

Speaker 1 ([00:05](#)):

Hello everyone. I'm Gora Aggarwal and I serve as the Chief Wellness Executive and Vice President at Northwestern Medicine. I also serve as our wellbeing consultant for the Center for Workplace Mental Health on the Brave of Heart Fund. I'm so excited today to be joined by my Christiana Care colleagues who all have introduced themselves. Next.

Speaker 2 ([00:24](#)):

Hello, my name is Christina Watlington. I am a clinical psychologist and I'm the caregiver wellbeing specialist at the Center for Work-Life Wellbeing. So good to be here.

Speaker 3 ([00:34](#)):

Hi everyone, I'm Katie Godfrey. I'm also a clinical psychologist by training and I'm the director of the Center for Work Life Wellbeing Care at Christiana Care.

Speaker 4 ([00:42](#)):

Hi everyone, my name is Christine McGuire Claros and I'm the care for the caregiver program manager here at Christiana Care.

Speaker 1 ([00:49](#)):

Thank you all for taking time out to be with us today and teach us about your psychological first aid program. I was wondering if Christina, you could tell us a little bit more detail about your psychological First aid program.

Speaker 2 ([01:01](#)):

Absolutely. So excited to talk about P F A. So our CIP first aid model, it's a self-care model, it's a leadership model. We also say it's a peer support model and it really aims to intervene to remove a stressor when needed also to prevent further harm and promote recovery for those impacted by stress. Now we tailor the model so that it's a blend of stress first aid and psychological first aid. So I'll explain what that is. The goal of stress first aid is to view stress reactions is being on a stress continuum from thriving to critical, and to address those reactions before they develop into more severe issues. The goal of psychological first aid is really to help those impacted by a stressor be safe while connecting them with resources and helping them with their recovery. So our blended model takes both of these models and we came up with three Rs.

Speaker 2 ([01:58](#)):

You have the recognize, we have the cover we have referred, so recognize, it focuses on noticing where a caregiver is on the stress continuum. The stress continuum is this great tool that was developed by the Navy to describe a range of stress reactions. Green is thriving, you're at your best, yellow is surviving. This can include loss of focus or feeling irritable. Orange is struggling. You might not feel like your normal self and Brad is critical. You might experience a sense of hopelessness or impairment and functioning. So recognize is all about checking in with a caregiver after they've been exposed to stressors or if they've shifted on the stress continuum, like a shift from green to orange, perhaps recover. This is all about creating a safe space in the moment. This can look like inviting a caregiver to take a step back from what they're doing and offering these calming strategies like doing some deep breathing or box breathing or something of that nature to regulate their nervous system.

Speaker 2 ([03:02](#)):

Refer is about connecting caregivers with support resources based on the concerns that the caregiver has expressed. So we deliver the full training in three hours. This includes our breakout sessions, it includes a 10 minute bio break, and we were really intentional about making this training really fun and engaging. So we used recorded role plays and case vignettes so that caregivers to build skills to identify and support colleagues impacted by stress injuries. We also have them practice having supportive conversations and familiarize themselves with resources so they can really flex those P F A muscles. We understand that practice makes progress. Our training also emphasizes the importance of being compassionate. As we deliver P F A, we might assume that all caregivers exposed to the same event should respond in the same way a caregiver, if the team is exposed to an event and one caregiver responds, but they're still like in the green, we might think, well, why are not all of the caregivers responding this way?

Speaker 2 ([04:04](#)):

Why are they not dancing in the green? But we understand and we like to emphasize and highlight in our training that we are all as unique as our fingerprints. That's what my colleague Christine always reminds us of. So in our P F A model, we want to honor and really respect each caregiver's unique reactions and their needs. We understand that training participants can leave a training feeling really energized and excited and ready to implement the skills that they learn, but we know that the real magic happens with ongoing support. So we decide to include these continued learning sessions and we have three topics we have getting stuck like what if I'm implementing P F A, but I just feel like I'm stuck. I don't know what to do next or what if I don't have enough time? Or what if is a leader, I'm doing P F A, but I need to talk to this caregiver about performance concerns.

Speaker 2 ([04:55](#)):

So the continued learning sessions, they provide an opportunity for this ongoing connection with our caregivers who are really excited about strengthening their P F A muscles. We also offer ongoing consultation to support caregivers in their P F A journey and all caregivers who participate in our training walk away with a nice P F A badge and the badge has the three Rs on it along with information about the stress continuum. So in summary, our three hour P F A program includes the three Rs of P F A, the videos, the scenarios, continued learning and consultation, trauma-informed principles in the blend of stress first aid and CIP first aid.

