Be Wise:
A Leaders Level Overview

Presented by:
Objectives:

- Discuss leader issues related to stress injuries
- Describe how Be Wise fits within other personnel support programs
- Discuss a brief history of trauma and event based interventions
- Compare and contrast dominant trauma/event response models
- Describe major elements of Stress First Aid
- Describe techniques to improve resilience and reduce intra and interpersonal stress
- Discuss how leaders can employ these techniques to enhance resilience in health care workers
• Stress injury is a manageable risk

• Be Wise is a set of knowledge and skill tools that leaders can leverage to address unit and individual stress risks; not an additional burden or requirement on leaders

• Trained peers and team members using the stress continuum, Stress First Aid and the resilience practices are potential tools for the leaders

• Stress First Aid is a workforce multiplier to save a life, prevent further injury, and promote recovery

• Be Wise training is flexible and tiered to meet unit and individual needs while accounting for dynamic healthcare demands
Acting Wisely

Doing the right thing
At the right time
In the right way
For the right reason
(living our values)

*Is not easy*
The Be Wise Program Goals: to help people be their best selves, together, so that we can give the best care possible to our patients

Be Wise

Prevention
- Promote Positive practices
- Recognize and reduce stress injury
- Optimize work environment

Intervention
- Offer courses and supportive resources
- 1:1 coaching
- Identify and fix unnecessary stressors

Accountability | Stewardship | Professionalism | Integrity | Respect | Excellence
The Be Wise Approach

- Enhance individual resilience and interpersonal communication
- Identify and reduce unnecessary stressors
- Recognize caregiver stress and know how to respond

Improve caregiver wellbeing
Do our best work together
The “Be Wise” Bundle

The capacity to act wisely is built through skills, practice, training, and experience. It is fostered in an environment that optimizes human performance.

Stress awareness/stress first aid

Attention, awareness and self-mastery training

Training in Positive Habits

Communication training

Compassion for self and other

Eliminate unnecessary stressors in the work environment

Building the capacity to act wisely helps create an optimal work environment.

Accountability | Stewardship | Professionalism | Integrity | Respect | Excellence
Recognizing and mitigating stress injury: Stress First Aid

- Prevention
  - Recognize stress and reduce stress injury
  - Positive Practices
  - Optimize the work environment
Occupational Stress

• "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or needs of the worker”

• It's not a frivolous problem as job stress can lead to poor health and even injury
Stress Injury Prevention

• Culture change from response to proactive monitoring and engagement
• Not “just another program”
• Mounting evidence that stress injuries are:
  – Predictable
  – Observable
  – Respond to early intervention
• How long before new standards or requirements
  – OSHA, NIOSH
  – Joint Commission
STBICU: Occupational Stress Data

Strengths and Risks
Occupational Stress Strengths and Risks

• STBICU
• Survey
  – Professional Quality of Life (ProQOL)
  – Cohen’s Perceived Stress Scale
  – Maslach Burnout Scale
  – PTSD Checklist – Civilian (PCL-C)
  – AUDIT
• Focus Groups
STBICU: ProQOL, Nov 2016

Risk Threshold
Population Mean

N=117
STBICU: Maslach Burnout Scale
STBICU:
Cohen Perceived Stress Scale
STBICU:
PTSD Checklist – Civilian (PCL-C)
STBICU: AUDIT
STBICU: Focus Group Themes
Leader Challenges
Roles and Responsibilities

• Leaders are responsible for making decisions about individuals, units, and mission capability across the stress continuum

• Occupational and traumatic stress are both strengths and vulnerabilities

• Leaders leverage the skills, knowledge, and attitudes of every single unit member to achieve even basic mission goals

• Leaders leverage the strengths and vulnerabilities to build resilience and conserve those who become injured
Be Wise

Five Core Leader Functions to promote unit resilience

• **Strengthen**
  – Train and Equip
  – Create confidence/ forewarn
  – Inoculate to extreme stress
  – Foster unit cohesion

