

## Wellbeing Specialist: Stress Support and Wellbeing Sessions

### Session 1: Stress Support

Stress situations can arise in the NHS during emergency situations, where there is considerable pressure on resources and staff due to sudden high levels of demand and having to make critical decisions about the care and welfare of others. In such a situation NHS staff themselves can experience high levels of stress. NHS staff in stressful situations might experience themselves as powerless, emotionally unstable, doubting their own ability to make decisions and feeling as if they have lost control over the situation.

Stress can result from one event, but sometimes stress builds up over time. Insufficient time and opportunity to process and adapt to stress generated situations can over time and with repeated stressful events result in the staff member becoming traumatised. The priority of stress support is to ensure that the process of stabilization is undertaken as soon as is possible after a stressful event in order to reduce the build-up of psychological distress and so the possibility of longer-term trauma arising.

Project-5 stress support is immediate and short-term aimed at assisting individuals in dealing with the psychological consequences they face after making critical decisions and actions. This type of support is designed to restore emotional stability and allow the individual to be able to process the stressful situation, learn from the experience, plan positive ways forward, reduce the potential for the individual to suffer from disruptive anxiety in the workplace, and enhance wellbeing. It is essentially a solution-focussed approach looking towards the future, identifying strengths, developing goals to deal better with stressful events, and maintaining psychological wellbeing by identifying ways of engaging with life to create greater opportunities for satisfaction and relaxation.

#### FIVE STAGES OF STRESS SUPPORT

*Integrating SAFER-R Individual Crisis Intervention (Everly, 2001) and Integrative ACT Intervention Model (Roberts, 2002)*

#### **1. Develop a warm relationship through attentive listening, and constantly keep in mind any risk to psychological wellbeing**

On first contact with an NHS worker the Wellbeing Specialist should put great emphasis on developing quickly a warm and trusting relationship by giving a message of acceptance and hope. *“What you’re experiencing is completely understandable”; “It’s not surprising that you are feeling that way”. “What can I do to help you move forward?”; “You are clearly upset about this, but I’m here to help you think this through”.*

Throughout the interview ask open questions to support the process of the worker unpacking the stress event (e.g. “What happened” to create the stressful situation?; “How did you feel at the time?”; “How do you feel now?”). It is extremely important to listen attentively and to show you are listening attentively. Listen for the concrete specifics of how the person feels, and empathetic, reflective responses. Listen carefully to how they describe and express their thoughts and feelings. Do not minimise the event, rather accept and listen.

It is crucially important that as a Wellbeing Specialist you use your clinical judgement to assess the overall impact of the event the on the person’s level of stress. Keep in mind any risk factors that might indicate the NHS worker might be developing or have mental health concerns such as trauma or severe anxiety. **If you identify mental health concerns or indicators of trauma you should immediately facilitate referral to statutory services.**

Your assessment should be personal and individualised when gathering good information on:

- (i) **The current level of cognitive distress:** inability to concentrate, difficulty in decision making, memory gaps.
- (ii) **The current level of emotional distress:** guilt, grief, emotionally labile, angry, cut-off.
- (iii) **The current level of behavioural distress:** impulsiveness, sleep disturbance, social withdrawal, eating problems, tearful, alcohol misuse.
- (iv) **History of risk:** acts or thoughts of self-harm or harming others
- (v) **Social factors:** support of colleagues, family and friends. Other strengths and resources.

## **2. Allow the NHS worker to tell their story about the stressful event so that they can regain emotional and cognitive equilibrium**

During this stage it is important that the NHS worker is given control and authority to discuss their story in their own words. The worker should feel they can take time in telling the stress story. Let them tell it in a way which enables them to process what they are saying. The Wellbeing Specialist will need to support NHS workers to manage their emotions. This is done through active listening and validation, allowing the NHS worker to express their story and gain some initial understanding of their thoughts and emotions. It is very important that the Wellbeing Specialist is open to the expression of feelings, and tolerant of short periods of silence.

