Confidence: restore self-esteem and hope.

SFA recognizes that disasters and “critical incidents” are not the only stressors that professionals face and is therefore based on acknowledgement that stress reactions can be ongoing and cumulative, and resulting from multiple sources. It is designed to be attentive to not only “critical potentially traumatic incidents” but also on cumulative work and personal stress, as well as loss, and inner conflict or moral injury. It also acknowledges that workers may be resistant to formal intervention for many reasons, such as stigma and cultural factors. Because of this, it has a Stress Continuum model as its foundation, to normalize a full range of possible stress reactions, help reduce stigma, create a common language about stress reactions, and help identify which actions may be indicated. SFA aims to be practical, flexible, and tailored to the specific styles and needs of those involved, in order to best enhance individual and system capacity to weather and withstand adversity. An independent study reported that personnel trained in SFA felt that they and their organization were better able to handle behavioral health issues.

Stress First Aid for Use with Patients, Clients, and Customers

Stress First Aid also has a public-facing version for clients, patients, or customers. It not only helps workers support and reduce stress in those they serve but can also help them remember the core actions of SFA for peer support and self-care, because it uses the same framework of actions. It maps onto the basic five elements in the same way that the peer support SFA does, but the actions are operationalized for use with the public. SFA actions can be chosen based on the context and need.

The public-facing version of Stress First Aid is similar to Psychological First Aid in that it aims to reduce distress and help move people towards more effective coping. However, it has a broader focus than PFA, in that it is intended to be used with those who are significantly stressed for *any* reason, and at any point in their exposure to stress, in contrast to being tailored for immediate post-disaster use, as PFA was designed for. In the context of the Covid-19 pandemic, for instance, the SFA model may have advantages over the PFA model for three reasons:

1. It is more flexible than the PFA model and tailored for ongoing threat situations in any setting. As the pandemic unfolds, staff can utilize the evidence-informed framework as an organizing foundation, even while continuing to adaptively change the specific SFA actions to map onto changing circumstances and stressors.
2. The core actions of SFA are informed by focus groups who have worked in many different public-facing settings and contexts, whereas many of the PFA core actions were written for in-person disaster settings such as shelters, and therefore do not always map onto remote, call-line operations.
3. Finally, and perhaps more importantly, as workers use the core framework for their actions with the public, it simultaneously reinforces the memory of (as well as the importance of) SFA's core actions for themselves and their coworkers. And the parity of having to learn only one framework for both patient support and self-care/coworker support is particularly important in the context of the information overload and heavy workload on workers on the frontlines of the pandemic.