Speaker 1 ([05:36](#)):

I can show

Speaker 3 ([05:36](#)):

An example of that badge that we have here, one of our badges that we give out as part of the training so people can take those skills with 'em.

Speaker 1 ([05:45](#)):

That's fantastic and it sounds incredibly comprehensive. I know a lot of us used some of the Stress First aid during the pandemic, but I've never heard this idea of blending both the stress and psychological first aid. So that's brilliant. I really appreciate you telling us about the program. I was wondering if you all would tell us a little bit about how this program fits in the overall wellbeing Center. I know Christiana Care is one of the premier wellbeing centers in the country.

Speaker 3 ([06:11](#)):

Yeah, I'm happy to speak a little bit to that. So supporting the wellbeing of all people who work here at Christiana Care that we call caregivers has really been a priority for many years. We've had a Center for provider wellbeing established since 2016, and now we're the Center for Work-Life wellbeing. But the challenges of the pandemic really amplified the stress that our caregivers experienced, and so we recognize that we had an opportunity to better support our caregivers with some of the added stress and to equip leaders with more tools to create safe spaces so that caregivers had the message that it's okay not to be okay. Caregivers had given so much of themselves during the pandemic, they've sacrificed so much and we wanted to support them as much as we could. So this was kind of the why behind launching this program. And very early in the pandemic, within the first year or so, we had launched a mental health first aid program to train leaders and we trained about 200 or so leaders.

Speaker 3 ([07:08](#)):

And although it was well received, we recognized that people who work in healthcare really have unique needs and may want a tailored program that really addresses their specific stressors and goes beyond simply learning how to better support those with mental health conditions or concerns within the workplace. So we developed our own training at First, psychological First Aid, as Christina described, that blends psychological first aid and stress first aid models, and it's really geared towards supporting anyone who's impacted by stress, not just individuals who may live with a mental health condition or be in an emotional crisis. We really aim to kind of normalize being affected by stress, having stress injuries, and really the benefits of connecting with support resources. So by training leaders to deliver P F A, we're really empowering them to engage in supportive conversations with their colleagues and reduce the stigma around being affected by stress.

Speaker 3 ([08:02](#)):

And our P F A program isn't just about supporting individuals, but also about changing the culture of wellbeing at Christian Care, our model for wellbeing, the model that guides our work, we call it the operational framework that's based on the Sanford Well, and B model has three primary components. So individual wellbeing, a culture of wellbeing and efficiency of work. We really feel that P F A is a program that taps into two of those components. So individual wellbeing and the culture of wellbeing are really shifted with this program. And our organization has as one of its five strategic aspirations, the aspiration to enable every caregiver to thrive. And our senior leaders sent a strong message in this past fiscal year by selecting P F A as a program to highlight within our annual operating plan goals. So it was a metric that every leader within the organization was tracking very closely that we had a stretch goal of training 50% of the leaders within our organization to be trained in P F A. So there were strong incentives to attend this training. This is folks, not only the bonuses are tied to it, but thinking about the organizational health overall is tied to this metric. And so our leadership really signaled the importance of P F A training from the beginning. We've had a lot of really strong buy-in and support from our leadership, which I think is one of the crucial elements to our success in launching P F A here at Christianna Care.

Speaker 1 ([09:31](#)):

That's incredible. As we're on the trail, we often hear, show me your budget and I'll show you what you value. And so I love the fact that you were able to connect this to incentive goals and have it be so visible as this is really important to all of us. I may pick your brain later about there any techniques you would share with our audience on how one sort of influences our leadership to include something like

this on an incentive comp, but I do want to understand a little bit more about, as you've been implementing this program, what would you say to our audience about what are the keys to success? If someone wanted to start this program themselves, obviously what you're telling me is you created a homegrown program, some folks may not be able to and there are other programs that you can purchase around mental health, first aid, et cetera. What would you say are some of the keys to success to launching the sort of program first system? Sure,

Speaker 4 ([10:25](#)):

I'd be happy to talk to that. And I think some of them were already highlighted by Katie and Christina, but there were several key factors that led to the program success. For one, we knew from the onset that this would require a significant time commitment from leaders. So we needed to ensure that their time would be well spent and that learnings we wanted to instill were pertinent, adaptable, and engaging. And we had a plethora of material to draw from. So we were very meticulous about deciding what to incorporate in the training. We were also very intentional in targeting promotional efforts to ensure buy-in from leaders at all levels. So our C-suite leaders avidly promoted P F A at town halls, members from our team were invited to share a quick overview of the training and promotional efforts were further strengthened by the fact that P F A was closely aligned with one of our A O P goals, which Katie mentioned helping every caregiver to thrive.

