



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Stress First Aid Self-Care and Peer Support Model

The Stress First Aid (SFA) model is a self-care and peer support model 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 oneself and others in an ongoing way (not just after “critical incidents”).

In the context of high-stress occupations, well-being often requires one to make sense of and respond to ever-changing contexts. It also demands a capacity to stay present, centered and grounded in fluid conditions where some things are guaranteed, and others are not. Because of this, SFA recognizes that any guidance on dealing with stress should allow for individual differences. Rather than explicitly and prescriptively telling people how they should support each other or what they should say, it instead highlights the crucial importance of coworker support, which can often only arise in the unspoken understandings that result from working together. It is frequently only in moment-to-moment encounters that the right support can happen, if one is aware of its importance and open to being creative in accessing and giving that support. It also gives a framework within which to better understand the needs and actions which might be most indicated in stressful circumstances.

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.

Figure 1: The Stress Continuum Model

| READY (Green) | REACTING (Yellow) | INJURED (Orange) | ILL (Red) |
|---|--|---|---|
| <p>DEFINITION</p> <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness <p>FEATURES</p> <ul style="list-style-type: none"> 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 | <p>DEFINITION</p> <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk <p>FEATURES</p> <ul style="list-style-type: none"> 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 <p>CAUSES</p> <ul style="list-style-type: none"> Any stressor / trigger | <p>DEFINITION</p> <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves an emotional/mental "scar" Higher risk <p>FEATURES</p> <ul style="list-style-type: none"> Loss of control Panic, rage, or depression No longer feeling like normal self Excessive guilt, shame, or blame <p>CAUSES</p> <ul style="list-style-type: none"> Life threat Loss Inner conflict Excessive wear and tear | <p>DEFINITION</p> <ul style="list-style-type: none"> Persistent and disabling distress or loss of function Clinical mental disorders Unhealed stress injuries <p>FEATURES</p> <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment Hopelessness <p>TYPES</p> <ul style="list-style-type: none"> 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, 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 non-operational sources, without sufficient sleep, rest and restoration.

The Stress First Aid Model's Core Actions



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

SFA is based on five “essential elements” that seem to be related to better recovery for people in different types of ongoing adverse situations:

- a) *Promoting a psychological sense of safety* can reduce biological aspects of posttraumatic stress reactions, positively affect cognitive processes that inhibit recovery, and reduce exaggerations of future risk
- b) *Promoting calming* can reduce anxiety that may generalize to other situations, increase risk for mental health disorders, and interfere with sleep, eating, hydration, decision-making and performance of life tasks
- c) *Promoting sense of self-efficacy* increases a person’s belief in their ability to manage distressing events, principally through self-regulating thought, emotions and behavior
- d) *Social connectedness* is related to better emotional well-being and recovery in many adverse circumstances. It increases opportunities to exchange knowledge essential to disaster response and provides opportunities for a wide range of social support activities
- e) *Instilling hope* including increasing positive expectancy, a feeling of confidence that life and self are predictable, or other hopeful beliefs, is related to more favorable outcomes in a variety of adverse circumstances (Hobfoll et al., 2007).

SFA renamed the five elements to start with the letter “C” so they would be easier to remember and added two elements to map onto ongoing 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*: restore self-efficacy as well as occupational and social competence; and, (7) *Confidence*: restore self-esteem and hope.

The Stress First Aid model includes supportive or preventive actions and is based on multiple focus groups across different work cultures with those who were identified as good leaders or

supportive peers. Their recommended actions were then distilled into strategies within each of the core actions with the goals of prompting people to act or to keep doing what they are already doing. The actions constitute a compendium of helpful self-care, coworker and leadership strategies guided by individual personality style, circumstances and capacity to respond helpfully to others or self. The following table summarizes some of the potential actions that could be used for each core function of SFA.

| SFA ACTIONS | POSSIBLE STRATEGIES |
|-------------------------------|---|
| Continuous SFA Actions | |
| Check | <ul style="list-style-type: none"> • Assess current level of distress and functioning • Assess immediate risks • Assess need for additional SFA interventions or higher levels of care • Reassess progress |
| Coordinate | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Ensure immediate physical safety of stress-affected person and others • Foster a psychological sense of safety • Protect the person from additional stress |
| Calm | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
| Confidence | <ul style="list-style-type: none"> • Mentor the person back to full confidence in self, 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 |

SFA is not meant to address all ranges of issues, so one of its goals is to help to bridge people to higher care when indicated. In general, it has been well received, with personnel reporting that they feel that both they and their departments are more prepared to provide support for coworkers (Jahnke et al., in preparation). There is also a public-facing version to help reduce stress reactions in patients, clients and customers who are faced with trauma, loss, morally injurious situations or accumulated stress (Gist et al., 2013).

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