• **Mitigate**
  – Remove unnecessary stressors
  – Ensure adequate sleep and rest
  – After-Action Reviews (AARs) in small groups
  – Real-time lessons learned

• **Identify**
  – Know unit stress load
  – Recognize reactions, injuries, illnesses

• **Treat**
  – Rest and Restoration (24-72 hours)
  – Be Wise Occupational Stress Training Teams
  – Chaplain/Ethics Consults
  – EAP

• **Reintegrate**
  – Keep with unit if at all possible
  – Expect return to work
  – Don’t allow retribution or harassment
  – Continuously assess fitness
  – Communicate with treating professionals (both ways)
Key Points

• Stress as a continuum
  – If we only look at stress related illnesses, like PTSD and substance abuse, then we miss early stress reactions and stress injuries that are most amenable to intervention

• Four sources of stress injury.
  – Trauma is not the only harmful exposure
  – Must account for fatigue, loss, and moral conflict

• Good leaders are the best medicine
  – Leaders actions to Strengthen, Mitigate, Identify, Treat, and Reintegrate

• One size does not fit all
  – Not everyone is equally affected by any given event and not everyone needs something to “feel better”

• Training and context matter
  – The best stress inoculation is realistic training that combines stress first-aid practice with other intense training strategies
  – Timely leader actions when early signs of distress are identified
Be Wise
Be Wise

• An extension of Be Safe
  – Focus on the role that institutional and personnel occupational stress impacts safety and quality of care

• Be Wise Activities
  – A process to acknowledge and engage at risk professional behaviors across the health system
  – A process to integrate a broad range of existing resources for resilience and stress injury recovery for all employees
  – A process to develop ongoing unit based peer support and assessment
Major Concepts

**Stress Continuum**

<table>
<thead>
<tr>
<th>READY (Non-Combat)</th>
<th>REACTING (Comb)</th>
<th>INJURED (Combat)</th>
<th>ILL (Severely)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good to go</td>
<td>Distress or impairment</td>
<td>More severe or persistent distress or impairment</td>
<td>Stress injuries that don’t heal without help</td>
</tr>
<tr>
<td>Well trained</td>
<td>Mild and transient</td>
<td>Leaves lasting memories, reactions, and expectations</td>
<td>Symptoms persist for many weeks, get worse, or initially get better and then return worse</td>
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<tr>
<td>Prepared</td>
<td>Anxious, irritable, or sad</td>
<td>Behavior change</td>
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<td>Fit and focused</td>
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<td>Cohesive units &amp; ready families</td>
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**Stress Injury**

- Life Threat
- Loss
- Inner Conflict
- Wear & Tear

**Stress First-Aid**

Seven Cs of Stress First Aid:
1. CHECK
2. COORDINATE
3. COVER
4. CALM
5. CONNECT
6. COMPETENCE
7. CONFIDENCE
Recognize Stress Zone Transitions: Demand::Resource Balance

<table>
<thead>
<tr>
<th>Green “Ready”</th>
<th>Yellow “Reacting”</th>
<th>Orange “Injured”</th>
<th>Red “Ill”</th>
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<tbody>
<tr>
<td>Healthy</td>
<td>Drained</td>
<td>Hurt</td>
<td>Clinically symptomatic</td>
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<tr>
<td>Well</td>
<td>Sore</td>
<td>Out of control</td>
<td>Impaired</td>
</tr>
<tr>
<td>Fit</td>
<td>Irritable</td>
<td>Symptomatic</td>
<td>Worse</td>
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<tr>
<td>Safe</td>
<td>Anxious</td>
<td>Distressed</td>
<td>Worsening</td>
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<tr>
<td>Connected</td>
<td>Down</td>
<td>Dysfunction</td>
<td>Disordered</td>
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Routine Stressors: Recover

