

Community Training on the: Stress and Resilience Intervention (SRI)

IN RESPONSE TO COVID-19 MENTAL HEALTH NEEDS

Adapted from the World Health Organization
Psychological First Aid during Ebola virus disease outbreak and
Psychological First Aid and Skills for Psychological Recovery developed by
the National Child Traumatic Stress Network and National Center for PTSD
and Principles of Cue-Centered Intervention by the Early Life Stress and
Resilience Program at Stanford University

Dr. Ryan Matlow, Dr. Hilitt Kletter and Dr. Victor Carrion
In consultation with Dr. Debra Kaysen

Stanford University

1

Training Agenda

- RATIONALE FOR THE INTERVENTION
- SRI GOALS, STRUCTURE, AND CONTENT
 - Decision points for your community
- SPECIFIC STRATEGIES
 - › Stabilization and grounding
 - › Helpful thinking
 - › Problem solving
 - › Support seeking
 - › Setting goals
- Q&A DISCUSSION

Stanford University

2

TRAINING OBJECTIVES: WHY, WHAT, HOW, WHO, and WHEN of the SRI

- > **WHY:** THE NEED FOR RESILIENCE TRAINING DURING AND FOLLOWING A PANDEMIC
- > **WHAT:** THE FOUNDATIONS OF SRI, WHAT IT IS AND IS NOT
- > **HOW:** DELIVERY OF SRI STRATEGIES AND TIPS
- > **WHO** AND **WHEN** WILL BE DISCUSSED IN Q&A

Stanford University

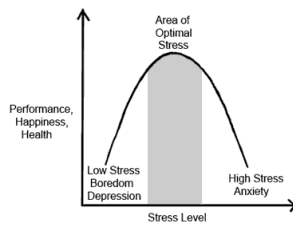
3

WHY train to deliver the Stress and Resilience Intervention

Stanford University

4

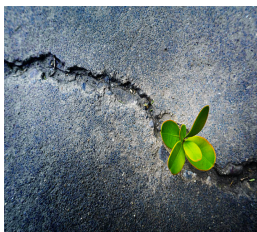
STRESS



Stanford University

5

RESILIENCE



- Resilience needs to be cultivated.
- Being resilient does not mean the absence of difficulty or distress.
- Resilience is not a trait -- it can be learned and acquired; it's a process.

<http://www.apa.org/helpcenter/road-resilience.aspx>

Stanford University

6

Resilience Factors

- PRESENCE OF A CARING PERSON
- CREATIVITY
- ABILITY TO SOOTH SELF
- EMOTIONAL REGULATION
- PERSEVERANCE
- COGNITIVE FLEXIBILITY

Stanford University

7

Misconceptions about resilience

- NO BEHAVIORAL SYMPTOMS = RESILIENCE
- CHILDREN ARE RESILIENT BY VIRTUE OF BEING CHILDREN
- YOU ARE BORN WITH IT
- YOU ARE EITHER RESILIENT OR NOT
- RESILIENCE IS RARE
- RESILIENCE IS ABSOLUTE

Stanford University

8


RESILIENCE ISN'T ONE SIZE FITS ALL



Stanford University

9

**WHAT HAPPENS DURING THE ACUTE AND CHRONIC STRESS PHASES
MATTERS FOR WHO RECOVERS**



Stanford University

10

IMPACT OF COVID-19

Our Community

- Increased stress (health/economic/social)
- Isolation
- Anxiety about families
- Distress about decisions about prioritizing/allocating care
- Loss and Grief
- More...

Stanford University

11

IMPACT OF COVID-19

COVID-19 Positive/Quarantined

- May feel fearful and anxious, or numb and detached
- Any feeling associated with monitoring self-health and being monitored by others, especially loved ones
- Possible low mood, loneliness, and isolation
- Risk of loss of schedule and structure
- Worry and guilt

Stanford University

12

WHAT is the Stress and Resilience Intervention?

