

Stress, Trauma, and Mental Health in the Workplace: A Program to Build Organizational Resilience

Vicki Kerr – Director of Operations and HR, Colorado Outward Bound School

Laura McGladrey – Stress and Resilience Advisor, Colorado Outward Bound School

Mike Pigg – National Safety Director, Outward Bound USA

Slide deck



(LinkedIn – Mike Pigg)

Resilience

The ability to rapidly and effectively rebound from psychological and/or behavioral distress associated with significant stress exposure

Introduction

- A. What was the need at COBS?
- B. What approach did we take?
- C. Takeaway - Stress Continuum Model

What was the need at COBS?

1. Our staff were stressed
2. We didn't prepare our staff well
3. Our business was stressed
4. Occupational stress was a hazard without controls

What was the need at COBS?

Our staff were stressed!

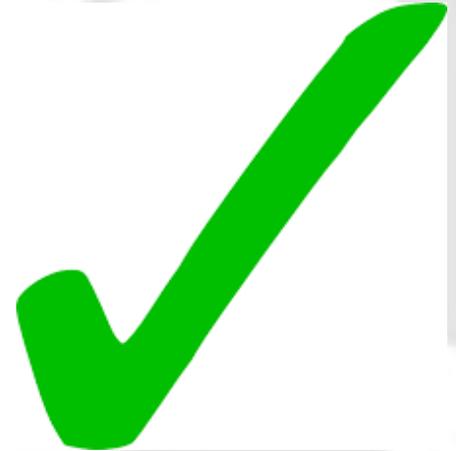
- We knew there were a high number of significant events
- We didn't have a system to recognize and address occupational stress / staff stress injury



What was the need at COBS?

We didn't prepare our staff well

- Staff **ARE** trained experts in wilderness risk management and emergency response.



What was the need at COBS?

We didn't prepare our staff well

- Staff **ARE** trained experts in wilderness risk management and emergency response.
- Staff **ARE NOT** trained to manage critical incidents stress / psychological support.



What was the need at COBS?

Our business was stressed...

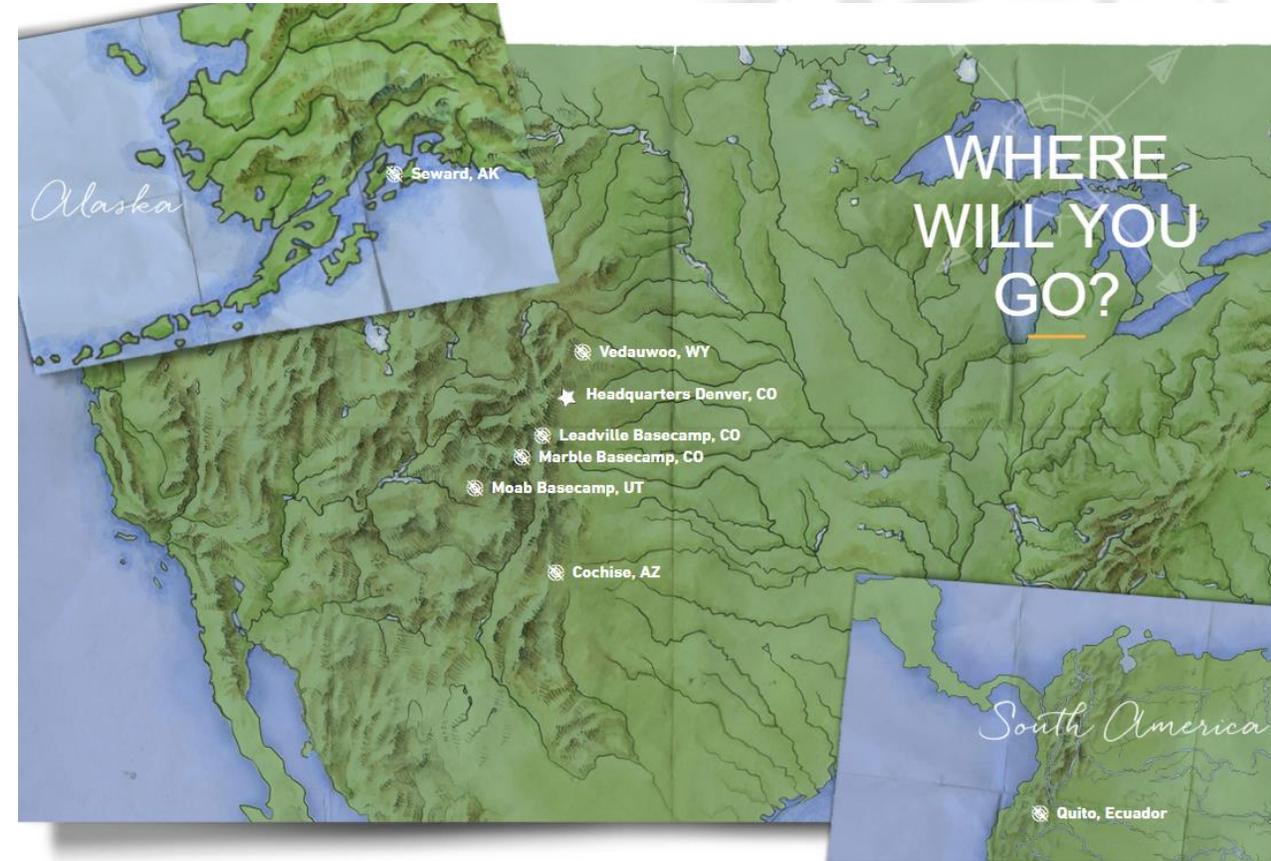
- Long courses, challenging conditions
- Packed seasonal workload
- Anti-social hours (shift workers)
- Remote locations
- Resources are at capacity
- Culture of feeling reactive
- Staff burn-out



What was the need at COBS?