Toxic Stressors: Recover

Cumulative stress without sufficient resources

Resilience

Recovery
<table>
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<tr>
<th>Be Wise</th>
<th>Stress Continuum Support Resources “Grow the Green”</th>
</tr>
</thead>
</table>
| **Ready** | Professional Training  
Unit Orientation  
Unit Cohesion and mutual support  
Continuing Education  
Contemplative Sciences Center  
Personal resilience practices  
  - Attention  
  - Awareness  
  - Self-mastery  
  - Positive Habits  
  - Communication |
| **Reacting** | Huddles  
Active problem solving  
Unit stress mitigation strategies  
Peer Support  
Stress communication skills  
Stress reduction skills  
Engage additional coping resources  
EAP  
Stress management skills |
| **Injured** | Peer Support: Stress First Aid  
Leader Support:  
  - Mentoring and Coaching  
  - Early Referrals  
Voluntary EAP resources for specific injury behaviors  
Ethics Consults |
| **Ill** | Voluntary and Mandatory Referrals  
EAP  
Work Med  
Mental Illness Treatment |
Sources of Stress injury

Stress is NECESSARY

- Stress is essential for:
  - Strength and resilience
  - Growth and development
  - Acquire new skills
  - Meeting challenges
  - Adapting to new situations

Stress can be TOXIC

- Stress can lead to:
  - Persistent internal distress
  - Functional impairment
  - Misconduct
  - Substance abuse
  - Mental disorders
Stress Reactions vs Stress Injuries

TIME
- Lack of sleep
- Unit Politics
- Family separation
- Role Challenges

LIFE
- Advancement Barriers
- Money problems
- Family Role Demands
- Boredom
- Conflicts with bosses
- Peer conflicts
- Extra Duties
- Physical injuries

Yellow Zone Stress

Orange Zone Stress

Life threat
- Loss
- Inner Conflict
- Wear-and-tear
Four Sources of Stress Injury

Intense or Prolonged Stress

- **Life Threat**
  A traumatic injury
  Due to an experience of death-provoking terror, horror, or helplessness

- **Loss**
  A grief injury
  Due to the loss of cherished people, things or parts of oneself

- **Inner Conflict**
  A moral injury
  Due to behaviors or the witnessing of behaviors that violate moral values

- **Wear & Tear**
  A fatigue injury
  Due to the accumulation of stress from all sources over time without sufficient rest and recovery
Stress Injury Risk

Life-Threat

Loss

Inner Conflict

Wear & Tear
STRESS FIRST AID MODEL: Peer Support

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen

2. COORDINATE
   Get help, refer as needed

3. COVER
   Get to safety ASAP

4. CALM
   Relax, slow down, refocus

5. CONNECT
   Get support from others

6. COMPETENCE
   Restore effectiveness

7. CONFIDENCE
   Restore self-esteem and hope
SFA Evidence Support

Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention

1. Promote sense of safety
2. Promote calming
3. Promote connectedness
4. Promote sense of self and collective efficacy
5. Promote hope

SFA 7 C’s

1. Check
2. Coordinate
3. Cover
4. Calm
5. Connect
6. Competence
7. Confidence

Peer Support Findings

• Most people exposed to traumatic and loss events will cope, but some will become ill
• Those injured are unlikely to seek help
• There is evidence to suggest that effective early management of traumatic stress exists

Jones et al., 2012; Brailey et al., 2007; Pietrzak et al. Dickstein et al., 2010; McTeague et al., 2009
Peer Support: Evidence

Significant gains have been described in areas of:

• Self-esteem / empowerment / confidence
• Decision-making skills
• Social and overall functioning
• Reduced psychiatric symptoms
• Reduced isolation
• Larger social networks and increased support seeking
• Greater pursuit of educational goals and employment
• Greater capacity to deal with adverse life events

Resnick & Rosenheck, 2008; Norris & Stevens, 2007; Davidson et al., 1999; Froland, Brodsky, Olson, & Stewart, 2000; Humphreys & Rappaport, 1994.
What Is Stress First Aid (SFA)?

A flexible multi-step process for the timely assessment and preclinical response to psychological injuries …

…in individuals or units with the goals to preserve life, prevent further harm, and promote recovery.
When is SFA Needed?

