



1824-2024 | *Then. Now. Next.*

Stress First Aid

for
Healthcare Workers

Basics

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

Briefing Objectives

This presentation will support stakeholders to:

1. Identify sources of stress and stress injury for healthcare workers
2. Articulate the purpose of Stress First Aid
3. Describe the Stress Continuum
4. Identify resources for further training and implementation

As We Begin,
Reflect for a
Moment...

Which coping strategies have been the most helpful for you recently:

- Social support
- Changing your thoughts, reframing
- Healthy physical strategies (exercise, breathing, yoga, diet, sleep)
- Gathering information and resources
- Engaging in positive or meaningful activities
- Prayer / meditation / reflection
- Other: _____

What is Stress First Aid?



SFA is a framework to improve recovery from stress reactions



SFA fosters longevity in the job



SFA can reduce stigma by changing culture



SFA creates a common language to address stress



SFA addresses stress reactions before they create problems

Characteristics of Stress First Aid



- Flexibility and “tiny steps” are emphasized
- Timing and context are important
- Mentoring and problem solving are highlighted
- SFA is not meant to address all ranges of issues
- Bridging to higher care is recommended when indicated



How is Stress First Aid Different?

Rather than prescriptively telling people **how** they should support each other, SFA highlights the **importance** of coworker support, which can often only arise in the unspoken understandings that result from working together.

It is frequently only in **moment-to-moment encounters** that the right support can happen, if we are aware of its importance and open to being creative in accessing and giving that support.

Stress Continuum

Ready	Reacting	Injured	ILL
<p><u>DEFINITION</u> Adaptive coping Effective functioning Wellbeing</p> <p><u>SOURCES</u> Balanced life activity Practical Wisdom</p> <p><u>FEATURES</u> In control Calm and steady Getting the job done Motivated Maintaining humor Sleeping enough Ethical and moral behavior</p>	<p><u>DEFINITION</u> Mild and transient distress Responding to multiple stressors at work and home</p> <p><u>SOURCES</u> Any Stressor</p> <p><u>FEATURES</u> Increased energy / HR Change in focus ↑↓ Alert for threats Changes in mood (worry, anxious, irritable, angry) Physical changes (poor sleep, aches and pains) Social changes (isolation, hyperactive, loud, numb)</p>	<p><u>DEFINITION</u> Behavior change related to more severe or persistent distress</p> <p><u>SOURCES</u></p> <ul style="list-style-type: none"> ▪ Wear and Tear ▪ Inner Conflict ▪ Life Threat ▪ Loss <p><u>FEATURES</u> Loss of control of mood, social, or physical reactions (panic, rage, guilt, shame, social numbing or isolation, poor sleep, moral compass affected) No longer feeling like normal self</p>	<p><u>DEFINITION</u> Unhealed stress injury causing life impairment Additional stress or risk factors</p> <p><u>SOURCES</u> Clinical mental disorders (depression, anxiety, substance abuse, PTSD)</p> <p><u>FEATURES</u> Symptoms persist and worsen > 30 days Severe distress Social or occupational impairment</p>

Stress Injuries

- A stress injury is **severe** and **persistent distress** or **loss of ability to function** caused by damage to the brain, mind, or spirit after exposure to the overwhelming stressors
- *Stress injury behaviors include:*
 - Impaired or diminished role function
 - Work, Spouse, Parent, Friend
 - No longer feeling like normal self
 - Excessive guilt, shame or blame
 - Panic, rage, or deep sadness

A stress injury goes beyond burnout

Burnout is NOT the failure of an individual to effectively cope.

Burnout IS an expected reaction to unbalanced demands and resources.

Four Sources of Stress Injury

Wear and Tear	Life Threat	Loss	Inner Conflict
<p>A <i>fatigue</i> injury Due to the accumulation of stress from all sources over time without sufficient rest and recovery.</p>	<p>A <i>traumatic</i> injury Due to the experience of or exposure to intense injury, horrific or gruesome experiences, or death.</p>	<p>A <i>grief</i> injury Due to the loss of people, things or parts of oneself.</p>	<p>A <i>moral</i> injury Due to behaviors or the witnessing of behaviors that violate moral values.</p> <p>Omission (blame) Commission (guilt) Bearing Witness</p>