Our business was stressed...

- Reduce burden on instructors
 - Simplify instructor role
- Reduce burden on organization
 - Simplify Operations
- Re-build admin capacity
 - Redesign core systems



What was the need at COBS?

Occupational stress was a hazard without controls

- Occupational stress and staff mental health wasn't seen as a risk!
- Was time to move beyond a reactive approach



What approach did we take?

How did COBS identify and build for resilience?

1. Occupational Stress and Burnout
2. Overview of Tools in our Box
3. Dive into Incident Support Network

Burnout

WHO recognizes burnout resulting from chronic “workplace stress that has not been successfully managed”.

It is characterized by:

- Feelings of energy depletion or exhaustion;
- Increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and
- Reduced professional efficacy.
- Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.

WHO 2019



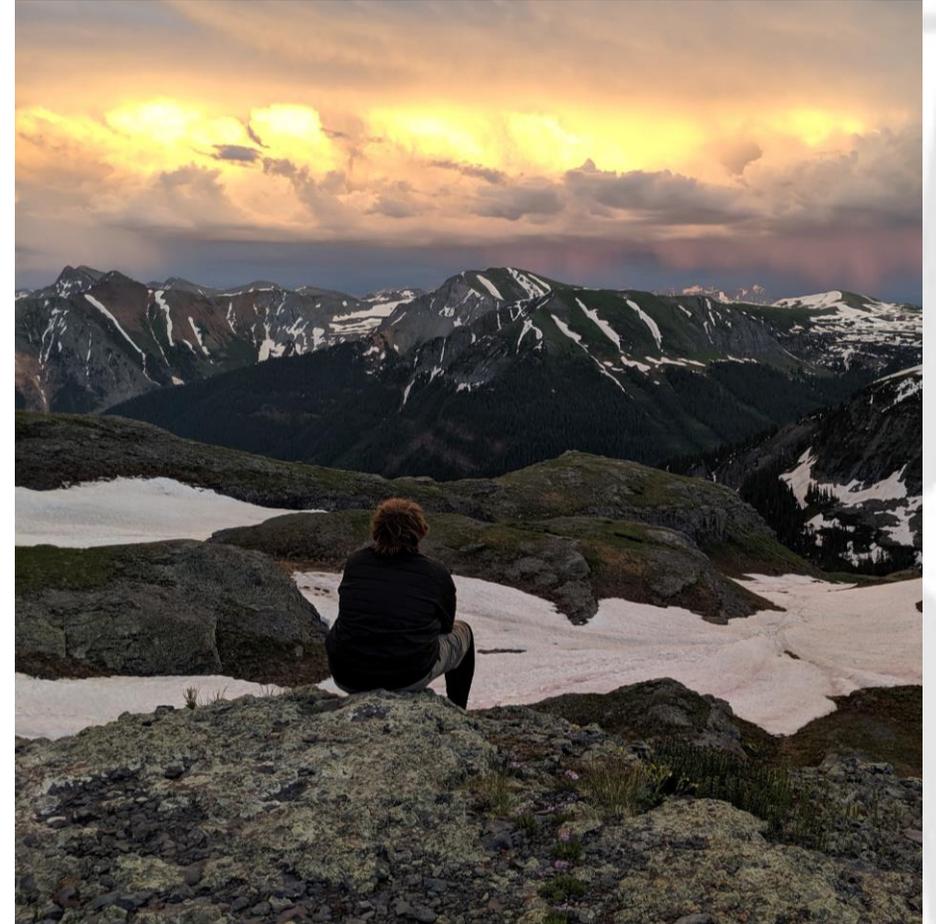
Employer tools in mitigating stress

- Sense of community at work,
- Strong social relationships,
- Collegial environment,
- Workload that's not too burdensome,
- Sense of agency at work, and a healthy work-life balance



COBS Building for Organizational Resiliency

- Employee Assistance Program
- Mental Health Advisor
- Mental Health Training
- Sick Day Benefit Extended
- Work Schedule
- "Go Green" Stress Continuum Chart
- Incident Support Network



This document may not be reproduced without the consent of the author. WRMC 2019



Incident Support Network

The ISN was set up by COBS in 2018 to support staff, students and other stakeholders or supporters in the event of occupational exposure to stress (whether cumulative or related to single event trauma).



ISN Aims...