Speaker 4 ([11:22](#)):

So we really think that that really gave even further incentive for leaders to attend. And our initial plan was to train 50% of leaders for our annual operational plan goal. Yet not only did we meet this goal, but we managed to reach our stretch goal of 53% and P F A gained momentum right from the start. Beginning with our first pilot training and knowing that the majority of trainings would be virtual, a main focus of our training was to ensure participants remained and really encouraged that interaction throughout the three hour training. So consistently inviting participants feedback through questions, interactive activities and role plays proved to be a successful strategy and keeping members really engaged and energy high throughout the duration of the training. Another key factor to our success was establishing a sense of commitment before the training even began. And we believe this was accomplished through continuous communication and reminders, having participants enroll through our learning platform, having participants complete a pre-training survey, and then sharing our P F A toolkit, which they could take the time to review in advance.

Speaker 4 ([12:34](#)):

All of these really showcase the gravity of our work and dedication to this project, which we believe in turn enhanced participants' commitment. Another instrumental component of this projects success was devising a toolkit, which I mentioned which participants could reference throughout the training as well as to use as a guide when doing P F A. So this toolkit really kind of incorporated fundamental resources and allowed participants quick access to focal reference points of material covered. In addition to the toolkit, we also created a learning badge, which Katie showed earlier to allow leaders to showcase their skills and recognize their achievement in having successfully completed the P F A training. The badge could also be used as a quick reference to the p FFA models, three Rs and stress continuum that Christina covered, and we think this also further motivated learners and it also lent itself to advancing program visibility. And last but not least, I will reference what my colleague here, Christina always says, teamwork makes the dream work. And this was truly teamwork at its best.

Speaker 1 ([13:41](#)):

I love it. And I think we recognize that for scale, virtual is really important, but then how do you balance scale with engagement? And so I think you shared some really key tips on how we can use virtual and yet remain have an audience that remains engaged. So I appreciate that very much. Tell us a little bit about how you've measured the impact, obviously to get 53% of your leaders to do this program. That's really what culture change looks like. Other ways that you've measured the impact of this delivering this P F A?

Speaker 3 ([14:17](#)):

Yeah, so we've really measured our success in a range of ways. Obviously our first key performance indicator or metric of success was just the number of leaders that we trained. Our organization, our team has never really attempted something at this scale before. So it was a little intimidating to think how are we going to communicate with this many leaders? How are we going to incentivize 'em? How are we going to get 'em to know about this training and get them excited about learning about P F A? And so the fact that we were able to train 583 leaders within one fiscal, that's a huge success I think in itself. And in that first quarter of the fiscal year, we were actually developing the training. So we didn't really launch in earnest until the second quarter. So we were quite busy with doing a lot of P F A trainings.

Speaker 3 ([15:08](#)):

We did collect data at four time points for leaders who completed the training. So they completed a survey before the training, immediately after the training, after continued learning sessions, and then at six months. So we had the opportunity to collect data on the participant's skill development, their confidence in different components of P F A. So things like can they communicate compassionately? Can they create a safe environment, can they calm individuals who are impacted by stress injuries and can they provide information on support resources? And as you do with a lot of new programs that you roll out and develop, we also collected feedback about their experience in the training broadly. So included some open response questions to examine themes, what are we doing well, how could we improve the training, what did you like most about it? And we had some really excellent results. So not just looking at how many people actually showed up to the training and were kind of logged in, or if it was an in-person training, which we did do some in-person trainings, how many people kind of showed up, but we had some really great feedback from our participants.

Speaker 3 ([16:15](#)):

So we found that most participants significantly grew their P F A skills across all of the skills that I previously discussed. So communicating compassionately, creating a safe environment, sharing information, things like that. And it reached a point where 80% of participants agreed or strongly agreed that they now have these skills, which we felt really reassured by. And we actually saw the most growth across the ability to provide realistic information about support resources. So that went from about 60% to nearly a hundred percent of participants saying that they now agree or strongly agree that they're able to provide realistic information about support resources, which I think sometimes when you're in a well-being team, you think, gosh, everyone knows about these resources because you know so much about them or you live and breathe some of that information. But I think we've learned that you really cannot over communicate these resources that having a training like this, a big feature that can really benefit folks is helping them navigate the resources and figure out how do they all fit together?

Speaker 3 ([17:19](#)):

What's the best number? What do I use certain resources for? And so we have a lot of slides and content that talk about the different response times of resources and how different resources fit together. When is this kind of an HR concern versus when is this more of a wellbeing concern? So helping leaders kind of have a really easy way to navigate the resources, I think was very helpful. And we collected some qualitative feedback and testimonials as well. So we got a lot of feedback that participants love the interactive engaging format. I'm sure they loved all the music that we played during the breaks and at the beginning and the end. We just try to set the tone that this is fun and engaging. We're talking about heavy things, but we want to make sure that people feel that we're here for them, that the wellbeing team is a support for them and we're here to make their job easier.