Stanford University

13

Stress and Resilience Intervention

INTEGRATES BEST PRACTICES FOR CRISIS AND TRAUMA RESPONSE:

- **PSYCHOLOGICAL FIRST AID (PFA)**
 - Acute crisis response, typically delivered within 24-72 hours following trauma exposure
- **SKILLS FOR PSYCHOLOGICAL RECOVERY (SPR)**
 - Designed for chronic crisis, delivered in 3-5 sessions
- **CUE-CENTERED INTERVENTION**
 - 15+ session intervention for addressing consequences of complex trauma exposure

Stanford University

14

About the SRI foundation

- PFA AND SPR ARE SHORT-TERM, NON-CLINICAL INTERVENTIONS
- ALL APPROACHES ARE EVIDENCE-BASED OR EVIDENCE-INFORMED
- ALL ARE DESIGNED FOR FLEXIBLE IMPLEMENTATION, AND ARE APPROPRIATE FOR CHILDREN, ADULTS, AND FAMILIES
- ALL HAVE COMPONENTS THAT CAN BE DELIVERED BY TRAINED RESPONSE WORKERS AND BEHAVIORAL SUPPORT PROVIDERS (DO NOT REQUIRE ADVANCED CLINICAL TRAINING OR LICENSURE)
- ALL REQUIRE STRONG RELATIONAL SKILLS

Stanford University

15

Psychological First Aid (PFA) Overview:
a humane, supportive response to someone suffering

- Acute intervention** to reduce initial distress caused by traumatic events
- Designed for delivery by *embedded* disaster response workers
- Increase sense of safety, connection, calmness, and hope
- Increase access to social, physical and emotional support
- Increase self-efficacy

Stanford University

16

PFA Overview: 8 Core Actions

1. Contact and engagement
2. Safety and comfort
3. Stabilization
4. Information gathering
5. Practical assistance
6. Links to Social Supports
7. Information on coping
8. Links to services

Stanford University

17

PFA Overview: Provide practical care and support, which does not intrude

- COMMUNICATE CALM, COMPASSION, AND RESPECT
- LISTEN TO PEOPLE WHO WANT TO SHARE
- GIVE ACCURATE INFORMATION
- HELP PEOPLE COPE IN HEALTHY WAYS
- CONNECT PEOPLE WITH SERVICES & SOCIAL SUPPORTS
- TEACH SHORT-TERM WAYS TO MANAGE STRONG EMOTIONS

UNIVERSITY of WASHINGTON

Stanford University

18

Skills for Psychological Recovery (SPR): Overview

Designed for survivors in post-crisis recovery phase

Flexibly respond to diverse reactions that change over time

Recommend multiple contacts

Protect survivor mental health

Increase self-efficacy and survivor empowerment

Emphasis on skill building

Stanford University

19

SPR Overview: Core Skills

- IDENTIFYING PRIMARY NEEDS AND CONCERNS
- PROBLEM SOLVING
- ENGAGEMENT IN POSITIVE ACTIVITY
- DISTRESS MANAGEMENT AND COPING
- PROMOTING HELPFUL THINKING
- (RE) BUILDING HEALTHY SOCIAL CONNECTION

Stanford University

20

Cue Centered Approach: Overview

Multimodal approach

Focus on empowerment through insight and experience

Addresses cognitive, emotional, physiological, and behavioral trauma reactions

Based on neuroscientific principles of allostasis, classical conditioning, and developmental trauma

Evidence based: improves outcomes for children and caregivers

Stanford University

21

Stress and Resilience Intervention (SRI)

GOALS:

1. IDENTIFY PSYCHOLOGICAL IMPACT OF CURRENT CRISES
2. VALIDATE AND NORMALIZE RESPONSES
3. ENGAGE WITH OTHERS AND IDENTIFY RESOURCES
4. LEARN SPECIFIC SKILLS AND STRATEGIES FOR MANAGING CRISES AND BUILDING RESILIENCE
5. SET GOALS AND INTENTIONS FOR SELF-CARE

