

# Turning the Lens of Trauma-Informed Care Toward Staff with Stress First Aid

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It seems a sad irony — or perhaps fortuitous — that requirements for the provision of trauma-informed care (TIC) were initiated just as the nation and the world were caught in the throes of the COVID-19 pandemic. Considering the SAMHSA definition of trauma, as resulting from events that are experienced as “physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being,” there is no doubt that the pandemic, defined by isolation, loss, uncertainty, and disconnection, has been traumatic for us all.

The implementation of TIC practices, which aim to promote “a culture of safety, empowerment, and healing,” is critical to our ability to navigate the continuing insults and aftermath of the pandemic. Yet our current discussions of TIC are often limited to applying this model to our care for patients and residents. The pervasiveness of the impact of the pandemic and the characteristics of health care work require that we turn the lens of TIC toward our staff as well.

## The Stress First Aid Model

The health care workforce is generally susceptible to stress illness and the psychological repercussions of trauma. Chronic exposure to death, illness, trauma, and heavy workloads combined with a “service before self” culture produces an environment of enormous risk under normal circumstances (*Int J Environ Res Public Health*

2020;17:4267). With the additional impact of the pandemic superimposed over already existing risk, health care workers are increasingly likely to experience psychological morbidities.

Prevalence reports indicate that nearly one quarter of healthcare workers have experienced depression, one quarter have experienced anxiety disorder, and nearly half have experienced some form of psychological distress as a result of stress during the pandemic (*Psychiatry Res* 2020;293:113382). If we hope to sustain our workforce through such dire times, it becomes critical to implement a TIC approach to support our caregivers so that they can continue to support those who rely on their care.

Implementing new programs and changing the organizational culture, of course, require time. Long-term strategies for responding to the staff’s psychological safety are vital to overall organizational success. However, to respond to acute needs, short-term strategies need to be assessed and implemented in tandem. The Stress First Aid program, a peer-to-peer psychological support model originally developed for the military, can serve as a useful framework for planning short-term interventions and creating the foundation of a long-term strategy.

The foundational research for the Stress First Aid program identifies five key factors for trauma intervention: promoting a sense of safety, of self-efficacy, of calm, of connectedness, and of hope (*Psychiatry* 2007;70:283–315). Although

there are numerous interventions that can serve to support these elements, this model offers tangible short-term strategies to address the experience of acute stress and to proactively reduce the risk of psychological morbidity.

## Creating an Environment of Perceived Safety

It likely comes as no surprise that the experience of psychological stress is directly related to the perception of the safety of the environment and — more specific to the pandemic — the risk of infection and exposure (*Front Psychiatry* 2020;11:583971). Three interventions have been shown to mitigate the experience of perceived environmental risk by limiting uncertainty and enhancing staff sense of control (*Psychiatry Res* 2020;292:113312; *J Emerg Trauma Shock*, 2020;13(2):116–123):

1. Having staff work in organized, structured units where work is as consistent as possible.
2. Providing communication from teams and supervisors that is clear, direct, and frequent.
3. Ensuring personal protective equipment is available when necessary.

## Enhancing Staff Competence

Multiple studies have identified the positive impact of providing staff education and training. Providing teams with up-to-date information and proactively preparing them with training enhances the staff’s sense of self- and team-efficacy and was identified as a protective factor with regard to the development of posttraumatic stress syndrome (*Int J Environ Res Public Health* 2021;18:601). Although this factor pertains to more than one type of education and training, amid the COVID-19 pandemic education targeted at understanding the virus and proper infection control protocols was noted to be particularly effective at accomplishing this goal.

## Giving Permission to Pause

In health care, it is not uncommon for staff to neglect self-care or fail to take a moment to assess and debrief after an incident or loss. This lack of assessment and reflection results in not only physical exhaustion but also heightened anxiety and a failure to acknowledge or cope with negative emotions. In turn, staff become increasingly susceptible to developing maladaptive coping mechanisms and more vulnerable to the experience of psychological morbidities.

Mitigation strategies for such challenges include:

- Instituting formal, scripted pauses at set times or debriefing after incidents.
- Using moments of pause and huddles to acknowledge and verbalize difficulties. This normalizes the experience of stress for staff and fur-

ther promotes the safe discussion of stress responses.

- Giving permission for individual team members to take breaks. Introducing models such as the Stress Continuum Model or the S.T.O.P. (Stop, Think, Observe, Proceed) for use during pauses encourages individuals to build self-awareness of their own stress reactions.

## Building Personal Connections

Humans are inherently social beings, so it is understandable that we find significant protection from stress through social supports. Two specific strategies for enhancing this sense of connection have shown benefits in health care settings:

- Having leaders who are physically present, are outwardly supportive of their teams, and engage teams in joint decision-making.
- Encouraging the development of “battle buddy” relationships among team members. Such connections give staff a go-to person to approach for support or encouragement

## Sustaining Hope

The foundational research for the Stress First Aid Program is not the only study to have identified hope as a factor that enables individuals to overcome adversity and protect against reactions to trauma (*Psychiatry*, 2007;70:283-315; *J Emerg Trauma Shock*, 2020;13(2):116–123.). Fortifying such positive sensations can be supported in health care teams through numerous small acts — which may be as simple as acknowledging team members for their work contributions, celebrating patient recoveries, and highlighting recognition from patients and families. Taking the time to infuse each day with doses of hope fortifies staff morale and boosts engagement.

The application of short-term strategies to support the staff’s psychological safety serves as a starting point for larger programs that can shift organizational culture. To achieve long-term success, organizations must commit to investing in supportive programming, such as Stress First Aid, and to creating a culture that eliminates the stigma of acknowledging stress and fosters an environment where it is okay to not be okay and to seek support.

As with any successful venture, it must be remembered that a TIC approach for our staff is not a destination or box to be checked. Rather, it is a long-term commitment and a continuous process that will allow us to sustain, strengthen, and care for those who spend each day caring for others.

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self-care. Proactively assess your physical and psychological health and find time to engage in restorative activities. Self-assessment tests are available online for depressive and anxiety symptoms (Mental Health America, “Find Tools That Help,” <https://screening.mhanational.org/>). Take a break from news and social media, engage in mood-promoting and anxiety-reducing activities, and connect with loved ones. Engaging in personal and professional self-care can reduce the potential for burnout, which in turn can improve quality of caring, assist in building resiliency, and model healthy behavior for our patients and colleagues. Additional self-care resources are available from the American Psychology Association (“COVID-19 Self Care Resources for Healthcare Professionals,” <https://bit.ly/3ztuTmG>).

Although the pandemic may be taking a toll on us, our colleagues, and our residents for different reasons, it is important to keep in mind that some distress is normal and we are resilient beings. In fact, many of us will experience what is referred to as posttraumatic growth (PTG) as a result of the pandemic.

Positive psychological changes can occur after a traumatic event. A 2019 review of the prevalence of PTG found that “half of the investigated individuals reported moderate-to-high PTG after experiencing a traumatic event” (*J Affect Disord* 2019;243:408–415). PTG can buffer the negative effects caused by distress and can lead to positive growth following adversity. For example, the transformation that can occur following trauma can lead to positive changes, such as having a new appreciation for life, a shift in focusing more attention on helping others, increased motivation to take better care of oneself, or a newfound sense of personal strength. And with all of the adversity we have faced during the past several years, having potential for positive growth would be welcomed by many of us.

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