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

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**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**

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**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
WHY train to deliver the Stress and Resilience Intervention

STRESS

- 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.

Resilience Factors

- Presence of a Caring Person
- Creativity
- Ability to Sooth Self
- Emotional Regulation
- Perseverance
- Cognitive Flexibility

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

Resilience isn’t one size fits all
WHAT HAPPENS DURING THE ACUTE AND CHRONIC STRESS PHASES MATTERS FOR WHO RECOVERS

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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...

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
WHAT is the Stress and Resilience Intervention?

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

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**
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

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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

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

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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

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 allostatics, classical conditioning, and developmental trauma
- Evidence based: improves outcomes for children and caregivers
Stress and Resilience Intervention (SRI)

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

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

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
SRI General guidelines

- Not sequential or prescriptive
- Flexible
- Based on the person’s specific needs and concerns

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

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
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**

**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?**

**Square of Responses: Example**

- **Thoughts**
  - Will we ever see normalcy again?
  - Will I ever see my friends again?

- **Emotions (Sad, angry, fear)**
  - Sad
  - Scared

- **Body sensations (Physiological)**
  - Fatigue
  - Headache
  - Heart racing

- **Behavior**
  - Irritable towards others
  - Can’t focus on anything
### Cue Centered Approach: Classical Conditioning

- **Unconditioned Stimulus**: COVID-19
- **Conditioned Stimulus**: COVID-19 Cue (e.g., face masks)
- **Unconditioned Response**: COVID-19 Reactions (e.g., fear, anger)
- **Conditioned Response**: Stress Symptom (e.g., fear, anger)

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#### Common Stress Reactions

- **Intrusive Reactions**: ways the event comes back to mind
  - anxiety, thoughts, images

- **Avoidance**: attempts to remove themselves from or protect themselves from distress
  - distance, isolation

- **Physical Arousal**: The body reacts as if danger is still present
  - tremors, sleep disturbances, rapid heartbeat

- **Grief**: Response to death of loved ones
  - sadness, loss of appetite, sleep disturbances

- **Depressive Symptoms**: Sleep problems, fatigue, worthlessness, guilt, suicidality
  - sadness, hopelessness, negative thoughts

- **Physical Reactions**: Headaches, dizziness, muscle aches, rapid heartbeat
  - irritability, restlessness

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#### SRI Step 1: Identify Stressors and Impact

These reactions are common, expected, and understandable.

- **It may be time to get more help if they are ongoing or they worsen and impair functioning.**

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RESPONDING TO STRONG EMOTIONS: GRIEF

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

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

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

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Grounding for Acute Distress: Ask Them to...

- Focus on their breathing, breathe slowly
- Place and feel their feet on the floor
- Notice some non-distressing things in their environment
- Things they can see, hear, or feel
- Tell you what they see and hear

Identifying Needs and Priorities for Safety and Comfort

- **Immediate safety**
- **Ongoing safety**
- **Concrete resources**
- **Emotional comfort**

NOTE: This is a collaborative process!

Information on coping

- Provide information about stress reactions and coping to reduce distress and promote adaptive functioning

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

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Identify existing coping strategies and potential new coping strategies

- Start with previously used coping strategies
  - Are these 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

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)

General Domains of Resilience ‘Resources’

- RELAXATION, GROUNDING, AND COPING PRACTICE
- MINDSET AND PERSPECTIVE
- STRUCTURES, ROUTINES, AND BOUNDARIES
- SOCIAL CONNECTION AND PROFESSIONAL SUPPORT
Focus on specific and manageable feelings, thoughts, goals.

Refer to the care team if needed.

Explain that intense emotions may come and go in waves.

Provide calming techniques (breathing, meditation, social support).

If reaction to events is intense and persistent, helping with skill development in grounding techniques can be appropriate.

SRI Step 2: Explore Resources

Key Actions:
- Provide basic information about common stress reactions
- Discuss the role of reminders and how to manage them
- Identify existing coping strategies and potential new coping strategies
- Assist with anger, sleep, and substance misuse
- Assist with high negative emotions

Adaptive coping activities
- Talking to others
- Positive distracting activities
- Resting and eating healthy meals
- Keeping a normal schedule
- Taking regular breaks
- Using humor
- Scheduling pleasant activities
- Focusing on something practical you can do right now
- Using relaxation methods
- Engaging in support groups/counseling
- Exercising
- Journaling
Self-care toolbox

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

Coping with specific circumstances

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

Addressing their Anger

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

Addressing Strong Negative Emotions

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

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
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

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?

Positive thoughts

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

I should be more productive → My family will get sick → I am alone
I’m doing the best that I can → There are things we can do to stay safe → I have friends and family for support

SRI Step 2: Explore Resources

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

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
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

**Sleep resources**

- **Handout on Sleep Hygiene:** [Link to Handout]
- **Insomnia Coach:** [Link to Insomnia Coach]
  - 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:** [Link to Path to Better Sleep]
  - Free, online course based on cognitive behavioral therapy for insomnia (CBT-I)
  - Includes many of the tools and tips shared in insomnia coach

**Links to Social Supports**

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

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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

Promoting Social Support

Enhance Access To

- Family, friends & loved ones
- Community resources

Encourage New Connections

- With immediately available support
- Especially after losses or separations

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
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

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

PROBLEM SOLVING FOR MAKING A PLAN

Collaboratively assess and prioritize needs and concerns.
Choose the most pressing controllable issue to address.
Brainstorm possible solutions to the problem.
Consider pros and cons and choose a solution.
Make an action plan for carrying out the solution.
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**

Resources

<table>
<thead>
<tr>
<th>For detailed PFA training</th>
<th>SPR training manual</th>
<th>The PFA Mobile App</th>
<th>PTSD Coach</th>
</tr>
</thead>
</table>
References

- Developed by the US Department of Veterans Affairs
- PFA Mobile © 2006, National Child Traumatic Stress Network and National Center for PTSD

- A Psychological First Aid Guide for the College and University: Supporting Students, Faculty and Staff After a Crisis or Other Emergency
- WHO PFA Facilitation Manual