Stanford University

22

As behavioral health providers we have varying perspectives, theoretical orientations, and ways of conceptualizing care for our community

SRI is **not** intended to be therapy

It **will not** look like your standard therapy setting or structure

This will **not be the time or place** to offer interpretations, do exposure, or dig into past learning experiences

It is **NOT** psychological debriefing

Stanford University

23

SRI General guidelines

Operate within a framework of an **organized response system (part of a team)**

Maintain **confidentiality** and **respect for privacy**

Respect participants' **right to make their own well-informed decisions**

Be **culturally-sensitive** and aware

Remain within **scope of your expertise, role, and training**

Practice self-care and be aware of your own physical and emotional reactions

Stanford University

24

SRI General guidelines



Not sequential or prescriptive



Flexible



Based on the person's specific needs and concerns

Stanford University

25

SRI Considerations

DECISION POINTS FOR YOUR TAILORING APPROACH

- TARGET AUDIENCE
- INDIVIDUAL OR GROUP
 - Group size
- SINGLE OR MULTI-SESSION
- SESSION DURATION
- MODALITY (VIDEO/TELE-HEALTH OR PHYSICALLY DISTANCED)
- HOW CONTEXTUALIZED WITHIN LOCAL SYSTEM OF CARE
- EXPECTATIONS AND AGREEMENTS

Stanford University

26

SRI Process: 3 steps

1. IDENTIFY SOURCES OF STRESS AND THEIR IMPACT
 - Name new challenges and risks
 - Provide psychoeducation to normalize and validate
2. EXPLORE RESOURCES AND STRATEGIES FOR MANAGING STRESSORS AND IMPACT
3. SET PLANS AND INTENTIONS FOR ENGAGING WITH RESOURCES

Stanford University

27

SRI Step 1: Identify Stressors and Impact

Discussing Stressors and Impact

- SET EXPECTATIONS TO CONTAIN THE CONVERSATION
- CONTEXTUALIZE INDIVIDUAL CHALLENGES WITHIN UNPRECEDENTED GLOBAL PANDEMIC
- PROVIDE REFLECTIVE LISTENING AND VALIDATION
 - Incorporate psychoeducation as needed
- REINFORCE CHANGE TALK
- DISTINGUISH ADAPTIVE AND MALADAPTIVE COPING RESPONSES

Stanford University

28

SRI Step 1: Identify Stressors and Impact

WHAT ARE PRIMARY SOURCES OF STRESS IN YOUR COMMUNITY RELATED TO CURRENT CRISES?
 WHAT ARE NEW OR EMERGING CHALLENGES YOU AND YOUR COMMUNITY ARE FACING?

Stanford University

29


SQUARE OF RESPONSES: EXAMPLE


Thoughts
Will we have to wear masks forever?
Will I ever see my friends again?

Emotions (Sad, angry, fear)
Sad
Scared

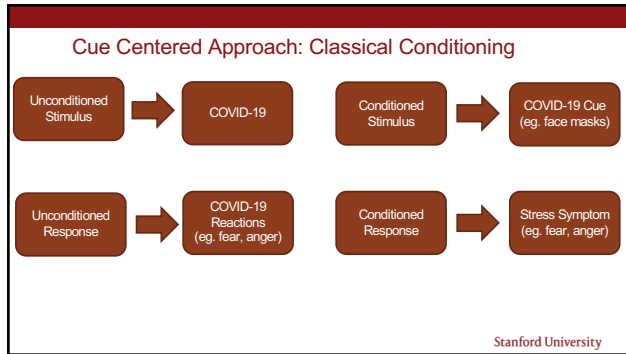
Body sensations (Physiological)
Fatigue
Headache
Heart racing