When stress injury results in behavior or statements indicating:

• Impaired or diminished role function
  – Work, Spouse, Parent, Friend
• No longer feeling like normal self
• Excessive guilt, shame or blame
• Panic, rage, or depression
• Loss of control
Essential SFA Skills

1. Recognize when a peer has a stress injury
2. Act: If you see something, say something
   – To the distressed person
   – To a trusted support of the distressed person
3. Know at least 2 trusted resources you would offer to a peer in distress
STRESS FIRST AID MODEL

Seven Cs of Stress First Aid:

1. CHECK
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“OSCAR” Communication

- **Observe**: Actively observe behaviors; look for patterns
- **State observations**: State your observations of the behaviors; just the facts without interpretations or judgments
- **Clarify Role**: State why you are concerned about the behavior to validate why you are addressing the issue
- **Ask why**: Seek clarification; try to understand the other person's perception of the behaviors
- **Respond**: Provide Guided Options. Clarify concern if indicated; discuss desired behaviors and state options in behavioral terms
Coordinate with Trusted Support

- Identify within your organization and community trusted resources
  - Leaders
  - Peers
  - EAP
  - Chaplains
  - Counselors
Stress First Aid is:

- **Owned by the community** (team members, departments, and families) and operated by its leaders and members
- Provides a **common language** for team members, leaders, peer support teams, families, and EAP professionals
- **Strengthens** rather than replaces **existing** physical, psychological, social, and spiritual **supports**
- **Longitudinal and ongoing**
- Part of health care culture, **not just a response to specific events**
- Promotes **assessment** of **preclinical stress states**
- Promotes chain of command **referrals and coordination**
Key Points

- SFA is not one-size-fits-all.
- More than one core action can fit different stress reactions, so the decision of how to act will depend on a number of other factors, including:
  - How much time do you have to spend with this person?
  - What is the nature of your relationship?
  - Which action would bring the greatest benefit?
  - Which action would be most acceptable to the person?
  - Which action would foster the most recovery?
- It is important to keep an open, flexible stance towards stress injuries.
- Use Stress First Aid as a framework for remembering the factors that should be considered when someone is exhibiting moderate to severe stress reactions.
STRESS FIRST AID MODEL

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen

2. COORDINATE
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   Get to safety ASAP

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   Relax, slow down, refocus

5. CONNECT
   Get support from others

6. COMPETENCE
   Restore effectiveness

7. CONFIDENCE
   Restore self-esteem and hope
Enhancing resilience and communication

Prevention

- Recognize stress and reduce stress injury
- Positive Practices
- Optimize the work environment
Positive practices

Practices that can:
- help people function well under stress
- reduce the amount of stress that we feel
- enhance positive emotion (thereby enhancing other positive capacities like creativity and problem solving
- help people to work together

Aristotle knew that the virtues needed to be *practiced* in order to be meaningful. He was way ahead of his time.

We now know that these practices actually change the brain, giving us more control over our actions, allowing us to exercise the virtues (like kindness, compassion) more consistently.
The virtuous cycle of wellbeing

Awareness, self regulation, communication and positive emotion
All work together in a virtuous cycle to foster wellbeing and resilience
**POSITIVE PRACTICES FOR THE INDIVIDUAL**

- **Stress First Aid**
- **Awareness**
  - Thought, Emotion, Bias, interpersonal awareness
  - Stress awareness: recognize stress injury
- **Attention**
  - Mindfulness techniques in focused attention
- **Self Mastery ("between stimulus and response there is a space...")**
  - **STOP technique**
    - Stop
    - Take a breath
    - Observe
    - Proceed with awareness of end goal
  - Change the frame
- **Positive Habits**
  - Assume positive intent
  - Positive framing
  - Cultivate gratitude
- **Communication techniques**
  - The interpersonal circumplex
  - Means-end approaches
  - Assertiveness training
- **Compassion (self and others)**
  - Compassion resources