## **3. Enable the NHS worker to process the stress event and gain a broader perspective on themselves**

At this stage the Wellbeing Specialist will carefully respond to the NHS workers maladaptive descriptions of themselves (e.g. “If only I hadn’t done this it would have been so different”) by asking questions (e.g. “What other options were there?”, “Don’t you think anyone else in the same position would have done the same?”, “This was a very difficult situation, what

stops you from giving yourself some credit for dealing with this?"). Give the NHS staff member time to think about the questions and enable them to process what is being discussed.

Where appropriate the Wellbeing Specialist should confirm the NHS staff member's distress with affirming comments (e.g. "I think anyone else in that situation would feel the same way", "It's good that you have been able to cry about this with me", "It's only natural that you should feel angry and frustrated", "This is a normal reaction in this situation"). Focus on the specifics of how the person thinks and feels. Such affirming comments will help to dispel the illusion that might be developing of an underlying vulnerability, weakness, or incompetence, and that they are losing their mind. Attribute emotional and behavioural reactions to the situation, not to personal characteristics or abilities.

#### **4. Encouraging independent coping strategies and identifying additional supports**

At this stage the NHS worker and the Wellbeing Specialist should begin to collaboratively generate and explore alternatives for coping. Although the stressful event might be unexpected or unusually persistent, the Wellbeing Specialist should assist the worker to think about what has worked in the past for other similar situations; this is typically the most difficult to achieve in stress support. You might start off with the following questions: "You have coped with very difficult situations in the past, can you tell me about how you did this?", "What do you think you did in the past in similar situations which will help you in the future?", "You have worked for many years in the NHS, and what has helped you to do that in spite of the many challenges?"

Supportive relationships can be identified such as partner, colleagues and friends. There might be senior colleagues who they can turn to for support and advice. In addition, the service they are working in might have on-going training, support and counselling.

Once a list has been generated, a shift can be made to develop a treatment plan that serves to empower the NHS worker. The goal at this stage is to make the treatment plan as concrete as possible which could be followed by the client and implemented as an attempt to make meaning out of the stressful event. Developing a concrete treatment plan should include structured daily activities such as regular eating times, leisure activities, time to unwind. This will help to empower the NHS worker in that they will gain more of a sense of themselves having control over their lives and so have a greater sense of self-efficacy and self-reliance.

The treatment plan should aim to get the NHS worker back to being able to function independently. The Wellbeing Specialist will support the worker in problem-solving, identifying appropriate strategies for addressing challenging situations, and in finding a way to put those strategies into action.

#### **5. Review the session and arrange a follow-up with the individual after initial contact.**

The Wellbeing Specialist should briefly review the session with the NHS worker to ensure that individual feels more in control and has a plan on how to move forward. If the NHS worker remains distressed, then the Wellbeing Specialist should recommend that the worker contact their GP, or the psychological/counselling advice provided by their own service. Some NHS workers might want to discuss this with their line manager, and this should be encouraged, but an emphasis should be on gaining immediate support.

Arrange for follow-up contact with the NHS worker to evaluate their post stressful condition in order to make certain they remain in a relatively stable cognitive and emotional equilibrium, have followed through on the treatment plan that was developed, and that if needed they had arranged further support for themselves either through the GP or through their local service. resolution towards progressing. The follow-up plan will explore treatment gains and focus on maintaining wellbeing.

## Session 2: Stress Support

The NHS worker is returning for their second session following the initial stress support interview. It is important to find out how things have progressed and if they have maintained and built on recovering from the stress episode and that they are following the treatment plan. If the NHS worker seems to be doing well but is not fully followed through on the agreed support plan then spend some time exploring what the hurdles are, and if practical modify the plan so that it becomes more feasible.

Should the NHS worker still be showing high levels of distress then the Wellbeing Specialist should return to the Stress Support guidelines.