Behavior
Irritable towards others
I can't focus on anything




Stanford | Early Life Stress and MEDICINE | Resilience Program

30



31



32



33

SRI Step 1: Identify Stressors and Impact

RESPONDING TO STRONG EMOTIONS: GRIEF

Sit with emotions	Validate emotions
Provide a safe place for individual to grieve	Remind them there is no single or correct way to grieve
Let them tell you what they feel and need	Acknowledge they will probably continue to feel different emotions for a while
Remain calm, control your emotions, and don't rush things	Expect widely varying reactions to grief and do not judge
Remember: You can't take away their pain and you don't need to	Help support parents and caregivers about how to talk to their children about death

Stanford University

34

SRI Step 1: Identify Stressors and Impact

RESPONDING TO ACUTE GRIEF DURING COVID-19

Typical grief processes, rituals, and supports are interrupted

Acknowledge potential departures from

- Cultural, religious, and/or spiritual rituals
- One's own or loved one's wishes

Help them identify

- Safe, practical, and creative rituals
- Ways to engage virtual supports and comfort

Stanford University

35

SRI Step 1: Identify Stressors and Impact

Stabilization

Goal:

To calm and orient emotionally overwhelmed/disoriented survivors

- Not all individuals will need stabilization
- Pay attention to individuals whose reactions are so **intense and persistent** that it is impacting their **ability to function**

Stanford University

36

37

Grounding for Acute Distress: Ask Them to...

Stanford University

37

SRI Step 1: Identify Stressors and Impact

Identifying Needs and Priorities for Safety and Comfort

NOTE: This is a collaborative process!

Stanford University

38

SRI Step 2: Explore Resources

Information on coping

REMEMBER: Any information you provide and skills you introduce or teach will be tailored to the individual's concerns and priorities

Stanford University

39

SRI Step 2: Explore Resources

Identify existing coping strategies and potential new coping strategies

Start with previously used coping strategies

- Are those working now?
- Starting with prior coping enhances self-efficacy

May need help troubleshooting how to implement either old or new coping strategies in current context

If needed, identify new adaptive coping actions

Stanford University

40

SRI Step 2: Explore Resources

Identifying resources

1. ASK WHAT HAS BEEN USEFUL OR EFFECTIVE IN THE PAST
2. ASK FOR RECOMMENDATIONS FROM OTHERS (E.G., GROUP MEMBERS)
3. OFFER TO INTRODUCE A PROFESSIONAL RECOMMENDATION OR TEACH A SKILL
4. PROVIDE RECOMMENDATIONS FOR ADDITIONAL RESOURCES (E.G., SERVICES WITHIN YOUR SYSTEM OF CARE, ONLINE RESOURCES, ETC.)
 1. Anticipate and troubleshoot potential barriers
 2. Know what resources are available (or, how to find out)

Stanford University

41

SRI Step 2: Explore Resources

General Domains of Resilience 'Resources'

