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## Understanding Stress and Taking Care of Each Other (and, In Turn, Ourselves)

### HIGHLIGHT

*Dr Patricia Watson is a psychologist at the U.S. Department of Veterans Affairs' National Center for Post-Traumatic Stress Disorder (PTSD). For more than 20 years, she has focused on high stress occupations (e.g., first responders, healthcare workers) and the importance of peer support and self-care. ASPR TRACIE asked Dr. Watson to explain risk factors for stress and PTSD in healthcare workers during the COVID-19 pandemic and strategies for identifying and managing these and other negative behavioral health effects.*

### ■ ASPR TRACIE

Healthcare workers are prepared for short duration incidents like natural disasters or terror attacks. The current pervasive, constant sense of dread associated with the Covid-19 pandemic is not typical. What are some specific risk and protective factors for PTSD for healthcare workers in today's environment?

### ■ Patricia Watson (PW)

Risk factors are related to exposure to trauma and stress. The greater your exposure, the more likely you might develop negative reactions to stress, such as PTSD. Other risk factors include a prior history of trauma, ongoing adversity and other stressors, and a lack of social support (at work and home). Research also shows that females are more at risk for PTSD. It is important to note that PTSD has the word "post" in it, yet this pandemic is an ongoing threat accompanied by a future-oriented anxiety.

In the context of COVID, we have also been reviewing the literature regarding the role "tolerance for uncertainty" can play as a protective factor.

In the context of uncertain futures, no one can tell us what our future will be because it will be different for each person. Our minds may search for ways for our new "story" to make sense, potentially vacillating frequently (to include overreacting and underreacting, and not being sure what you are doing at any given moment) in an attempt to find the place that meshes with our own unique observed reality. This vacillation is a strategy to "find where normal is" and can be

### Related Resources

[Moral Injury in Healthcare Workers](#)

[Caring for Yourself & Others During the COVID-19 Pandemic: Managing Healthcare Workers' Stress](#)

[Supporting Essential Workers in Extended Disasters or Public Health Crises](#)

### Mobile Applications

[COVID Coach](#)

[Provider Resilience app](#)

stressful and cognitively taxing, but eventually there will be a new version of reality that you can place yourself in; it just takes time to rebuild that. Those who have faced great uncertainty note that a part of the process is sharing and learning from each other. They recommend doing things to create stability in your life to help you better imagine the future, finding routines that are feasible and enjoyable within the new context, and relying on others and accepting help when needed.

Treatment protocols that aim to increase general (not pandemic-specific) tolerance of uncertainty have included the following components:

- a. Learn to identify those “uncertainty feelings” that are unique to each person (e.g., stomachache, shallow breathing).
- b. Experiment with uncertainty (change a routine or experiment with something new).
- c. Begin to find ways to distinguish the difference between “uncertain” and “unsafe.”
- d. Make changes to behaviors in “low stakes” life areas to show that uncertainty can be safe (e.g. taking a new route to walk the dog).
- e. Make changes to more resource-intensive uncertainty areas to increase ability to engage with “safe certainty” (e.g., go on a day trip to somewhere totally new).
- f. Experiment with behaviors linked to one’s specific area of concern (e.g., attending social events).

## ■ ASPR TRACIE

**How does PTSD, stress, or burnout manifest in a healthcare worker?**

### ■ PW

When people are exhausted or burned out, they don’t have as much empathy or patience. Adding guilt (about not having these traits) makes it even harder to function, so it’s important to recognize that. I refer to the pandemic as a “conveyor belt” of stressors; it is very hard to get a toehold in the middle of all of the things happening, let alone have the energy and strength to focus on one thing at a time. Other ripple effects are significant; healthcare workers may feel exhausted, angry, and not emotionally available.

One way we’ve come to discuss the reactions of those in high stress jobs like healthcare is the [Stress First Aid \(SFA\) model](#), a self-care and coworker support model that aims to help employees understand the signs of significant stress and give a framework of actions for mitigating stress reactions. [Stress First Aid](#) was created for the military more than 15 years ago and has since then been adapted for others who work in stressful environments, including healthcare. It normalizes peer support and helps reduce stigma associated with stress reactions. Stress First Aid is comprised of simple tools and guidance that can be tailored and used when needed. It includes five primary elements:

1. Move a person towards greater sense of safety.
2. Calm people when needed (whatever that means to you/your organization).
3. Foster greater social connectedness/support.
4. Help people feel like they have self-efficacy (the feeling that they can get themselves through difficult situations).
5. Rebuild sense of hope/confidence (help people not be so hard on themselves, instill confidence in the system or equipment, make meaning out of what is happening, and honor losses, or the role that people are playing).