- Outline and teach PFA processes that trained staff will utilize in the support of staff, students, and supporters after exposure to occupational stress or trauma.
- Provide a service and resources that staff can voluntarily access after occupational related stress or trauma.
- Minimize reactions to difficult situations and reduce initial post-trauma distress.
- Support short- and long-term adaptive functioning and minimize the likelihood of stress injury formation after exposure to a significant or traumatic incident (or near miss).



ISN Goals

- We needed more than an “intervention” post critical incident.
- We wanted a circuit breaker for staff affected by cumulative stress / burnout
- We wanted an organizational wide system to promote resilience.



What does the ISN look like?



Stressors

Potential Trauma

- Critical incident
- Near miss

Injured (impaired functioning)

- multiple stressful incidents
- extended work in hyper-arousal



What does the ISN look like?



Stressors

Potential Trauma

- Critical incident
- Near miss

Injured (impaired functioning)

- multiple stressful incidents
- extended work in hyper-arousal

Recognition

Incident Support Network

- Staff request support
- Staff offered support (referral)
- ISN deployed as part of an emergency response



What does the ISN look like?



Stressors

Potential Trauma

- Critical incident
- Near miss

Injured (impaired functioning)

- multiple stressful incidents
- extended work in hyper-arousal

Recognition

Incident Support Network

- Staff request support
- Staff offered support (referral)
- ISN deployed as part of an emergency response

ISN Session

Incident Support Session

- Group IS Session
- Individual IS Session

What does the ISN look like?



Stressors

Potential Trauma

- Critical incident
- Near miss

Injured (impaired functioning)

- multiple stressful incidents
- extended work in hyper-arousal

Recognition

Incident Support Network

- Staff request support
- Staff offered support (referral)
- ISN deployed as part of an emergency response

ISN Session

Incident Support Session

- Group IS Session
- Individual IS Session

Follow-up

Professional Referral

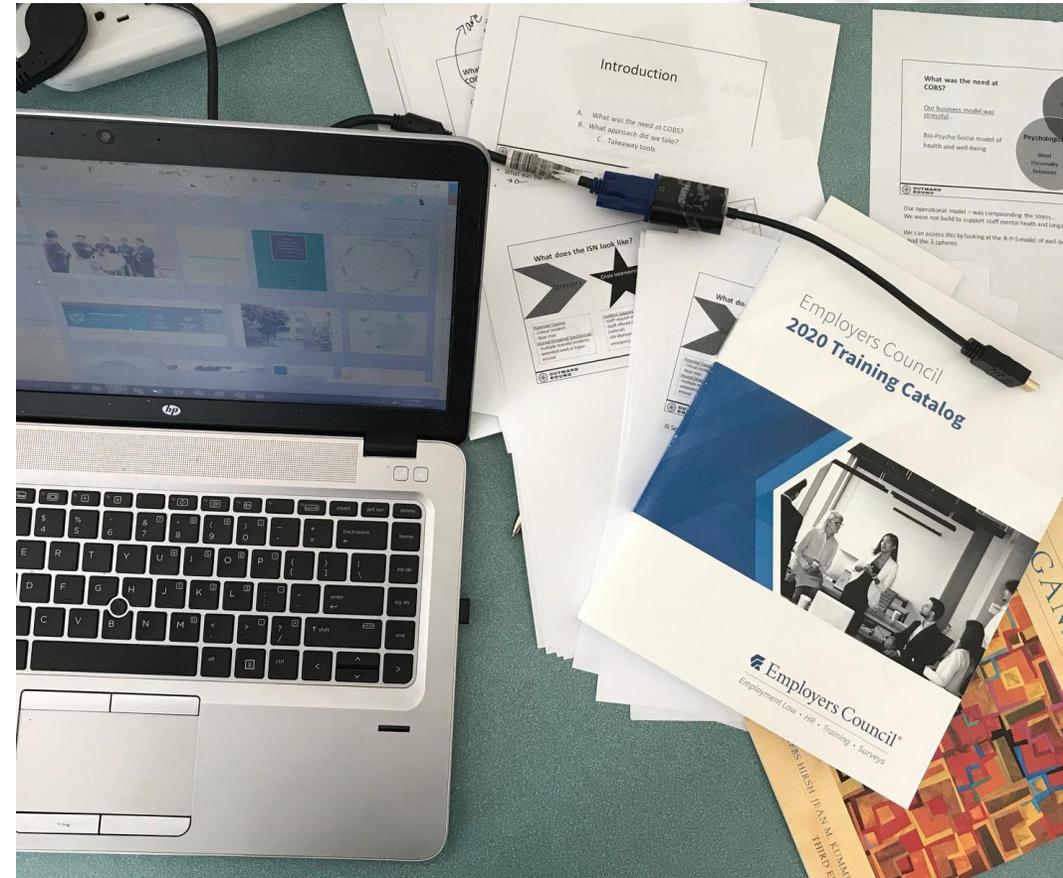
- EAP
- Vetted local counsellor

ISN Follow-up

- 3 & 6-month ISN check-in

ISN Planning and Implementation

- Administration and Oversight
- Team Selection
- Communication
- Organizational Buy-in



Administration and Oversight

- Ongoing oversight and guidance by a mental health clinician who is knowledgeable of the organization, and the culture of staff offering and receiving peer support.
- Driven and overseen by HR.
- Similar to an in-house EAP aimed to support staff welfare.