RELAXATION, GROUNDING, AND COPING PRACTICE

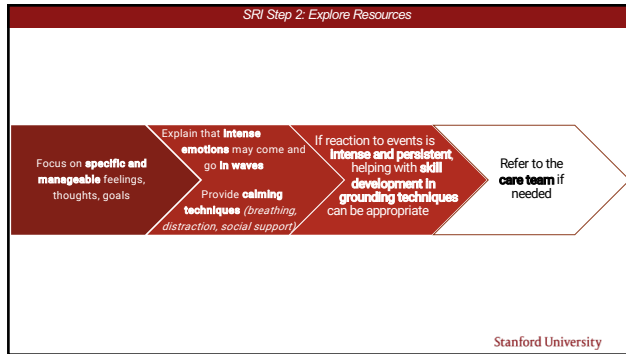
MINDSET AND PERSPECTIVE

STRUCTURES, ROUTINES, AND BOUNDARIES

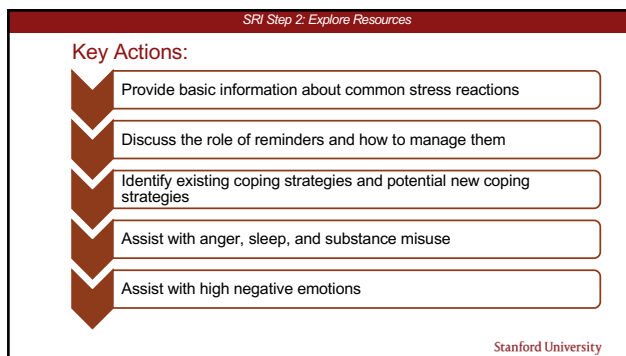
SOCIAL CONNECTION AND PROFESSIONAL SUPPORT

Stanford | Early Life Stress and MEDICINE | Resilience Program

42



43



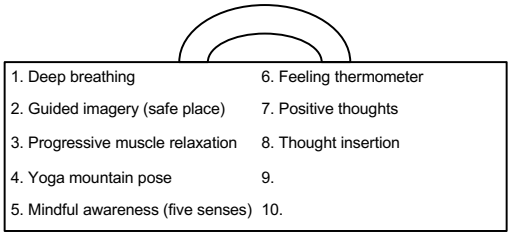
44



45

SRI Step 2: Explore Resources

Self-care toolbox



1. Deep breathing	6. Feeling thermometer
2. Guided imagery (safe place)	7. Positive thoughts
3. Progressive muscle relaxation	8. Thought insertion
4. Yoga mountain pose	9.
5. Mindful awareness (five senses)	10.

Stanford University

46

SRI Step 2: Explore Resources

Coping with specific circumstances

- ANGER
- SLEEP
- SUBSTANCE USE
- STRONG EMOTIONS (I.E., GUILT/SHAME/BLAME)
- NEGATIVE COGNITIONS

Stanford University

47

SRI Step 2: Explore Resources

Addressing their Anger



- Validate the emotion
- Ask them to identify goals they want to achieve
- Channeling their anger towards change

Stanford University

48

SRI Step 2: Explore Resources

Addressing Substance use

Ask them about the positives and negatives of using substances to cope

- Together, identify alternatives for use

Discuss

- their goals for use
- difficulties in changing use

Refer for treatment

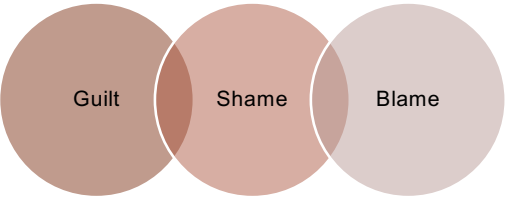
- if appropriate and desired by them

Stanford University

49

SRI Step 2: Explore Resources

Addressing Strong Negative Emotions



Guilt Shame Blame

Gentle, curious questions can help address beliefs that feed these emotions

Stanford University

50

SRI Step 2: Explore Resources

Examples of guilt/shame/blame

- NOT BEING ABLE TO MEET UP WITH FAMILY/FRIENDS
- MISSING A LOVED ONE'S FUNERAL
- FOLLOWING OR NOT FOLLOWING GOVERNMENT GUIDELINES
- I'M NOT DOING ENOUGH
- SURVIVOR'S GUILT
- I'M NOT SUFFERING AS MUCH AS OTHERS
- I'M STRUGGLING WITH "SHELTER IN PLACE"
- GETTING SICK OR SPREADING IT TO OTHERS
- MENTAL HEALTH ISSUES
- AUTHORITIES NOT DOING ENOUGH; USING COVID FOR POLITICAL GAIN
- PEOPLE NOT TAKING IT SERIOUSLY
- HOW DID COVID START IN THE FIRST PLACE AND SPIKES IN CASES

Stanford University


51

52

SRI Step 2: Explore Resources

Addressing Negative Cognitions

- NEGATIVE THOUGHTS ARE AUTOMATIC
- POSITIVE THOUGHTS NEED TO BE PRACTICED
- CAN INTERRUPT THE CYCLE OF NEGATIVE THOUGHTS WITH POSITIVE COUNTER-THOUGHTS
- AVOIDANCE OR DWELLING ON NEGATIVE THOUGHTS CAN LEAD TO POOR DECISION MAKING OR MISATTRIBUTIONS



Stanford

MEDICINE

Early Life Stress and Resilience Program

52

53

SRI Step 2: Explore Resources

Developing Counter-Thoughts

EXAMINING THE EVIDENCE:


- What makes this true? Is there anything that goes against it?
- How do others deal with this sort of thing?
- How can you cope with this?