**POSITIVE PRACTICES FOR THE UNIT**

- **Stress First Aid**
- **Attention**
  - Mindful moment (3 slow breaths) between patients, when handwashing, start of each meeting
- **Awareness**
  - Stress level awareness
  - Stress injury awareness
- **Collective Mastery**
  - S.T.O.P collectively to manage stressful situations
  - Incorporating continuous learning from mistakes into standard operations
- **Collective Positive Habits**
  - Appreciative check-in
  - Finding the value behind the complaint
  - Expressing gratitude
  - Appreciative gossip
  - Using appreciative inquiry as change methodology
  - Use of positive story and narrative (positive framing “great work” narratives, success and gratitude stories)
  - Assuming positive intent
  - Errors as opportunities for the community to learn
- **Fostering compassion (self and others)**
  - Unit level compassion resources
- **Communication skills**
  - Speaking up and Listening
  - Assertiveness skills
  - Stress First Aid
Awareness is the first step toward choice

Awareness of
- Thoughts
- Emotions
- Body
- Bias
- Interpersonal impact

Some Exercises:
Mindfulness of thoughts Meditation
Mindfulness

- **Mindfulness**

- **Goal:** Mindfulness has been defined as “intentional present moment nonjudgmental awareness”. So what does this mean, and why is it important? Let’s start with the present moment part. Most of the times are minds are wandering, thinking about the future or the past, and are not focused on what we are doing right now. This has several consequences. First, if we are not paying attention to what we are doing, we are likely to be less effective and to make mistakes. Second, we live our lives in the present moment, not in the future or the past, and if we’re thinking about something else, we can miss out on our lives while they’re happening. Third, research has shown that we are happier when we are paying attention than when our minds are wandering. The next part of the definition is that this awareness is intentional, that we have made a choice to pay attention. Thus, we are aware that we are aware. Finally, this awareness is nonjudgmental. Whatever our experience is now is just what it is. We often don’t like what’s happening right now- we want things to be faster or slower or nicer- yet these judgments often just tend to make us feel worse.

- **Technique:** Mindfulness can be practiced any time, just by paying attention to what we are doing. This might be having a conversation, or washing the dishes, or eating a meal. This has been called informal mindfulness or mindfulness in every day life. Meditation is formal mindfulness practice, when we actually stop whatever else we are doing to pay attention to a particular aspect of our experience, like breathing. Exercises:

  - Mindfulness of thoughts Meditation

- **The evidence:** There is an abundance of evidence now that mindfulness has a wide variety of positive effects, including decreasing stress, decreasing anxiety, improving mood, decreasing burnout, and improving attention (Journal of Psychosomatic Research 2015;78:519-28).

- **Suggestions for use:** Take time during the day to really pay attention to something you are doing, like eating, walking or washing the dishes. Notice the details in doing this. If eating, try eating slowly, savoring each bite, noticing different flavors, feeling the act of swallowing. Often our minds quickly wander when we try to do this, so when that happens, just bring your attention back to the task at hand. Also try practicing formal meditation for at least 5 minutes a day, using recordings such as those on the UVA Mindfulness Center website.

- **Barriers and how to overcome them:** The tendency of our minds to wander is often a barrier to being mindful, as is our desire to be doing something, not just being. We find we want to be looking at our phones or multitasking instead of paying attention. Intentionally paying attention to what we are doing doesn’t have to take much time, so try setting aside only a few minutes to begin with, gradually increasing this over time.
Self-regulation

- S.T.O.P.
- End goal decision-making
- Letting go
- Choice expansion
- Changing the frame
- Self-compassion
S.T.O.P

Stop: pause for a moment

Take a Breath: to calm

Observe: what am I feeling
What are my goals?
What are my choices?

Proceed with awareness
End-goal decision-making

When making a decision about how to respond in a particular situation

Ask yourself: What is my ultimate goal?

Then ask: What is the best means to achieve that goal?