Team Selection

- No connection to performance management
- “Green”
- Well respected
- Representative



Communication

- Pre-loading staff with PFA training
- Marketing / advertising and promotion
- Staff handbook
- Swag



Organizational Buy-In

(plus breaking the stigma)

- Leadership messaging
- Leverage within broader systems
 - Staff training
 - ERP



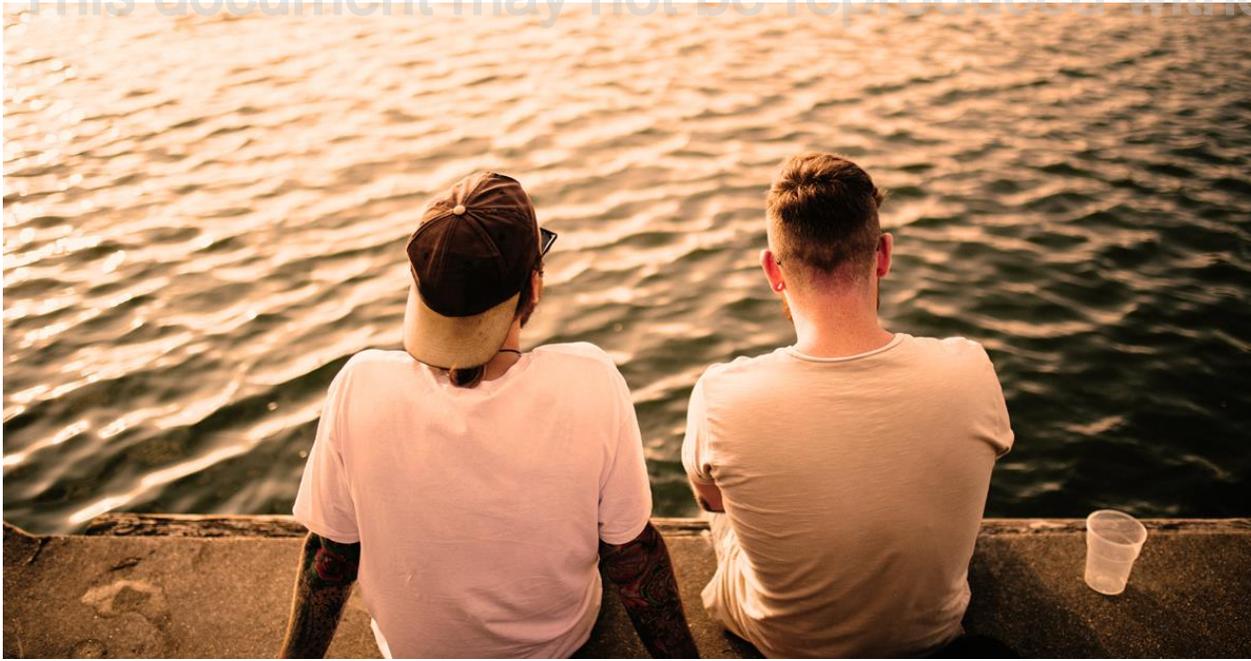
What approach did we take?

Incident Support Session (ISS)

Incident Support Session (ISS)

- Simple 5-step process (1-2 hours)
- Underpinned by Psychological F.A.
- Focus on the body's **stress reaction** (and recovery)
- No focus **debriefing** or **diagnosing!**





Staff



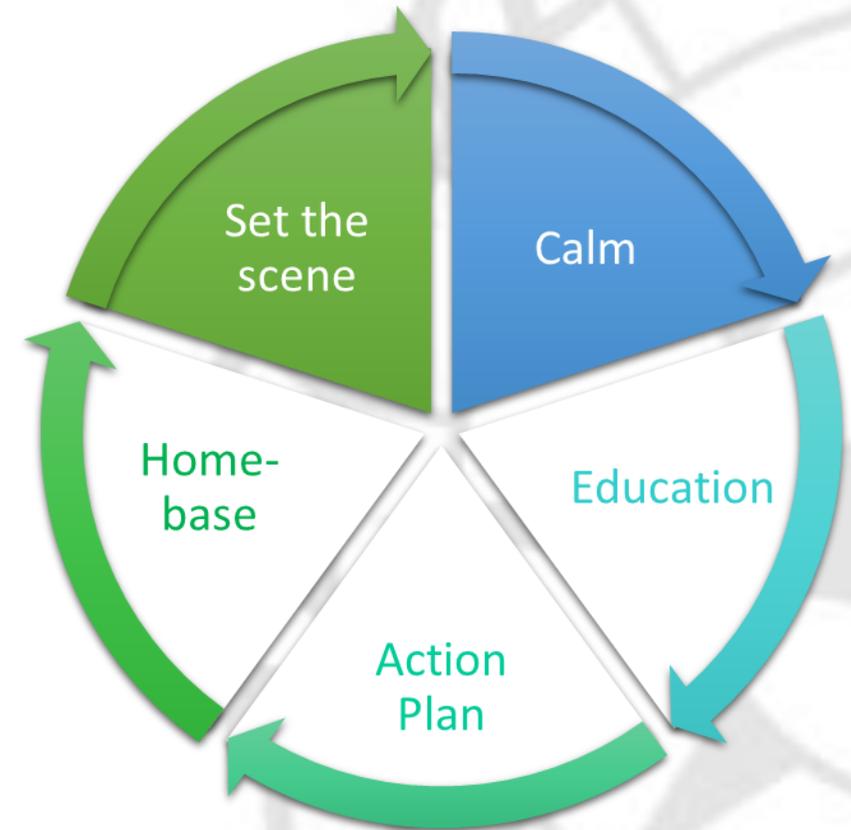
Groups

Incident Support Session (ISS)

