National Center for PTSD

VA’s National Center for PTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress. Mandated by Congress in 1989, the Center is a consortium of seven academic centers of excellence providing research, education, and consultation in the field of traumatic stress.
Acknowledgements

This instructor’s manual, intended for those in high-stress jobs such as fire/rescue, healthcare, law enforcement, rail, and pretrial/probation settings, is derived from the Stress First Aid for Firefighters and Emergency Medical Services Personnel Student Manual, developed by the National Fallen Firefighters Foundation. The principle authors of The Stress First Aid for Firefighters and Emergency Medical Services Personnel Student Manual are Patricia Watson, Ph.D., of the National Center for PTSD, Vickie Taylor of Prince William (VA) Community Services/NFFF Behavioral Health Specialist, Richard Gist, Ph.D., of the Kansas City (MO) Fire Department, Erika Elvander of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Captain Frank Leto of the FDNY Counseling Unit, Captain Bob Martin of the Chicago Fire Department, Captain Jim Tanner of Prince William (VA) Fire and Rescue, District Chief Don Vaught of the Eugene (OR) Fire & EMS Department, William Nash, MD, Captain, MC, USN (Retired), Richard J. Westphal, Ph.D., PMHCNS-BC, Captain, NC, USN (Retired), and Brett Litz, Ph.D., of the Mental Health Core of the Massachusetts Veterans Epidemiological Research and Information Center at the VA Boston Healthcare System.

The Stress First Aid for Firefighters and Emergency Medical Services Personnel Student Manual represents a civilian adaptation of the Combat and Operational Stress First Aid (COSFA) Field Operations Manual, developed by the Bureau of Medicine and Surgery, Department of the Navy, in cooperation with the Combat and Operational Stress Control, Manpower & Reserve Affairs, Headquarters Marine Corps, the Navy Operational Stress Control, Chief of Naval Personnel, Total Force N1, and the National Center for PTSD, Department of Veterans Affairs. The principal authors of the COSFA Field Operations Guide included William Nash, Richard Westphal, Patricia Watson and Brett Litz. We are grateful to the military units and bureau listed above for allowing the adaptation of their work to help our nation’s first responders.
Contents

Acknowledgements ........................................... 4
Overview ....................................................... 6
Slides and Discussion Points .............................. 7

Stress First Aid Model

The SFA Model is a framework that includes seven actions, the Seven C’s. The cycle begins with the onset of stressors that are accompanied by distress or loss of function, and continues to wellness. Check and Coordinate actions are repeated throughout the cycle, and the other five C’s are used as needed.
Overview

A. Enabling Objective

Upon completion of this 30-minute presentation, participants will be able to:

1. **Describe** the basic foundation of Stress First Aid.
2. **Differentiate** between stress reactions and stress injuries.
3. **Recognize** Orange Zone Indicators.
4. **Describe** different types of situations in which it would be appropriate to use each SFA action.
5. **Explain** why Check must be performed continuously and often for every member of the organization.
6. **Explain** the goals of the Coordinate function.
7. **Describe** strategies for performing Cover, Calm, Connect, Competence and Confidence.

B. Training Materials Required

1. Attendance Form
2. Course Evaluation Form
3. PowerPoint Slides and projector

C. Presentation Notes

If time allows for a longer presentation:

1. **Present** any optional example slides you would like or tell real stories to illustrate the core actions of SFA.
2. **Ask** trainees to share relevant stories and situations.
3. **Discuss** the SFA framework in the context of trainee examples.
4. **Discuss** how trainees can apply the skills of SFA to their work settings.

D. Trainee Support Materials

Welcome to Stress First Aid (SFA) Training.

SFA is a set of supportive actions designed to help you with self-care and coworker support, to mitigate the negative impacts of stress.

- SFA is a framework to improve recovery from stress reactions, both in oneself and in coworkers. It was based on research supporting the value of key elements that are related to recovery from different types of ongoing adversity. The framework aims to support and validate good friendship, mentorship, and leadership actions.

- The potential strategies identified within each element were derived via focus groups with personnel from military, fire/rescue, law enforcement, health care, rail, and pretrial/probation settings.

