

Wisdom

Wisdom is an age-old concept that has only recently been studied as a psychological construct. Wisdom research has identified the qualities embodied by those we think of as “wise” persons. These include the ability to deal with uncertainty and ambiguity; seeing the deeper meaning of things; an awareness of self and others; the ability to learn from mistakes; and compassion and concern for the greater good. We can learn how to think and act wisely through understanding wisdom capacities.

REFLECTIVE: Wise people can see things from multiple perspectives and rise above their own perspective. This requires self-awareness and self-insight.

COGNITIVE: Wise people can see the deeper meaning, apply knowledge and skill to right action, can deal with ambiguity and uncertainty, and they know what they don’t know.

AFFECTIVE: Wise people are compassionate.

PRACTICAL: Wise people have a constant focus on the greater good, and in their actions try to make the world a better place.

Health work is difficult and each challenge can potentially make us better at our work. We can help each other meet challenges in a wisdom-generating way by enhancing internal coping resources and attending to our peers with skilled support.

Resources

Grow the Green:

Web search terms:

Mindfulness

Positive Practices

Appreciative Inquiry

Yellow Zone (Return to Green)

Web search terms:

Deep breathing

Meditation

Biofeedback

Orange Zone

Stress First Aid

For more information

Wisdom, Wellbeing, and Peer Support Training:

<https://WWPST.org>

or email WWPST@virginia.edu

Wisdom and Wellbeing Program Website:

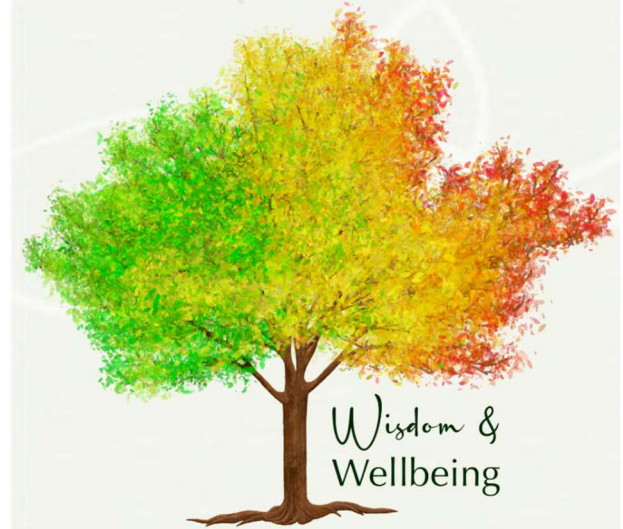
<https://www.medicalcenter.virginia.edu/wwp/>

Stress First Aid

http://www.ptsd.va.gov/professional/treat/type/stress_first_aid.asp

Wisdom Capacities

Ardelt, M. Research on Aging, 25(3); 275-324, May 2003



PEER SUPPORT ASSESSMENT AND ACTIONS

Being our best,
together



Wisdom & Wellbeing

Stress First Aid (SFA) is a combination of knowledge and skills designed to save a life, prevent further harm, and promote recovery for those who have stress injuries.

All forms of first aid have three actions:

1. Recognize when an injury is present.
2. Assess and provide needed first aid.
3. Get the person to additional help as needed.

Stress impacts people across stress zones that range from effective stress management (green), through reacting (yellow), injured (orange), and ill (red). Everyone reacts to stress in some way and most people do not need first aid for daily stressors.

Orange zone stress injuries are identified by decreased ability to navigate daily life (loss of function), statements of distress, or exposure to a major life event and the need for first aid assessment or actions.

Stress injuries can occur with exposure to potentially injurious events of trauma, loss, inner conflict, or fatigue. Distress or loss of function occurs when stress events create more demands on coping resources than are available.

Stress first aid has three main actions:

1. Continuous Aid: (Recognize & Assess)
Check and Coordinate
2. Primary Aid: (Act to provide first aid)
Cover and Calm
3. Secondary Aid: (More sources of help)
Connect, Competence, Confidence

STRESS FIRST AID ACTIONS

SFA actions are needed when there are observable changes in function, statements of distress, or known stress exposure. There are three knowledge elements.

1. Understand that stress occurs on a continuum and be aware of the four sources of stress injuries present in the current situation.
2. Assess. Do not assume that the person has a stress injury. Identify behaviors that indicate a stress injury.
3. Address essential needs. Safety and calming first. Then identify additional sources of support.

Four Sources of Stress Injury

Life Threat or Trauma Due to an experience of death provoking terror, horror, or helplessness

Loss Due to the loss of cherished people, things, or parts of oneself

Inner Conflict Due to behaviors or the witnessing of behaviors that violate deeply held beliefs or moral values

Fatigue Accumulation of stress from all sources over time without sufficient rest and recovery

| Ready | Reacting | Injured | ILL |
|--|--|--|---|
| Adaptive coping Effective functioning Wellbeing | Responding to multiple demands at work and home Mild and transient distress | Responding to strong multiple stressors Persistent distress ▪ Wear and tear ▪ Inner Conflict ▪ Life threat ▪ Loss | Unhealed stress injury causing impairment Additional stress or risk factors Clinical illness (depression, anxiety, substance abuse, PTSD) |
| FEATURES In control Calm and steady Getting the job done Maintaining humor Sleeping enough Ethical and moral behavior | FEATURES Increased energy / HR Change in focus ↑↓ Alert for threats Changes in mood Physical changes Social changes | FEATURES Loss of control of mood, social, or physical reactions No longer feeling like normal self | FEATURES Severe distress Symptoms persist and worsen > 30 days |

Recognition

Check:

- Loss of function
- Statements of distress
- Exposure to trauma, life threat, major event

Coordinate:

- Obtain other needed sources of help or care
- Inform those who need to know

Address Essential Needs

Cover: Promote a sense of safety

Calm: Reduced heart rate and over-vigilance

Connectedness: Sense of community, support

Competence: Necessary skills and resources to meet the stress demands

Confidence: Hope in the future, sense of meaning and purpose

OSCAR Stress Assessment

Observe: Actively observe behaviors; look for patterns.

State Observations: All attention to the behaviors; just the facts without interpretations or judgments.

Clarify Role: State why you are concerned about the behavior. Validates why you are addressing the issue.

Ask Why: Seek clarification; try to understand the other person's perception of the behaviors.

Respond: Clarify concern if indicated. Discuss desired behaviors. State options in behavioral terms.