Step 1-2 STABILIZE

Validate (and normalize) reactions

ISN FRAMEWORK	
Set the scene	<ul style="list-style-type: none">• Appropriate environment• Establish guidelines• Tell the story (clarify facts!)
Calm	<ul style="list-style-type: none">• Check-in / Temp check• Grounding (↓ arousal)• Normalize stress reactions

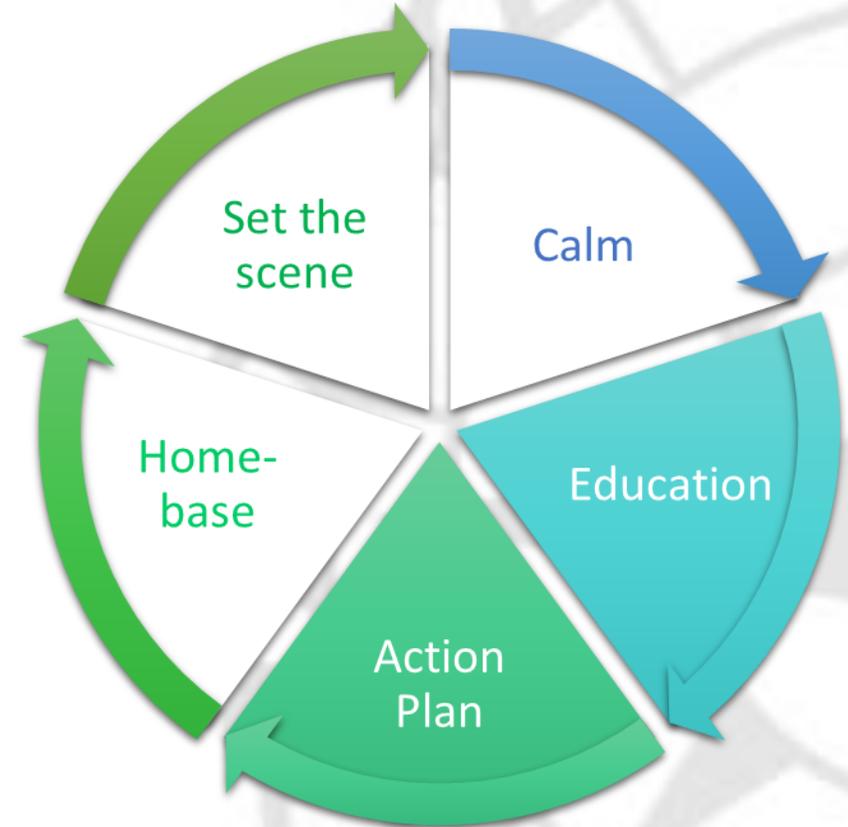


Incident Support Session (ISS)

Step 3-4 MITIGATE

Educate (and coach adaptive strategies)

ISN FRAMEWORK	
Education	<ul style="list-style-type: none">• Stress response• Stress continuum• Adaptive coping strategies
Action Plan	<ul style="list-style-type: none">• Create predictability• Plan coping strategies• Develop a script



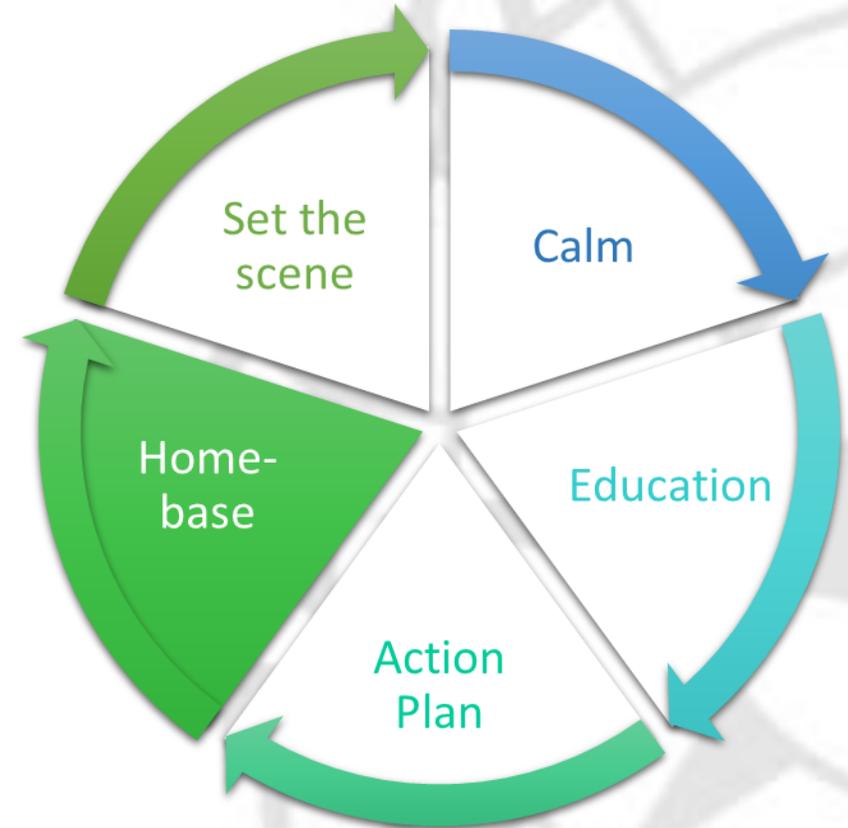
Incident Support Session (ISS)