- SFA fosters longevity on the job — in potentially stressful work environments, the value of reducing the impact of stress translates into a stronger workforce, less turnover, more productivity, and less likelihood of employees leaving the job prematurely.
• SFA can reduce stigma by changing culture. When it becomes part of training from the start of a career, acknowledgement of stress and stress reactions becomes a matter of fact, common sense approach that reduces stigma. SFA creates a common language with which to discuss stress and stress reactions in an efficient way.

• SFA addresses stress reactions before they create larger problems that can derail health, relationships, or a career.

**Slide 3**

**CHARACTERISTICS OF STRESS FIRST AID**

Characteristics of Stress First Aid

- Flexibility and "tiny steps" are emphasized
- Timing and context are important
- Mentoring and problem solving are highlighted
- SFA is not meant to address all ranges of issues
- Bridging to higher care is recommended when indicated

• Mentoring and problem solving are highlighted. Your role may be to provide immediate support and possible assistance (either verbally or through your actions) to someone reacting to overwhelming stress in a highly stressful moment. Or you may need to help a coworker problem solve and manage tasks that seem overwhelming to them when they’ve been under significant stress for an extended period of time.

• SFA is not meant to address all ranges of issues — it is a first aid model, and not designed to deal with lifelong problems, personality issues, serious mental health issues, or complex problems that would require more intensive interventions.

• Bridging to higher care is recommended when indicated — always think in terms of referring a person on to an employee assistance program (EAP) or mental health provider or other professional if they are having difficulty adjusting and are experiencing disabling or persistent stress reactions. Effective, short-term treatments are available. Being a bridge to that type of care may be your most helpful SFA action.

**Slide 4**

**STRESS CONTINUUM MODEL**

• Flexibility and "tiny steps" are emphasized — SFA should always be tailored in a flexible way to fit your personality and style, as well as your capacity to help others in any given moment. It should look different for each person who implements it and within each context it’s implemented in.

• The timing and context are important to how one uses SFA — what you can achieve with any interaction depends on many factors, such as how much time you have, where you are, how open a person is to hearing what you have to say, and how long after the incident the conversation takes place.
1. The Stress Continuum Model was developed as a visual tool for assessing an individual's stress experiences, zones of stress, and stress responses. It forms the foundation for Stress First Aid. It also indicates that four possible types of stress “injury,” trauma, loss, inner conflict/moral injury, and long-term chronic stress, or “wear and tear,” might move a person from the Yellow Zone of stress the Orange or Red Zones.

2. Stress responses lie along a spectrum of severity and type — from transient and mild to chronic and debilitating. The continuum has four zones: Ready (Green), Reacting (Yellow), Injured (Orange) and Ill (Red). It is important to note that 100% of people will react when faced with significantly stressful experiences. However, the way in which they respond will depend on many factors, including how prepared they are for the stressor and how they interpret it. A person's reaction can range relatively rapidly from Green to Yellow to Orange to Red and back again.

3. Stress First Aid was adapted from the Navy/Marine Corps Combat Operational Stress First Aid (COSFA). The Stress Continuum Model was developed as a visual tool for assessing an individual's stress responses and forms the foundation for both COSFA and SFA. It was also designed to reduce stigma by showing that people can go in and out of ranges of stress reactions frequently, based on a variety of factors.

4. This Model acknowledges that within this range of reactions to stress, a person can go from being in optimal functioning — feeling good, mentally and physically fit, mission focused, calm, and motivated — into what’s called the Yellow Zone. In the Yellow Zone a person can feel more irritable anxious or down, have a loss of motivation, loss of focus, have trouble sleeping, or have muscle tension or other physical changes, but these are transient reactions.

5. Movement into the Orange Zone is usually caused by an accumulation of different types of stressors or a pretty severe stressor. In the Orange Zone you start to see more severe and persistent distress or impairment, the person doesn't feel like themselves, or they have a loss of control of their stress reactions. They might feel strong panic on depression, rage, guilt, or blame. In this zone it starts to feel like the stress “leaves a scar,” and the person is at high risk for having trouble functioning and strong or persistent distress.