It is crucially important that as a Wellbeing Specialist you use your clinical judgement to assess the overall impact of the previous stress event on the person. If the NHS worker remains distressed, then you should recommend that the worker contact their GP, or the psychological/counselling advice provided by their own Trust. Some NHS workers might want to discuss this with their line manager, and this should be encouraged, but there must be an emphasis on gaining immediate support.

This provides an opportunity for follow-up of Session 1. Time should be spent checking that the NHS staff member has become more emotionally stable and has followed through on the goals and plans for reducing levels of stress. If the staff member appears to be partially recovered, then the Wellbeing Specialist **should repeat the steps in Session 1**. If there have been any blocks or unforeseen hurdles these can be discussed and the goals and plans of action changed and adapted in response.

**If the NHS staff member remains highly stressed and does not appear to be able to regain emotional stability, then the Wellbeing Specialist should help to facilitate the worker in seeking the support of statutory services.** The anxieties the NHS staff member might have about this can be discussed, and the benefits of this identified.

If the NHS worker has been able to make good use of Session 1 and has felt far less stressed, then time can be used to celebrate this, to identify why it was successful, and to support the worker in recognising their capacity for perseverance and resilience.

It is important in this session not to rush, and to be sure that the first stress support session has been consolidated. If enough time is available this can be spent preparing for the final wellbeing session.

## **Session 3: Wellbeing**

The third session aims to maintain and promote the NHS worker's resilience, help in the consolidation of strategies to manage stressful situations, identify satisfying aspects of career and personal life that enable recovery from stress and promote a sense of satisfaction and wellbeing. The wellbeing session encourages NHS staff to engage in activities that will promote good physical and psychological wellbeing. This includes maintaining stress management, exercise, regular sleeping hours, healthy eating, ensuring breaks during the working day, regularly de-briefing with colleagues, and gaining support and advice from identified senior colleagues.

### **EIGHT STAGE WELLBEING INTERVIEW**

This interview has a focus on positive functioning, quality of life, and mind/body linkages. It emphasises resilience building and finding ways of consistently decreasing stress in everyday life (Ryff, 1989).

Following the review of previous sessions you are not expected to go through following stages one at a time, as it might be more helpful to move backwards and forwards between them to help provide the NHS worker develop a more integrated and wholistic understanding of themselves.

#### **1. Review of previous sessions**

In this final session is important to ensure that the NHS worker continues to finding the plans that were generated in the earlier stress support sessions helpful, is feeling less stressed, and is continuing to develop positive plans to deal with stressful events that are likely to occur in the future.

It is important to find out how things have progressed and if they have maintained and built on recovering from the stress episode and that they are following the treatment plan. If the NHS worker seems to be doing well but is not fully followed through on the agreed support plan then spend some time exploring what the hurdles are, and if practical modify the plan so that it becomes more feasible.

**Should the NHS worker have returned to showing high levels of stress** then the Wellbeing Specialist should recommend that the worker contact their GP, or the counselling advice provided by their own Trust. Some NHS workers might want to discuss this with their line manager, and this should be encouraged, but **there must be an emphasis on gaining immediate support.**

### 2. Self-acceptance

Self-acceptance is awareness of one's strengths and weaknesses, a realistic appraisal of one's abilities, a general sense of self-worth, and satisfaction with one's self despite deficiencies and regardless of past behaviours and choices.

This can be explored through open questions and should primarily focus on the work context and the arena in which stressful events occur ("Last week in spite of the particular stress situation we identified other certain challenging situations that you thought you had managed well. Thinking about it again how well are you managing your job now?").

### 3. Personal development

Personal development in the work context includes training programs, access to reading materials, lectures, up-to-date information on improving practice. Activities should promote greater self-awareness and self-knowledge (e.g. gaining feedback from trusted colleagues on specific activities), improving skills and/or learning new ones (e.g. through watching other professionals, looking at pertinent training videos, reading relevant material), enhancing lifestyle and time-management (e.g. making sure that at home there is a time to unwind, having routines such as eating so there is a sudden rush to eat on the hoof).