Step 5 TRANSITION

Offer support for transition (and referral opportunities)

ISN FRAMEWORK

- | | |
|-----------|--|
| Home-base | <ul style="list-style-type: none">• Check out - What's next?• Support for transition• Follow-up and referral |
|-----------|--|

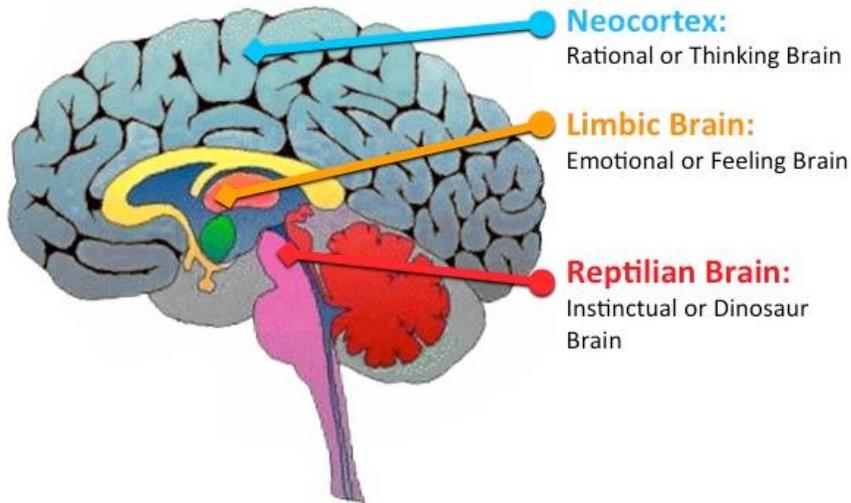


Incident Support Session (ISS)

*Schimelpfenig T. NOLS Wilderness Medicine. 6th ed

ISS FRAMEWORK		Principles of Psychological First Aid *	
Set the scene (Safety)	<ul style="list-style-type: none"> • Appropriate environment • Establish guidelines • Tell the story (clarify facts!) 	Safety	<ul style="list-style-type: none"> • Mitigating the scene by reducing chaos and removing patients from perceived threats • Reflecting evidence of safety
Calm	<ul style="list-style-type: none"> • Check-in / Temp check • Grounding (↓ arousal) • Normalize stress reactions 	Calm	<ul style="list-style-type: none"> • Calming yourself first • Emphasizing the present, the practical, and the possible
Education	<ul style="list-style-type: none"> • Stress response • Stress continuum • Adaptive coping strategies 	Self-Efficacy	<ul style="list-style-type: none"> • Involving the person in problem-solving, self-care, and rescue • Recognizing and reminding people of existing strengths
Action Plan (Self Efficacy)	<ul style="list-style-type: none"> • Create predictability • Plan coping strategies • Develop a script 	Connection	<ul style="list-style-type: none"> • Building an on-scene relationship • Helping people contact friends, family, loved ones (including pets)
Home-base (Connection/Hope)	<ul style="list-style-type: none"> • Check out - What's next? • Support for transition • Follow-up and referral 	Hope	<ul style="list-style-type: none"> • Reflecting specific, accurate, positive facts and predictable, realistic steps • Personally maintaining and communicating hope

Stress Injury Formation



Response system
overwhelmed

Emotional **Connection**
Isolation

Helplessness

Psychological First Aid

Objective:

Mitigate Traumatic Stress Exposure to reduce injury

Safety

Calm

Engagement (Efficacy)

Connection

Hope



Incident Support Session (ISS)

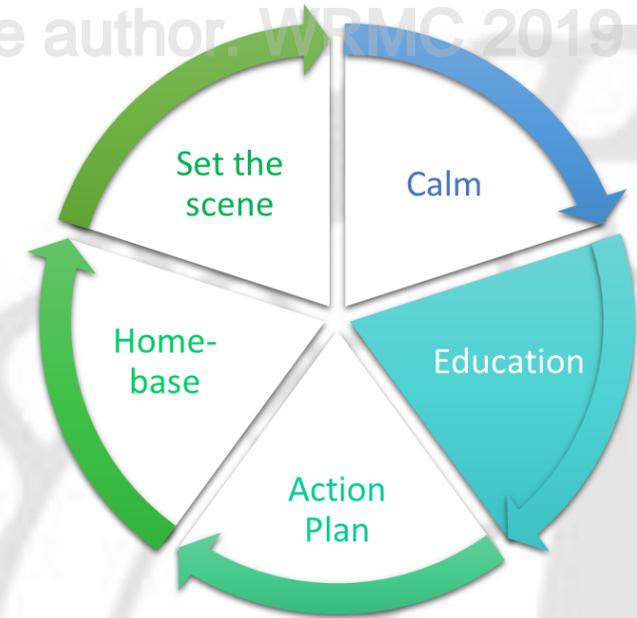
*Schimelpfenig T. NOLS Wilderness Medicine. 6th ed