SFA includes a stress continuum that helps workers better understand their own stress reactions. Figure 1 illustrates the continuum and definitions and responses that accompany each of the four phases.

**Figure 1. The Stress Continuum**

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<b>DEFINITION</b> <ul style="list-style-type: none"> <li>Optimal functioning</li> <li>Adaptive growth</li> <li>Wellness</li> </ul> <b>FEATURES</b> <ul style="list-style-type: none"> <li>At one's best</li> <li>Well-trained and prepared</li> <li>In control</li> <li>Physically, mentally and spiritually fit</li> <li>Mission-focused</li> <li>Motivated</li> <li>Calm and steady</li> <li>Having fun</li> <li>Behaving ethically</li> </ul>	<b>DEFINITION</b> <ul style="list-style-type: none"> <li>Mild and transient distress or impairment</li> <li>Always goes away</li> <li>Low risk</li> </ul> <b>CAUSES</b> <ul style="list-style-type: none"> <li>Any stressor</li> </ul> <b>FEATURES</b> <ul style="list-style-type: none"> <li>Feeling irritable, anxious or down</li> <li>Loss of motivation</li> <li>Loss of focus</li> <li>Difficulty sleeping</li> <li>Muscle tension or other physical changes</li> <li>Not having fun</li> </ul>	<b>DEFINITION</b> <ul style="list-style-type: none"> <li>More severe and persistent distress or impairment</li> <li>Leaves a scar</li> <li>Higher risk</li> </ul> <b>CAUSES</b> <ul style="list-style-type: none"> <li>Life threat</li> <li>Loss</li> <li>Moral injury</li> <li>Wear and tear</li> </ul> <b>FEATURES</b> <ul style="list-style-type: none"> <li>Loss of control</li> <li>Panic, rage or depression</li> <li>No longer feeling like normal self</li> <li>Excessive guilt, shame or blame</li> <li>Misconduct</li> </ul>	<b>DEFINITION</b> <ul style="list-style-type: none"> <li>Clinical mental disorder</li> <li>Unhealed stress injury causing life impairment</li> </ul> <b>TYPES</b> <ul style="list-style-type: none"> <li>PTSD</li> <li>Depression</li> <li>Anxiety</li> <li>Substance abuse</li> </ul> <b>FEATURES</b> <ul style="list-style-type: none"> <li>Symptoms persist and worsen over time</li> <li>Severe distress or social or occupational impairment</li> </ul>

Source: [Stress First Aid 30-Minute Training Slide Deck](#)

## ■ ASPR TRACIE

**What are some things people can do to manage PTSD, stress, and feelings of helplessness?**

### ■ PW

Changing thinking associated with stress reactions is one common strategy. For instance, effective treatments for those affected by ongoing adversity often aim to help a person circumscribe their concerns to realistic threat and not generalize beyond that, so that they can continue to function in their daily life. It is very realistic for healthcare workers to be anxious in the context of the pandemic, or angry, for example, that community members are not taking the proper precautions, which could potentially put others at risk. But this anger, if severe or pervasive, is not necessarily always helpful for one's mental health. We encourage people to examine and consider modifying their thoughts, even slightly, in ways that can generate less anger, stress, or fear reactions. This process is always done with an eye towards supporting a person's priorities and goals and reducing the potential negative effects from ongoing distress.

Encouraging social support is another strategy for dealing with the stress of the pandemic. Healthcare workers often have a social network that is limited to those who have similar experiences and values. Coworkers can be the best suited to be able to understand and have empathy for those experiences that are most stressful. One way to do this is to encourage those you work with to review the stress continuum model and discuss how they react when their stress is more significant. In orange or red zones, for instance, you might be more irritable, less social, have more trouble sleeping, or

drink more alcohol. Each person will have different stress indicators. Reflect on your own red flags and share this with one or two trusted people in your life. Give them permission to say something if they note these indicators. This can help mitigate stress before it becomes a bigger challenge. You can also use the following figures to note which behaviors might be more likely to push you into greater zones of stress, and review which strategies might help move you back towards the green zone. Figure 2 illustrates how certain behaviors can move a person to the more stressful zones on the Stress Continuum.