Speaker 3 ([18:08](#)):

Many participants really felt like they could take their tools directly to their teams and even sometimes to their family and friends. So I'll share one testimonial that was shared with us from a leader that attended our training kind of early on. So he said that I learned things not only about myself, but also about how to help my team, and that this is definitely one education session I'll be taking back to my team to implement right away. And we had many comments and testimonials that were kind of in that same vein. They felt it was really applied, really straightforward. It would allowed them to kind of implement the skills right away, which is exactly what we were hoping for. And we've actually had such a demand for P F A that leaders who were trained in P F A wanted to bring this to their teams. And so we kind of midpoint in the year decided that we were going to develop a one hour version of the training called Getting Started with P F A, that any leader who has attended the three-hour training would be able to sign their team up for the one hour getting started with P F A training. So we could offer that to those teams whose leaders had already been trained. And so how often healthcare are people asking for more trainings, right? Is such a, it's rare.

Speaker 3 ([19:21](#)):

So we really consider that to be a big marker of our success as well, that this is something that's in demand that leaders are asking for. They're wanting more to train their teams, to train themselves. So those are all the things that we look at when we consider the success of the program.

Speaker 1 ([19:36](#)):

Congratulations. I mean, I really love the balance between quantitative and qualitative results. I do think through your testimonial, you heard what people really think about these things, and so it sounds fantastic. I know we're coming up to time. What are sort of next steps for P F A? You sort of mentioned the one hour version now. Any next steps or lessons learned that you would leave our audience with?

Speaker 2 ([20:01](#)):

Yeah, so let's start with lessons learned and then we'll kind of wrap it up with the next step. And Katie already mentioned some of that, but so one of the lessons that we learned is the important of talking about challenging topics. If you're going to do P F A, you got to talk about hard things, right? So in our training, we cover two topics that might be uncomfortable talk about culture, and this case we titled it cultural humility and talk about suicide. And we understand that these are topics deserving of their own training, and we knew that we could not talk about delivering P F A though without talking about these topics. Folks are experiencing psychological distress. And so it's important to cover these topics regarding suicide prevention. We want caregivers to know what to do if they're concerned about a

caregiver's safety. So we cover suicide warning signs and steps that caregivers can take to support another caregiver.

Speaker 2 ([20:57](#)):

Additionally, we understand that aspects of one's identity may make them vulnerable to experiencing psychological distress in the workplace. So we define what it means to be culturally humble and we share resources for those who really want to learn more about that. Another lesson is that we understand that our P F A model is not a one size fits all approach. We are very clear about that. So throughout our training, we're really clear about how flexible this model is. It can look different each time you do it. While we share role plays and discuss vignettes, we make it clear that P f A is not prescriptive and you can customize P F A to meet the needs of different caregivers. Another lesson is really the importance of value valuing the third r. I think sometimes we get stingy and we think two RSS are better than another one, right?

Speaker 2 ([21:48](#)):

When you talk about recognize, you talk about the stress continuum, that could be fun. Then you talk about recovery and you're going to do breathing exercises. But when it comes to referring, maybe that's a little bit boring, but we really hurt back from folks and we understood that talking about our resources were incredibly helpful, and we've consistently received feedback about how useful people found our resources at Christiana Care. So we're happy we leaned into that. In the initial stage of rolling out P F A, we received requests, as Katie mentioned, for an abbreviated one hour P F A training. So we honored those requests. So another lesson we learned is that we can make a three hour p f a very short and sweet and still very impactful. So next steps, we are already on the path of rolling out P F A to all caregivers.

Speaker 2 ([22:36](#)):

We're excited to do that. We're excited to know that we can make P F A applicable to everyone regardless of roles and backgrounds and skill levels. And by doing so, we understand that we're normalizing conversations about wellbeing, and we're normalizing conversations about stress and feelings. And what we're really doing is we're ensuring that all of our caregivers know how to show up for one another, how to be each other's, how to be one's brother's keeper, how to be our sister's keeper, or how to be our caregiver's keeper. So we are on the path of launching it out to all caregivers.

Speaker 1 ([23:16](#)):

This has been a fantastic conversation. I'm so impressed with the work that you've done. You always do such great work out of Christiana Care, and I appreciate you sharing that with our audience and encourage our audience to really look at stress first aid, psychological first aid, and the impact it can have on our entire healthcare workforce and the culture of wellbeing. Thank you all for being with us and sharing your wonderful initiative.