6. The Red Zone is usually reserved for diagnoses like PTSD, depression, anxiety, or substance abuse. What signifies a person being Red Zone is that their symptoms are very persistent or worsen over time, the person experiences severe distress, or has significant difficulty functioning at work or in their home life.

7. The ethos in many high stress work cultures has been that after a difficult event, one should be able to “tough it out.” This is still the case in many settings, where the stigma associated with reacting to stress or stress injury behaviors is still very real and people will try to conceal stress reactions from supervisors to avoid medical or psychological intervention.

8. However, it is usually not possible to keep these behaviors hidden for long from family members, coworkers, and friends. When a coworker recognizes that someone is in trouble, it is important to try to assist in some way. Getting this individual connected with the next level of help as soon as possible may help prevent their reaction from progressing into the Red Zone. And once an individual has moved into the Red Zone, the goal is to help get them into treatment as soon as possible.
Stress First Aid is based on research literature that says that people tend to do better in ongoing, stressful circumstances when they have one or more of “five essential elements” to counteract the adversity. Those elements are:

1. Being able to move towards a greater feeling of safety
2. Being able to calm themselves
3. Feeling connected to others
4. Feeling that they will be able to get through what they’re having to deal with
5. Having a sense optimism, faith, or hope

Stress First Aid maps onto five of these elements, and adds two more core actions, because it is a long-term model designed to help support oneself and one’s coworkers.

The Stress First Aid model is initiated when a person experiences one or more stressful circumstances, which can occur either at work or in the person’s personal life. It’s different from models like critical incident stress management, in that SFA is only initiated if the person is showing evidence of experiencing stress reactions. It’s also different because the stressors could occur at home, and only be detected by fellow coworkers because of changes they see in a person’s demeanor or functioning.

Checking in with self or others has been added to the five essential elements. It involves observing, paying attention, and checking in on coworkers on a regular basis, so that you know their baseline functioning and behavior and can therefore see stress-induced changes in behavior or functioning. This action should be ongoing and continuous — occurring even before stressors or reactions appear. In high-stress jobs, everyone should be checking on the well-being of themselves and coworkers regularly in order to intervene early in stress reactions.

Coordinate has also been added to the five essential elements. Coordinate serves as a reminder that this is a first aid model and includes bridging people to higher care as needed. This action should also be continuous. It involves always being aware of additional resources that you may need to access yourself or share with a coworker if your SFA actions don’t sufficiently alleviate stress reactions.

Once stressors provoke distress or loss of functioning, there are five core SFA actions that can be considered:

1. **Cover** maps onto helping a person feel safer.
2. **Calm** involves calming the person down or staying calm through an extended difficult experience.
3. **Connect** involves helping a person feel a greater sense of connection to others, which may be coworkers, mentors, or family members. This is important because when people go into the Orange Zone, they often isolate themselves from others, and lessening the possibility of social support. Making connections with others has been shown to be very helpful in recovery from many types of stress.
4. **Competence** involves helping a person feel more capable in a number of ways, including feeling more capable to perform their duties at work, feeling more capable to handle their own stress reactions, or feeling better able to function and recover from stressful situations.
5. **Confidence** maps onto helping people have more confidence in themselves, life, their work mission, or leadership. It can also sometimes involve helping reduce guilt or anger or helping them make meaning or grapple with philosophical questions that arise as a result of the stressors in their life.

This diagram makes it seem like these actions are sequential, but in actuality, Check and Coordinate are continuous, and the others are only used as needed.

The goal of SFA is to move people towards wellness.

**Slide 6**

**ESSENTIAL SFA SKILLS**

The essential SFA skills that the SFA actions require involve:

- Paying more attention to signs of stress reactions in oneself and one’s coworkers
- Recognizing when stress reactions are in the Orange or Red Zone of the stress continuum
- Acting early on in response to your own or a coworker’s stress. If you see something, do something, either for yourself or for the coworker. Or you may need to say something to the person themselves or to somebody they trust.

- And lastly, knowing at least two resources that you would either access yourself or offer to a coworker in distress. It is helpful to know a range of both organizational and community resources.