**Figure 2. Behaviors that Contribute to Each Zone of Stress in a Pandemic**

READY	REACTING	INJURED	ILL
<b>SAFETY</b> <ul style="list-style-type: none"> <li>• Staying informed</li> <li>• Facing facts</li> <li>• Setting boundaries</li> </ul> <b>CALM</b> <ul style="list-style-type: none"> <li>• Changing expectations</li> <li>• Being patient</li> <li>• Keeping balanced</li> </ul> <b>CONNECT</b> <ul style="list-style-type: none"> <li>• Staying connected</li> </ul> <b>SELF-EFFICACY</b> <ul style="list-style-type: none"> <li>• Prioritizing what to expend energy on</li> <li>• Planning and adapting to current situation</li> <li>• Focusing on prevailing</li> <li>• Problem solving</li> <li>• Making routines</li> <li>• Seeking mentoring or training</li> </ul> <b>HOPE</b> <ul style="list-style-type: none"> <li>• Living by values</li> <li>• Finding gratitude</li> <li>• Focusing on faith/religion/philosophy</li> </ul>	<ul style="list-style-type: none"> <li>• Not pacing oneself</li> <li>• Taking on too much</li> <li>• Ignoring drops in functioning</li> <li>• Not changing expectations</li> <li>• Not checking in</li> <li>• Underestimating needs</li> <li>• Not adapting self-care</li> <li>• Overriding the concern of others</li> <li>• Self-medicating</li> <li>• Lack of routine</li> <li>• Unhelpful thoughts or habits</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of attention to chronic yellow zone stress</li> <li>• Stuck in unhelpful patterns</li> <li>• More disengaged/ isolated</li> <li>• Overdoing without balance</li> <li>• Underdoing what is needed</li> <li>• Stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of attention to orange zone stress</li> <li>• Not seeking help/ expertise</li> <li>• Engaging in counter-productive behaviors</li> </ul>

Figure 3 illustrates the way behaviors that can move a person to less stressful zones on the Stress Continuum.

**Figure 3. Behaviors that Can Reduce Stress in a Pandemic**

READY	REACTING	INJURED	ILL
<b>SAFETY</b> <ul style="list-style-type: none"> <li>Stay informed</li> <li>Face facts</li> <li>Set boundaries</li> </ul> <b>CALM</b> <ul style="list-style-type: none"> <li>Change expectations</li> <li>Be patient</li> <li>Keep balanced</li> </ul> <b>CONNECT</b> <ul style="list-style-type: none"> <li>Apart But Connected</li> </ul> <b>SELF-EFFICACY</b> <ul style="list-style-type: none"> <li>Prioritize what to expend energy on</li> <li>Plan and adapt</li> <li>Focus on prevailing</li> <li>Problem solve</li> <li>Make routines</li> <li>Seek mentoring/training</li> </ul> <b>HOPE</b> <ul style="list-style-type: none"> <li>Live by values</li> <li>Find gratitude</li> <li>Faith / philosophy</li> </ul>	<b>SAFETY</b> <ul style="list-style-type: none"> <li>Take a marathon approach</li> <li>Build healthy habits</li> <li>Set boundaries</li> </ul> <b>CALM</b> <ul style="list-style-type: none"> <li>Be disciplined about taking breaks</li> <li>Identify unhelpful thoughts</li> <li>Practice helpful thoughts</li> <li>Focus on what you can control</li> </ul> <b>CONNECT</b> <ul style="list-style-type: none"> <li>Seek specific support</li> </ul> <b>SELF-EFFICACY</b> <ul style="list-style-type: none"> <li>Build resilience skills</li> </ul> <b>HOPE</b> <ul style="list-style-type: none"> <li>Make time to reflect</li> <li>Seek mentoring / support</li> </ul>	<b>SAFETY</b> <ul style="list-style-type: none"> <li>Get help with setting routines and boundaries</li> </ul> <b>CALM</b> <ul style="list-style-type: none"> <li>Rest and recuperate</li> <li>Build tiny health habits</li> </ul> <b>CONNECT</b> <ul style="list-style-type: none"> <li>Ask for targeted or sustained support</li> </ul> <b>SELF-EFFICACY</b> <ul style="list-style-type: none"> <li>Identify unhelpful ruts</li> <li>Tackle one issue at a time</li> </ul> <b>HOPE</b> <ul style="list-style-type: none"> <li>Ask for assistance in reframing unhelpful thoughts</li> <li>Remind yourself that you don't need to be perfect</li> </ul>	<b>SAFETY</b> <ul style="list-style-type: none"> <li>Make small positive behavior changes</li> </ul> <b>CALM</b> <ul style="list-style-type: none"> <li>Pause...take a time out</li> <li>Distance from stressor to reduce agitation</li> </ul> <b>CONNECT</b> <ul style="list-style-type: none"> <li>Get formal behavioral health treatment</li> <li>Find a mentor</li> </ul> <b>SELF-EFFICACY</b> <ul style="list-style-type: none"> <li>Regain lost ground</li> <li>Rehabilitate as you would a physical injury</li> </ul> <b>HOPE</b> <ul style="list-style-type: none"> <li>Reconnect with values</li> </ul>