COMPASSIONATE LENS:

- What would you say to a friend who thought this?
- What would your kindest self say?

HINDSIGHT BIAS:

- Could you have known the outcome?
- What options did you have at the time?




53

54

SRI Step 2: Explore Resources

Positive thoughts

Negative thoughts	Positive thoughts
I should be more productive.	I'm doing the best that I can right now.
My family will get sick.	There are steps that we can take to keep ourselves safe.
I am alone.	Everyone is going through this. I can get support from my family/friends.
	There will be an end to this. In the meantime, I can use my coping strategies to get by.

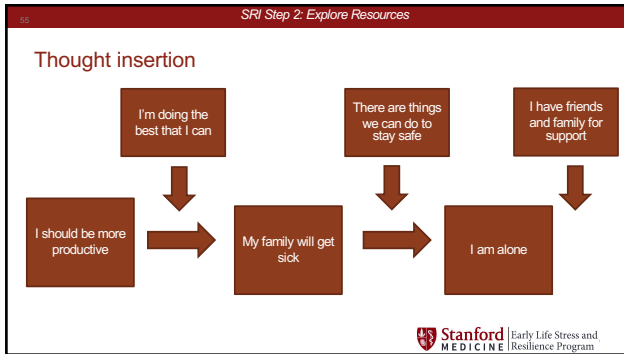


Stanford

MEDICINE

Early Life Stress and Resilience Program

54



55

56 SRI Step 2: Explore Resources

MINDSET AND PERSPECTIVE

- Compassion for self and others
- Focusing on practical actions and efforts
- Acceptance and openness
- Gratitude

Stanford MEDICINE | Early Life Stress and Resilience Program

56

57 SRI Step 2: Explore Resources

ROUTINES AND DAILY STRUCTURE

- Consistent schedules
- Breaks and transition routines
- Sleep, exercise, and diet routines
- Safety habits and procedures
- Scheduling pleasant activity
- Connection with others

Stanford MEDICINE | Early Life Stress and Resilience Program

57

SRI Step 2: Explore Resources

Sleep Health

Establish	a regular sleep schedule and limit daytime naps
Reduce	alcohol
Eliminate	afternoon/evening caffeine
Increase	regular exercise
Cultivate	relaxation before bedtime by doing something calming

Stanford University

58

SRI Step 2: Explore Resources

Sleep resources

HANDOUT ON SLEEP HYGIENE: https://www.ptsd.va.gov/professional/treat/type/spr/docs/SPR34_SLEEP_PDF

INSOMNIA COACH: https://www.ptsd.va.gov/app/vid/mobile/insomnia_coach.asp

- Guided, weekly training to track and improve sleep
- Tips and personal feedback about sleep
- Interactive sleep diary to keep track of changes
- Tools for managing sleep

PATH TO BETTER SLEEP: <https://www.veterantraining.va.gov/insomnia/>

- Free, online course based on cognitive behavioral therapy for insomnia (CBT-I)
- Includes many of the tools and tips shared in insomnia coach

Stanford University

59

SRI Step 2: Explore Resources

Links to Social Supports

Goal:

Links to Social Supports

- Help establish brief or ongoing contacts with primary support persons and other sources of support
- family
- friends
- community

Stanford University

60

SRI Step 2: Explore Resources

Social Support has many forms

Support for needs	Emotional support	Social connection
Feeling needed	Reassurance of self-worth	Reliable support
Advice and information	Physical assistance	Material assistance