Remember that SFA is both a coworker support and self-care model that can be used to support coworkers and to increase your own self-awareness and improve your early response to stressors in your life.

**Slide 7**

**HOW CAN YOU USE SFA?**

The Stress First Aid framework of possible actions was designed to be very flexible. Because this is a short briefing about SFA, the descriptions in this and following slides are geared primarily towards coworker support rather than self-care but remember that all the core actions of SFA also include strategies for better self-care.

Here is an example of how SFA can be used in coworker support.

Ideally, what you would do ahead of any SFA action is to pay attention and be aware of what’s happening either in a highly stressful moment, or in a person’s ongoing circumstances. Paying attention in this way allows you
to see changes in the way that the person is reacting or functioning that would indicate that they are stressed.

Then you would either act to mitigate stressful circumstances in the moment or approach the person and together decide together what they most need at that time. These choices are usually based on what type of stress reactions they are having.

Each one of the stress reactions could be handled differently, depending on your personality, what’s going on in the moment or in the person's life, what they’re most likely to respond to or be able to tolerate, or what makes the most sense.

The model allows you to be both practical and creative, depending on many factors, and should look different with every exchange that you have with a coworker. It’s not a one-size-fits-all model. That can make it challenging to use for some people, because there is no one prescribed set of actions. But the hope is that it gives people permission to use the model in a way that makes the most sense to their own role and personality, and the roles and personalities of their coworkers, as well as specific situation at hand.

SFA is also a framework that validates what you are already doing to help coworkers feel safer, calmer, and more connected, competent and confident.

To provide Cover means to ensure ongoing safety. The components of Cover for use with coworkers involve:

- Standing by a coworker and remaining available and ready to assist as needed, watching and listening for ways you might intervene if needed, or holding the person’s attention if they are overwhelmed or panicky.

- Making the person safe in any way you can, including by being an authoritative presence, by warning the person, by protecting the person physically or psychologically, or by assisting the person.

- When necessary, Cover may also involve making others safe from the person if they are not functioning well because of stress reactions. You could do this by protecting them physically or warning them about possible dangers that might result via the stressed person’s actions.

- Encouraging a perception of safety occurs in the long term for both workers and their families via a caring presence, listening to feedback and communicating about safety, and greater commitment to organizational safety and order. This can be physically via maintenance of equipment and attention to worker
fatigue and burnout, and mentally/emotionally by reducing chaos and rumors.

### Slide 9

**POTENTIAL SFA COVER ACTIONS**

<table>
<thead>
<tr>
<th>Potential SFA Cover Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce anything that makes the person feel unsafe</td>
</tr>
<tr>
<td>Reassure that they are safe in the moment</td>
</tr>
<tr>
<td>Educate the person about how to be or feel safer</td>
</tr>
<tr>
<td>Focus on what to do rather than what not to do</td>
</tr>
<tr>
<td>Provide an authoritative or accurate voice to limit perceived threat</td>
</tr>
</tbody>
</table>

Keeping in mind that Stress First Aid occurs only as needed and should be mapped onto the context and the personalities of those involved, here are a few examples gathered from focus groups of how to provide Cover, or safety. Depending on the situation, you could:

- Ask about what’s making the person feel unsafe
- Reduce anything that makes them feel unsafe
- Reassure them that they’re safe in the moment
- Educate them about how to be or feel safer when they’re having flashbacks or trouble sleeping
- In the context of a very stressful moment, focus on what to do rather than what not to do
- Provide an authoritative and accurate voice to help limit the level of perceived threat

### Slide 10

**CALM ACTIONS**

This slide shows the major components of the next SFA action, Calm. There is some overlap between the actions in Cover and Calm. Actions that promote one of these two actions often also help with the other.

The major difference is that while the goal of Cover is safety, Calm’s goal is to reduce the intensity of physiological, emotional and behavioral activation.

The first and most basic procedure of Calm is simply to stop, quiet, and cease physical exertion if possible. Some examples of this are to sit down or lie down, put down any items and relax, with the goal of slowing heart rate.

Regaining composure will help to restore cognitive function. The word “compose” means to help to pull back together that which is scattered or fragmented into a more orderly and coherent state. In the Calm action, you can help people compose themselves by drawing their attention away from anxiety-producing thoughts and feelings and refocusing them on something else.