The strategies in Figure 3 are commonly recommended by resilience researchers as well as philosophers. For instance, George Bonnano, a professor of clinical psychology who runs the [Loss, Trauma, and Emotion Lab](#) at Columbia University, recommends finding those things we can control, setting realistic and attainable priorities, and engaging in more helpful activities can help change thoughts over time. Philosophers and variety of thought leaders in this field have consistent, similar messages: you cannot control the world, just yourself and your reactions. That's the mastery you have to aim for.

## ■ ASPR TRACIE

**The term “moral injury” has come up a lot recently. Can you explain the term and what it looks and feels like for healthcare workers during the COVID-19 pandemic?**

## ■ PW

In a [recent NCPTSD publication](#), we explained that “moral injury can occur when someone engages in, fails to prevent, or witnesses acts that conflict with their values or beliefs.” For healthcare workers who are the only person bedside during a COVID patient's last moments, or who are caring for a significantly greater ratio of very sick patients, making decisions that affect the survival of others—that may not align with personal beliefs—can lead to feelings of moral distress:

- Guilt or remorse (“I did something bad”)



- Shame (“I am bad”)
- Distress/self-blame

The longer these feelings linger, without reflection, colleague or leader feedback, or intervention, a person’s sense of being unforgiveable or flawed increases. Moral injury can also contribute to diminished confidence in leaders or health system as a whole. We recommend that those experiencing moral distress become more aware that they may need to reach out to others for support or modify their expectations to meet their current reality. This could include changing thoughts such as, “I should have done better,” to, “I did the best I could, given the circumstances.” Talking with others can help a person get a new perspective.

## ■ ASPR TRACIE

**How is healthcare different from other fields? How are they using Stress First Aid?**

### ■ PW

Healthcare workers have less time to take the training than others. Their operational tempo is extremely high right now. They already are coming in tired; the system has not functioned optimally for its workers for some time. One of the things I like about the SFA model is that to tailor the model for different cultures, we meet with focus groups and ask questions specific to their occupational settings. Then we distill their input into core actions. All examples are practical, feasible, and matter of fact actions that are based on feedback from people in that job. We include an appendix in the [manual](#) that has quotes from people talking about each core action, so those who want specific ideas can go to the manual to find ways to support others and have more effective self-care.

Some examples of how SFA has been used in healthcare include:

- Hanging a whiteboard in the breakroom, with a printout of the stress continuum taped to it. Depending on how they were feeling that shift, staff put their names on specific color columns of the continuum. This let others know who was open to talk that day versus those who were not doing as well.
- Calling a color-coded huddle. Teams take 30 seconds to a few minutes to meet as a team to take a breath, huddle, mourn a loss, and figure out how to move forward.
- Brown bag lunch meetings (in socially distanced rooms or virtually) where teams can check in with each other.