• Who is best situated to solve the problem I need solved?
• When is the best time to address the problem?
• What is the best format?
Effective Communication

• The Interpersonal Circle
• Means-End Approaches
• Empathy and Compassion
• Dealing with strong emotion
• The intention trap
• Assertive language
The Be Wise conversation: The ABCDE of Speaking Up

**Goal:** To talk about difficult situations directly and work them out before they become a big problem

**Technique:** *remember* “ABCDE”

- **A**—Assume positive intent
- **B**—Be Curious: approach with inquiry rather than judgment.
- **C**—Express your concern regarding specific behaviors
- **D**—Describe possible alternatives and seek agreement.
- **E**—Explore together potential unnecessary stressors and how they might be best addressed.
The *Be Wise* conversation: Listening deeply

**Goal:** to hear about things directly, so that they do not escalate unnecessarily

**Technique:** “S.T.O.P”

- S=Stop, *and listen*
- T=Take a breath *and take it in*
- O=Observe: feelings, thoughts, choices
- P=Proceed with awareness: What is the next **effective** step in resolving this concern? (use your end-goal technique here)
The Interpersonal Circle
Kiesler (1982)

- Hostile
- Friendly
- Dominant
- Submissive
**Be Wise**

*Being assertive without being aggressive: the “stuck record” and “fogging” techniques*

**Goal**: effective communication in the face of resistance.

**Techniques**

**The Stuck Record** = “calm persistence”
- Repeat what you need
- Without raising your voice, becoming angry or irritated
- Stick to the point and do not give up

**Fogging**: useful for managing manipulative, aggressive behavior.
- Rather than arguing back, use minimal calm response
- Do not get defensive, rather agree to the kernel of common truth
- The “wall of fog” is the fog into which arguments are thrown but not returned
- You return to the conversation when things are not as heated
ASSUME POSITIVE INTENT
or The intention trap and how to avoid it

Goal
We often make assumptions about another person’s intentions, and many times we’re wrong! We assume that if we feel something, it means the other person meant for us to feel like that. This lead to unnecessary misunderstandings that can erode trust in each other. Staying out of the intention trap will save you and others a lot of unnecessary grief.

The technique
• Notice when you are assuming intention and make a conscious decision to stop. When you notice you were not aware and have said something about another’s intentions, back up!
• Try assuming positive intent. “I know you really care about this….tell me more about your concern”
• OR, just ask a question! “Help me understand. I interpret your sentence to mean XXX, did you mean that or something different?” Remember that you may not know the entire story or you may have it wrong. Eventually you may also be able to use the assumption of positive intent.

Suggestions for use (when, how)
When there is a difference of opinion or disagreement with another, and there may be a risk of emotions running high or communication not being very clear or effective, this may be a good time to use this strategy.

Potential barriers to use and how to overcome
Its difficult to overcome our own assumptions and make the effort to check things out when we’re tired, feeling stressed. Practicing this when you’re not overwhelmed can help make it easier to do when you are tired and stressed.
**Goal:** Use positive story to help people connect with patients and others, bringing out the best in caregiving effort.

**Technique:** When introducing a patient to the care team through the HPI or handoff first sentence, use information that frames the patient’s “story” eg “this is an 88 y.o. member of the ‘greatest generation who needs your help’ vs ‘this an 88 y.o. w male’

**Evidence:** An analysis by psychologist Mar of 86 fMRI studies concluded that there was substantial overlap in the brain networks used to understand stories and the networks used to navigate interactions with other individuals — in particular, interactions in which we’re trying to figure out the thoughts and feelings of others. This capacity of the brain to construct a map of other people’s intentions is called the “theory of mind.” Narratives offer a unique opportunity to engage this capacity, as we identify with characters’ longings and frustrations, guess at their hidden motives and track their encounters with friends and enemies, neighbors and lovers. Mar RA The neural bases of social cognition and story comprehension. *Annu Rev Psychol. 2011;62:103-34.*

**Suggestions for Use:** use each time you handoff or introduce a patient on rounds. Find 1 or two WORDS to describe this patient as a person to the care team. (teacher, mother of four, carpenter, veteran)

**Barriers and how to overcome:** We have developed an impersonal, story-deficient culture in health care that impedes our empathy. It takes discipline to overcome the customs of communication that strip patients of their humanness. Use with each patient, each set of rounds or handoffs. Remember, “professional” communication means compassionate communication. Stripping people of their humanness in our communication is NOT professional.
Compassion and self care