The next component of Calm is to rest — including helping the person recuperate and get better sleep — for as long as is necessary to return to a more functional calm.
state. Sometimes a good night’s rest is the only thing that will restore a person to baseline mental and emotional functioning, so make sure they can sleep.

The final component of Calm is soothing, which means to reduce the intensity of potentially destructive emotions like fear and anger by providing a calm physical presence and listening empathically. This also includes providing encouragement if that is what is needed or soothing in a way that fits your style and is acceptable to the individual.

There are three components of the SFA core action Connect. As with all SFA actions, these components are designed to be adapted to fit your setting, your personality and the needs at that time of the individual experiencing a stress reaction.

The first component is to simply be with the person. This means being present, making eye contact, listening, mentoring, and empathizing and accepting them and their reactions.

The next component is to promote connection. This could include finding trusted others for the person to talk or spend time with if you are not in the best position to be that support. It could also mean fostering contact with others, such as by pairing coworkers up during stressful circumstances.
situations, creating team projects, or encouraging contact with supportive others.

The final component is to **reduce the person's sense of isolation**. Isolation can often occur when Orange Zone reactions make a person irritable and less able to function on the job, or if the person withdraws because they feel ashamed in some way. Assisting in such a case may involve helping to improve the person's understanding of the situation and of stress reactions. Often, the SFA provider must help the person to see that stress reactions are understandable and acceptable.

This component also involves correcting misconceptions and misperceptions in order to help reduce the stressed person's alienation and isolation. This includes clearing up misconceptions held by the person about their own stress reactions, as well as those held by others. Doing so will effectively restore the individual's trust in him or herself and restore the trust of others. In its simplest form, you can help reduce isolation by simply inviting and including the person into department or crew activities.

Research has shown that people who are experiencing significant stress may prefer different types of social support. Some may want to be included in an activity, whereas others may prefer having casual friendly encounters, receiving help and information in strictly practical ways, or directly discussing emotional problems or reactions. Those who have posttraumatic stress reactions or who want to repress their reactions, may avoid direct discussion of emotional problems and reactions because it brings adverse events to their attention again.

These Connect actions are designed to help a person feel that they’re not alone, that there are caring others around, and that there are many ways to be connected with others.

---

**Slide 13**

**POTENTIAL SFA CONNECT ACTIONS**

Social connectedness is a strong protective factor following many types of adversity. Connect actions that have been identified by those who work in stressful jobs include:

- Asking the person what social support they have, or what social support they need or prefer
- Helping them link with supportive others both at home and on the job
- Providing support to a coworker yourself, or finding a mentor who’s gone through similar situations
- Addressing potentially negative social influences on the job, such as people who might be judging the person or spreading rumors because of their stress reactions.
### COMPETENCE ACTIONS

**Competence Actions Foster**

<table>
<thead>
<tr>
<th>Occupational Skills</th>
<th>Well-Being Skills</th>
<th>Social Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve occupational skills to reduce risk of stress reactions in inexperienced staff.</td>
<td>Re-establish or learn new skills to deal with stress reactions: Calming, Problem-solving, Health and fitness, Managing trauma and loss reminders.</td>
<td>Re-establish or learn social skills to deal with stress reactions: Requesting support, Conflict resolution, Assertiveness, Soothing mentoring.</td>
</tr>
<tr>
<td>Train, Retrain, Reassign, Mentor back to duty.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Competence focuses on enhancing and restoring an individual’s capacity to function and perform in all important life roles, in both occupational and personal domains. Competence involves either helping restore previous capabilities or helping to cultivate personal competence.

The need for Competence is usually signaled either by the awareness that inexperience can cause stress reactions, or by evidence that orange or red zone stress reactions might require re-establishment or learning of new skills to deal with the stress reactions. This SFA action focus on building or fostering skills that will either prevent or reduce stress reactions. When providing Competence, SFA providers do something with (not for) affected individuals or crews to restore previous capabilities or cultivate personal competence.