The NHS worker might need help in constructing a personal development framework which would include: goals and targets with clear endpoints, plans for reaching those goals, ways of measuring progress, identifying stages that define milestones along a development path, and developmental feedback.

Questions on personal development would cover the extent to which the NHS staff member is aware of areas that they need to develop and plans they have to develop their practice ("Last time we spoke you said that you did not think you wanted to be better informed about things. Have you had a chance to get that information?", "Have you made any plans to get that information?", "Is there anyone you can talk to who will confirm that is the information you need?").

### 4. Purpose in life

Finding purpose in life focuses on factors that lead to improved life satisfaction, greater engagement in work and leisure activities, applying fully one's personal strengths and

abilities, and finding meaning and fulfilment when overcoming challenges, and that meaning and fulfilment comes from the way tasks are approached and performed.

The Wellbeing Specialist might start off by asking questions about the achievement of a significant goal at work (e.g. Is there something that you achieved at work which you are particularly pleased about?", "Have you done something since we last met that you are particularly proud of?").

There could be exploration of the strengths and abilities of the NHS staff worker (e.g. "What is it about you that meant you could do this?", "What strengths do you have that you used to rise to this challenge?"). The hurdles and obstacles to dealing with the challenge could be discussed (e.g. "Were there things that got in your way", "Did find that impeded your progress?").

It should not be forgotten that NHS staff also have personal lives and the Wellbeing Specialist should make sure that this is experienced as reasonably stable and fulfilling otherwise it will impact on the ability to engage with challenges faced in the workplace.

### **5. Environmental mastery**

Environmental mastery emphasizes the ability using physical or mental actions to choose or change the surrounding context as well as being able to control events. In the case of the NHS this might mean changing the ward environment to better fit the needs of patients or being able to instruct others on how best to deliver essential materials. Exploration of this with the NHS staff member would include asking questions about the way they organised the delivery of care (e.g. "Last time you thought that you were not able to prioritise things the way you wanted. Are you able to do that?", "What area of care provision are you able to change?").

### **6. Autonomy**

Autonomy is the capacity to make an informed and uncoerced decision. Questions can be asked about the level of discretion granted to an NHS worker (e.g. "Were you able to make a decision on that aspect of care which you thought was in the best interests of the service?", "What are the areas of your practice are you independently able to decide on?").

### **7. Positive relations with others**

In order to get feedback on one's own performance and professional practice we need the feedback from valued others, and we also need to be able to trust and be trusted by others in teams to undertake complex team supports. It is essential therefore that NHS staff can form positive relationships with colleagues, including offering and receiving emotional support, and giving and receiving advice and opinion. As important is the capacity to work sensitively and thoughtfully with distressed patients, to contain one's own emotions of frustration and

disappointment in front of patients and give reassurance and comfort to them without necessarily receiving thanks.

The Wellbeing Specialist will ask questions about professional relationships (Who have you found to be most supportive during the week? Have you been supportive to them?”, “Who can you really rely on when things get difficult?”, “How is it that these people have come to see you as someone that they can depend on?”). Equally important are questions about the capacity to relate to patients (“I know you it’s not easy for you to patients with that problem, but tell me how you think you handled it?”, “That person was very distressed can you me how you cared for them?”).

### **8. Ending**

The entire session should be briefly reviewed with the NHS worker to ensure that they continue to feel in control and have developed a wider plan which includes their resilience and maintaining factors. This session should have enabled the NHS worker to evaluate their post stress condition, build on their initial stress management plan. They need to know that they will be sent a follow-up questionnaire that will ask them to feedback on their treatment gains and general wellbeing.

This will be the final session with the Wellbeing Specialist and will almost certainly have been important to the NHS staff member in dealing with a stressful period in their lives. So, time should be allocated to comment on the working relationship between the two. At this point the Wellbeing Specialist can comment on the positive qualities and strengths that they have witnessed over the three sessions.