Stanford University

61

SRI Step 2: Explore Resources

Promoting Social Support

Enhance Access To	Encourage New Connections
<ul style="list-style-type: none"> - Family, friends & loved ones - Community resources 	<ul style="list-style-type: none"> - With immediately available support - Especially after losses or separations

Stanford University

62

SRI Step 2: Explore Resources

Connect to professional resources

- Know system of care within your community
 - Crisis response
 - Referrals for mental health treatment
 - Group and peer-supports
 - Workshops and community activities
 - Volunteer opportunities
- Utilize online resources
 - Informational resources...
 - ... on COVID-19
 - ... for mental and behavioral health
 - Apps and tools

Stanford University

63

64

SRI Step 3: Setting Plans and Intentions

GOAL: Integrate information, set intentions and goals, enhance motivation

- Summarize conversation and content: identify personal takeaways and confirm priorities
- Set concrete behavioral goals and action-steps
- Reinforce motivation, commitment, and accountability

 **Stanford** MEDICINE | Early Life Stress and Resilience Program


64

65

SRI Step 3: Setting Plans and Intentions

EFFECTIVE GOAL-SETTING:

- One thing at time
- Prioritized based on personal needs or values
- SMART (specific, measurable, attainable, relevant, time-limited)
- Anticipate barriers or challenges
- Effort (not outcomes)-based


 **Stanford** MEDICINE | Early Life Stress and Resilience Program

65

66

SRI Step 3: Setting Plans and Intentions

PROBLEM SOLVING FOR MAKING A PLAN



UNIVERSITY of WASHINGTON

Stanford University

66

Q&A Discussion

HOW TO APPLY AND IMPLEMENT SRI IN YOUR COMMUNITY?

HOW DOES SRI FIT WITHIN YOUR SYSTEM OF CARE AND LOCAL AVAILABLE RESOURCES?

WHEN: THE TIMING OF SRI DELIVERY

WHO: IDENTIFYING THOSE WHO ARE MOST LIKELY TO BENEFIT FROM SRI


SURVEYS AND FEEDBACK

Stanford University


67

Resources

For detailed PFA training
SPR training manual
The PFA Mobile App
PTSD Coach

<https://learn.nctsn.org/course/index.php?categoryid=11>


https://www.ptsd.va.gov/professional/treat/type/SPR/SPR_Manual.pdf


<https://mobile.va.gov/app/pfa-mobile>


<https://www.ptsd.va.gov/apps/ptsdcoachonline/default.html>


<https://mobile.va.gov/app/ptsd-coach>


68

Stanford University

68

Resources

Early Life Stress and Resilience Program
Pure Edge, Inc.
National Child Traumatic Stress Network Helpline
American Psychological Association

<http://med.stanford.edu/elspan.html>

<http://pureedgeinc.com/>

<https://www.nctsn.org/>

www.apa.org/helpcenter/crisis

69

Stanford University

69

References

PFA Mobile Application	PFA Guide for Ohio Colleges	Literature Review of Impact of Quarantine	WHO PFA Facilitation Manual
<ul style="list-style-type: none">Adapted from Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Stenberg, A., Vernberg, E., & Watson, P. (2006). Psychological First Aid Field Operations Guide, 2nd Edition. July 2006. (National Child Traumatic Stress Network and National Center for PTSD)Available on www.ictsd.org and www.nctsn.org.Developed by the US Department of Veterans AffairsPFA Mobile © 2006, National Child Traumatic Stress Network and National Center for PTSD	<ul style="list-style-type: none">A Psychological First Aid Guide for Ohio Colleges and Universities: Supporting Students, Faculty and Staff after a Crisis or Other Emergencyhttps://mha.ohio.gov/Details/D/asset/Sch-SubAndCommunities/Educators/PsychologicalFirstAid123114445906	<ul style="list-style-type: none">Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. <i>The Lancet</i>.	<ul style="list-style-type: none">World Health Organization. (2014). Facilitation manual: psychological first aid during Ebola virus disease outbreaks. World Health Organization.

70

Stanford University