ISS FRAMEWORK		Principles of Psychological First Aid *	
Set the scene (Safety)	<ul style="list-style-type: none"> • Appropriate environment • Establish guidelines • Tell the story (clarify facts!) 	Safety	<ul style="list-style-type: none"> • Mitigating the scene by reducing chaos and removing patients from perceived threats • Reflecting evidence of safety
Calm	<ul style="list-style-type: none"> • Check-in / Temp check • Grounding (↓ arousal) • Normalize stress reactions 	Calm	<ul style="list-style-type: none"> • Calming yourself first • Emphasizing the present, the practical, and the possible
Education	<ul style="list-style-type: none"> • Stress response • Stress continuum • Adaptive coping strategies 	Self-Efficacy	<ul style="list-style-type: none"> • Involving the person in problem-solving, self-care, and rescue • Recognizing and reminding people of existing strengths
Action Plan (Self Efficacy)	<ul style="list-style-type: none"> • Create predictability • Plan coping strategies • Develop a script 	Connection	<ul style="list-style-type: none"> • Building an on-scene relationship • Helping people contact friends, family, loved ones (including pets)
Home-base (Connection/Hope)	<ul style="list-style-type: none"> • Check out - What's next? • Support for transition • Follow-up and referral 	Hope	<ul style="list-style-type: none"> • Reflecting specific, accurate, positive facts and predictable, realistic steps • Personally maintaining and communicating hope

Incident Support Session – “Education”

We adapted a combat stress continuum model

- Talk about the bodies reaction to stress
- Coach “green choices” and coping strategies



Nash, W. P., Westphal, R. J., Watson, P. J., & Litz, B. T. (2010). *Combat and Operational Stress First Aid: Caregiver Training Manual*. Washington, DC: U.S. Navy, Bureau of Medicine and Surgery

COSFA

Stress Continuum

“The goal of COSFA is simply to move towards green to restore health and readiness after stress injury”

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

RESPONDER STRESS CONTINUUM

READY

Sense of mission
Spiritually and emotionally
Healthy
Physically Healthy
Emotionally
Availability

Healthy Sleep
Enjoying
Sense of
Joy/Vitality
Room for
complexity

REACTING

Cynicism
Work avoidance
Loss of interest
Distance from others
Short fuse
CHANGE

Life feels 'bleh'
Lack of motivation
Fatigue/weariness
Sleep Disturbance

INJURED

Isolation
Sleep disturbances
Numbing and avoiding
Burnout
Nightmares
Trapped

Distant from life
Exhausted
Physical
Symptoms
"I usta"