We know from the research literature that increasing Competence:

- Improves functioning and fosters better connections and supports, as well as augmenting individual and group morale.
- Reestablishes the confidence of others in the stressed individual.
- Helps to overcome injury to mind, body and spirit.
- Builds resilience.
- The first component is to augment **occupational skills** that either have contributed to stress reactions, or that may have been damaged by stress injury. This may require mentoring or training/retraining for the person to feel more capable in specific job-related skills, or to once again gain self-esteem from their work after a loss of abilities due to stress reactions, in the same way that physical therapy aids in physical rehabilitation.
- The next component involves increasing **well-being** skills that can help the person deal with stress reactions, such as helping them gain skills in calming themselves, problem-solving, improving health and fitness, and managing trauma and loss reminders.
- The last component of Competence is to improve the **social skills** needed to deal with stress reactions. These skills are often damaged by stress or may become necessary when a person is dealing with stress reactions, such as learning skilled ways to request support, resolve conflicts, or be more assertive in asking for support or seeking mentoring.
Competence involves either helping a person to be more skilled with specific requirements on the job, so they cause less stress, or to become more competent at handling their own stress reactions. There are many actions that could help with both types of competence, including things like:

- Giving the person extra training or mentoring in tasks that are causing them to feel stressed
- Asking the person to tell you what they usually do to calm down
- Reminding them about strategies and skills that have helped them in the past
- Encouraging or helping them to actively cope with the things that are causing them stress
- Helping them to recalibrate goals and expectations that are contributing to their stress
- Helping them problem solve simple steps toward solutions to the things that are bothering them the most
- Connecting them to community resources such as chaplains, EAP, peer support, or other mentors who can help them feel that they can better handle stressors

The final SFA action is Confidence, originally derived from research on “hope.” There is a lot of overlap between Competence and Confidence, because when individuals feel more competent to handle what is in front of them, they usually feel more confident and hopeful. What distinguishes Competence from Confidence is that Competence actions often involve training or mentoring in skills building, whereas Confidence actions are aimed at affecting or altering inner states or thoughts a stressed individual may be having.

Confidence actions are intended to:

- Promote realistic hope and build self-esteem that may have been damaged or lost as a result of stress
- Promote confidence in core values and beliefs
- Bolster pride and commitment

This slide shows the four components of Confidence.

The first Confidence component is rebuilding trust — in coworkers, equipment, leaders, self or mission.

The second component is rebuilding hope, which can often be done through forgiving oneself or others or imagining a hopeful future.
The third component is aimed at rebuilding **self-worth**, which includes belief in self, an accurate and mostly positive self-image, self-respect, and an awareness of the steps necessary to begin to achieve priorities and goals.

The fourth component is aimed at rebuilding or facilitating **meaning-making**, which includes the process of making sense of life; having a feeling of purpose or faith; holding a spiritual perspective related to life or a belief in strong others and/or a higher power who will intervene on the person’s behalf.

All of these functions lead to a better sense of hope or confidence in self, others, life or spiritual sources of solace.

**POTENTIAL SFA CONFIDENCE ACTIONS**

Confidence involves helping a person feel more hope or confidence in themselves, work, leadership, or life. It is often only in conversations with trusted or respected coworkers that a person can rebuild confidence, therefore taking the time to build confidence in a coworker can have a big impact on their life if done well. As with other SFA actions, depending on the context, your relationship, and your personalities, there are many potential ways to help a person rebuild confidence, such as:

- Helping a person feel more confident in themselves by pointing out what they’re good at
- Telling them that what they are experiencing is expectable and understandable, given the circumstances
- Helping them honor or make meaning of a loss on the job or at home
- Helping them see the way that they’re viewing the world or themselves differently
- Encouraging them to find better ways to cope with what’s going on
- Avoiding judging them yourself, and helping them reduce their guilt about their own actions if they feel responsible for something that has happened
- Reducing rumors or misunderstandings that others have about the person, or distortions that the person holds that negatively affect their self-esteem or ability to cope
Engage in a discussion of where to go next with SFA. This could include further training with all or specific individuals, organization-wide initiation of SFA for self-care and coworker support or utilizing SFA in group formats or specific programs.