I would also recommend accessing a recent Simon Sinek (writer and motivational speaker) [YouTube video](#) where he interviews combat medics around coping with stress. Their responses are very consistent with the SFA model, including a very matter of fact approach to stress mitigation and reduced stigma about checking in with each other and getting support for stress reactions. They share practical tips for being more aware of one’s own red flags, including family in discussions about stress, and not being afraid to seek support for stress reactions. For example, from their perspective, checking in with each other is as much a part of their job as maintaining equipment.

## ■ ASPR TRACIE

**The recovery from this period of our lives will be unique. What can we anticipate as we move into spring and summer?**

### ■ PW

Healthcare workers are likely to be even more affected by further waves of the pandemic, because they have less of a store of energy to draw upon, and even more uncertainty about the impact of extended stressors upon them and their loved ones. Informed and supportive leadership will be critical during this phase. Both official and unofficial leaders can set the frame for recovery. While having conversations and reviewing lessons learned is important, it needs to be done in a way where we don’t retroactively beat ourselves up. Leaders can honor the work that their employees are doing, validate the high levels of stress they are experiencing, regularly seek to understand the unique experiences and needs of their employees and problem-solve potential solutions, emphasize that all are doing the best they can under the circumstances, and encourage coworkers and employees to apply the lessons we are learning to positive changes in how we do things.

I like to refer leaders to the [Cynefin Framework](#), where problem solving occurs in four domains: complex, complicated, chaotic, and clear.

Figure 2. The Cynefin Framework



Source: <http://www.chriscorrigan.com/parkinglot/a-tour-around-the-latest-cynefin-iteration/>

**In this model:**

“Clear and complicated domains assume an ordered universe, where cause-and-effect relationships are perceptible, and right answers can be determined based on the facts. Complex and chaotic contexts are unordered—there is no immediately apparent relationship between cause and effect, and the way forward is determined based on emerging patterns. The ordered world is the world of fact-based management; the unordered world represents pattern-based management.” (Snowden and Boone, 2007). Whereas research findings are useful for navigating simple challenges in a stable environment, when a disaster occurs it creates chaos where those in charge act to establish order and experiment with new solutions. Right answers can be hard to identify as circumstances then move into the complex domain, where cause and effect can change from day to day. Patterns can only emerge with the freedom to try creative attempts at solving problems, accompanied by making sense of rapidly gathered feedback which can inform new responses. This domain can move with time into the complicated domain when analysis of patterns and expertise can be brought in to help leaders navigate complicated challenges. The ability to sense, analyze, respond and act correctly to the presenting environment lessens mistakes and helps guide decision-making. Eventually, the context can return to the simple domain.

The Cynefin model notes that while most “resilience” programs for employees aim to work on the individual, it is important to work on the “ecosystem” of the workplace, including structures and hierarchies, policies, and people’s interactions. For instance, it recommends creating more opportunities for knowledge sharing, relationship building, and exchanging of stories.

In the context of the pandemic, Cynefin's creator, David Snowden, has recommended taking a “lessons learning” approach and engaging in “sensemaking” to make contextually appropriate decisions and give meaning to our experiences as we go along ([Snowden, 2020](#)). Well-being will require us to make sense of, and respond to, the ever-changing contexts in which we find ourselves while at the same time building a capacity to stay present, centered and grounded in fluid conditions where some things are guaranteed and others are not. We will have to experiment, be tolerant of trying new strategies and be willing to falter in informing new choices. There will be situations where decision-making is not based on there being a “right answer” and times when one can only monitor to make fast decisions about necessary next steps from moment to moment. There can be coherent messages, but ones that allow for individual differences. This model recommends that theory-informed practice is the only way we can cope with uncertainty, in that it can guide actions but still allow for creativity and individual choice. The Stress First Aid Model takes that same approach in that it identifies the five essential elements that are related to better recovery in situations of ongoing adversity but allows those working in high-stress jobs to identify and mobilize the most appropriate actions within that framework from moment to moment.

If you can help people acknowledge that they have made their way through something very difficult, find some meaningful structure and have positive social support, and create little footholds where they can make a difference and be helpful to others and themselves, that can hopefully help reduce stress reactions and moral distress and increase sense of safety, calm, connectedness, self-efficacy and hope.