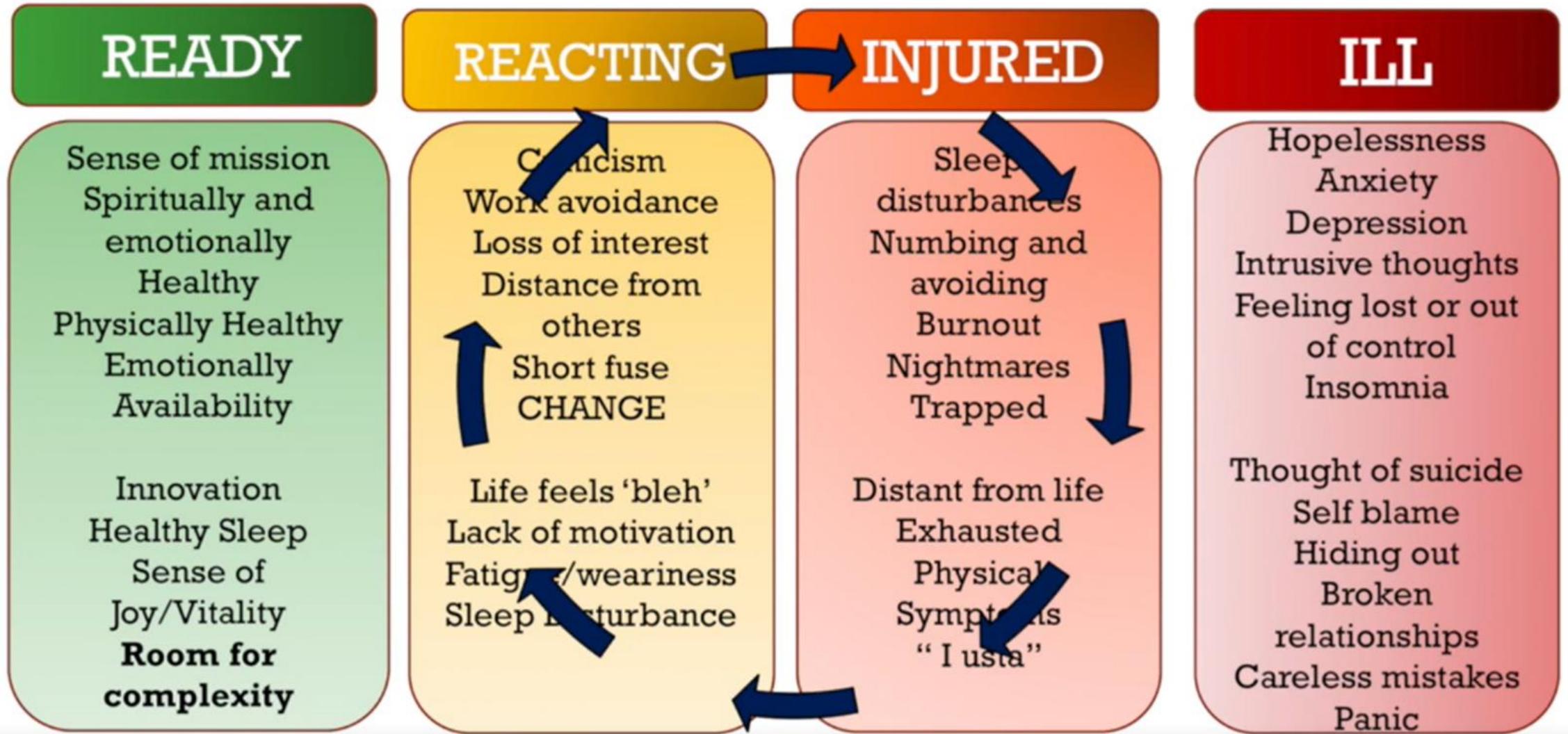
ILL

Hopelessness
Anxiety
Depression
Intrusive thoughts
Feeling lost or out of control
Insomnia

Thought of suicide
Self blame
Hiding out
Broken relationships
Careless mistakes
Panic

Change in worldview

WHAT'S YOUR BASELINE & HOW DO YOU RETURN TO IT?



Change in worldview

ORGANIZATIONAL STRESS CONTINUUM

READY	REACTING	INJURED	ILL
Overview			
Good to go Healthy and focused	Mild distress Temporary impairment	Severe distress Lasting impairment	Very sick System shut down
Summary of Stress Reaction / Affect			
- Mission alignment, satisfaction	- Mission ambiguity	- Mission drift	- Mission not guiding decisions
- Locations maintain positive, cohesive, inclusive cultures	- Culture becomes competitive &/or pessimistic	- Culture becomes self-protective and people blame others	- Culture of everyone for themselves, resentful, hopeless
- Systems/processes are efficient and effective	- Systems/processes are inflexible, inefficient, outdated	- Systems/processes are disregarded or worked around	- Systems/processes are not working or absent
- Open to opportunities, eager to try	- No strategy for opportunities, desire for same or "yes" to all	- Opportunities missed / avoided - No innovation	- Closed to opportunity - Changes forced of desperation
- Resources are ample (human, financial, physical)	- Resources are stretched / inadequate	- Resources are scarce / reducing capacity	- Resources are absent
- Communication down, and feedback up are balanced	- Miscommunications, not feeling heard, less delegation	- Top down communication, collaboration stops	- Communication = orders and directives (sense of doom)
- Mutual trust b/w staff at various locations/depts.	- Questioning trust b/w staff at various locations/depts.	- Loss of trust b/w staff at various locations/depts.	- Mistrust, hostility, calcified perspectives
- Alignment on risk tolerance across depts.	- Additional risk is normalized to meet goals	- Unacceptable risks are accepted / ignored	- Risks not evaluated / managed, and not discussed
- Emergencies managed with comfort, creativity, flexibility	- Respond to emergencies through overwork, workaround	- Barely cope with emergencies, unsustainable, 'survival' mode	- Next emergency could kill the organization
Suggested response			
School Leadership → Board of Directors → Professional Intervention			

ORGANIZATIONAL STRESS CONTINUUM

READY	REACTING	INJURED	ILL
Overview			
Good to go Healthy and focused	Mild distress Temporary impairment	Severe distress Lasting impairment	Very sick System shut down
Summary of Stress Reaction / Affect			
	← Mission / purpose →		
	← Culture →		
	← Business systems/processes →		
	← New opportunities →		
	← Resources →		
	← Communication →		
	← Trust →		
	← Risk →		
	← Emergencies →		
Suggested response			
School Leadership → Board of Directors → Professional Intervention			



Recap

1. Stress injuries and occupational stress is a RM issue that impacts safety, quality and culture.
2. Stress injuries are common, predictable, exposure injuries that are reversible and treatable when recognized.
3. Incident support is just one tool in the box to support org. reliance.
4. Planning for psychological support is an organizational and person collaboration that should start well ahead of the need.

Questions?

“TO SERVE, TO STRIVE, AND NOT TO YIELD”

Outward Bound Motto