There are many simple ways to be compassionate to ourselves:
Gel In And Breathe
Code Purple
Massage in the moment
Compassionate Care restorative space


http://self-compassion.org/category/exercises/#guided-meditations


https://www.headspace.com

http://www.donothingfor2minutes.com

gratefulness.org
Be Wise: positive practices in the STBICU Pilot

Ideas for using these prevention strategies in your current work flow?
Desired End State

Unit culture will support strategies to grow the Green:
- Health system culture commitment to occupational stress reduction
- Systematic and ongoing assessment and dialog regarding unit occupational strengths and risks
- Promote psychological and physical safety to address complex patient care and health system challenges

Every team member will be able to:
- Recognize a potential stress injury in a peer
  - Knowledge
- Be able to engage that peer with support
  - Skill
- Connect the peer to additional support resources
  - Attitude
Be Wise Activities

• Systematic and Ongoing Unit occupational Stress Assessment
  – Stress Thermometer
  – Huddle/Post-event Review and Lessons Learned
  – Repeated personnel assessments (short form)
• Systematic and ongoing stress continuum training by unit training team personnel
  – Short topics and exercises to increase knowledge and skills
  – Green: Resilience and building stress resources
  – Yellow: Reduction of autonomic arousal and enhanced team cohesion
  – Orange: Stress injury recognition and stress first aid skills
  – Red: Strategies for addressing unit or personnel at high risk for role failure and re-integration after critical events
Be Wise Training Modules

- **Awareness Brief**: 20-30 Minutes
  - All personnel. Introduce the concepts and develop early recognition skills

- **Be Wise Leaders’ Training**: Leaders’ Brief (90 minutes)
  - Leader training for Be Wise integration into existing leader skills and to apply SFA principles at a unit level following traumatic events or disruption of unit readiness due to stress injuries

- **Be Wise Trainers’ Development**: 2 Day Instructor’s Course
  - Development of internal training and peer support personnel
Optional additional slides
SFA Training Modules: Optional SFA Training

• **SFA Responder**: 4 hours
  – All personnel (As time permits). Build knowledge and skills to recognize a stress injury and to act in a way that saves a life, reduces further injury, and facilitates recovery

• **SFA Leaders’ Training**: Leaders’ Brief (90 minutes)
  – Leader training for SFA integration into existing leader skills and to apply SFA principles at a unit level following traumatic events or disruption of unit readiness due to stress injuries

• **SFA For Peer Support Personnel**: 8 hours
  – First aid responders, caregivers, and members who are the most likely to be a point of service contact for a distressed member or advise leaders on the health and readiness of a unit
Leader Psychological Health Protocol
(SFA Algorithm)

Possible Stress Injury

A. First Check: assess for
- Dangerousness
- Safe and Calm
- Immediate Referral Need

B. Act to:
- Establish Safety
- Initiate Calming

D. Second Check: assess for
- Persistent Distress
- Isolation from peers
- Decreased competence
- Loss of confidence

E. Act to:
- Understand Distress Sources
- Enhance Peer Connection
- Support core competencies
- Discuss mission, unit and individual goals/expectations

F. Refer to next level of care

G. Coordinate Unit Resources:
   Who else needs to know or can help?
   - Chain of Command
   - Medical
   - Chaplain

H. Periodic Follow-up
Stress First Aid Framework for Unit Assessment

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<th>Cover</th>
<th>Calm</th>
<th>Connect</th>
<th>Competence</th>
<th>Confidence</th>
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<td><strong>Trauma/Life Threat</strong></td>
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<td><strong>Loss</strong></td>
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<td><strong>Inner Conflict</strong></td>
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<td><strong>Wear and Tear</strong></td>
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1. First Assess: Do not assume all have been affected or need an intervention
2. Look for themes at intersections of stress injury source and essential needs
3. Identify strengths and vulnerabilities
4. What have the leaders already done or current status?
5. What resources are available?
6. Which factors need clarification to implement a plan of action?
Questions or Comments