Stress Injury can be helped with Five Essential Elements

Five Essential Elements

1. Sense of safety
2. Calming
3. Connectedness / Social support
4. Self efficacy
5. Hope



Three Aid Steps of SFA

Seven Core Actions

A. Continuous Aid

Check
Coordinate

B. Primary Aid

Cover
Calm

C. Secondary Aid

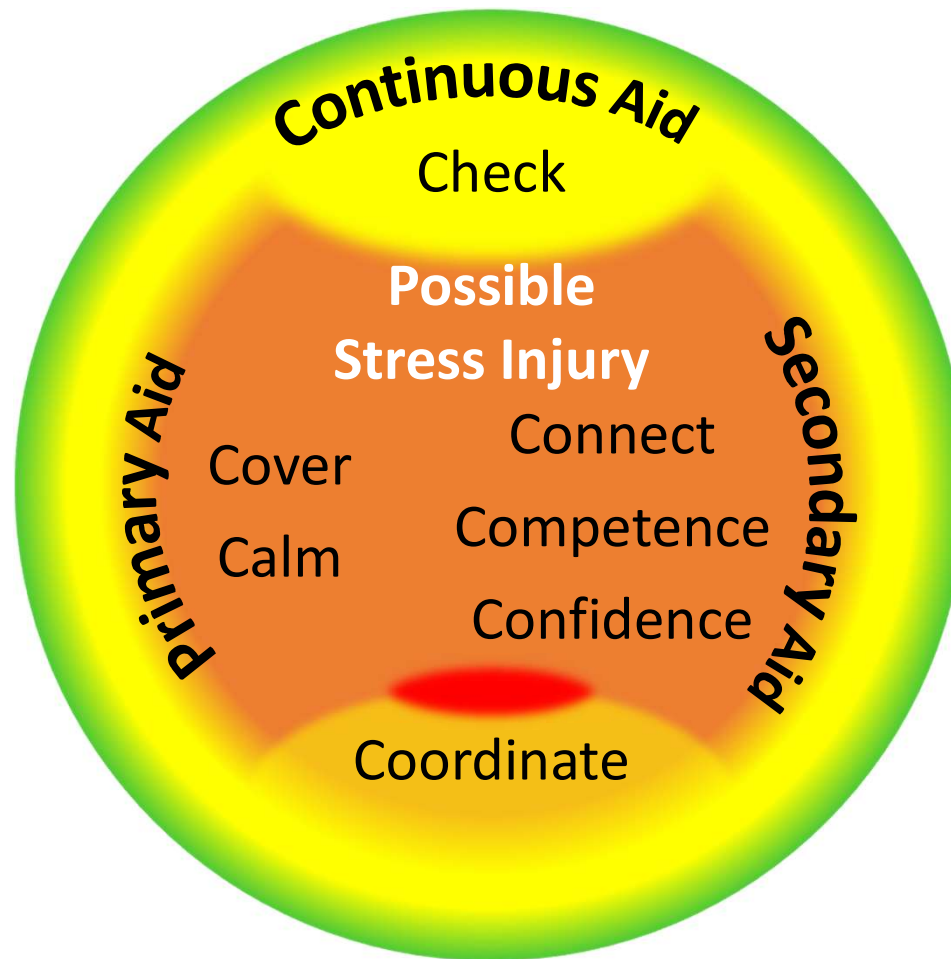
Connect
Competence
Confidence



Seven Cs of Stress First Aid:

- 1. CHECK**
Assess: observe and listen
- 2. COORDINATE**
Get help, refer as needed
- 3. COVER**
Get to safety ASAP
- 4. CALM**
Relax, slow down, refocus
- 5. CONNECT**
Get support from others
- 6. COMPETENCE**
Restore effectiveness
- 7. CONFIDENCE**
Restore self-esteem and hope

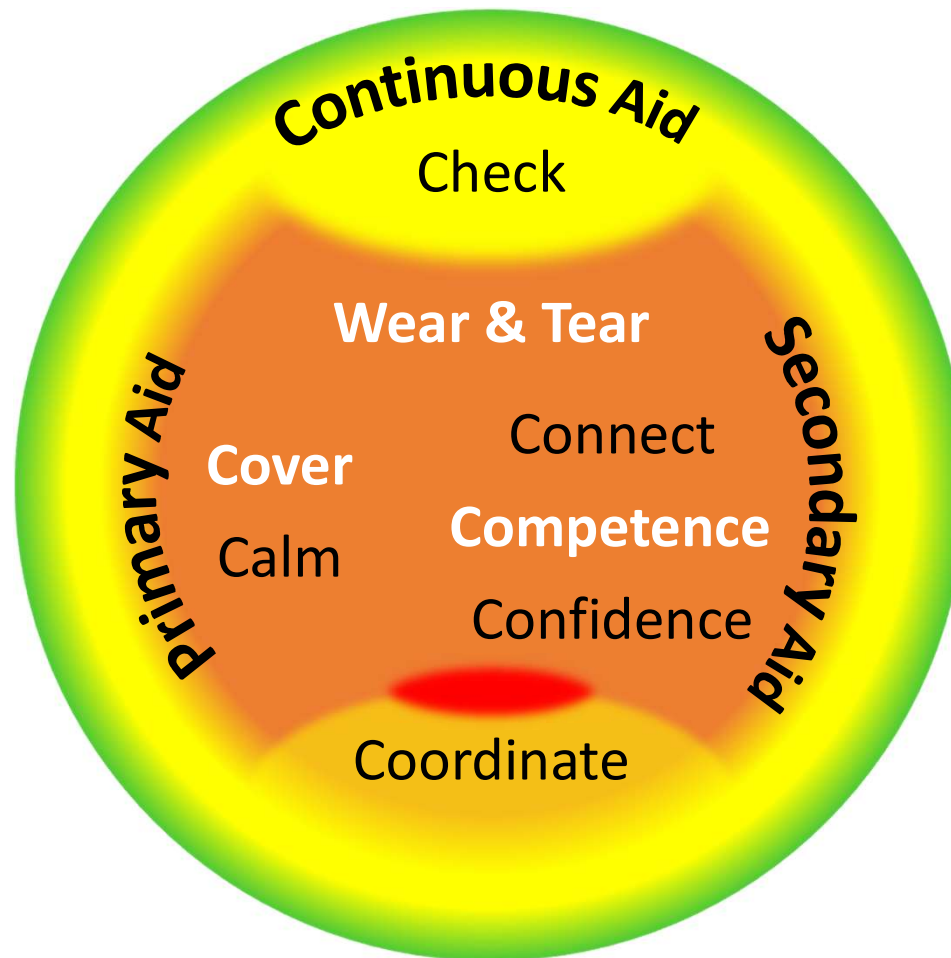
Stress First Aid Model (2024)



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Stress First Aid Model



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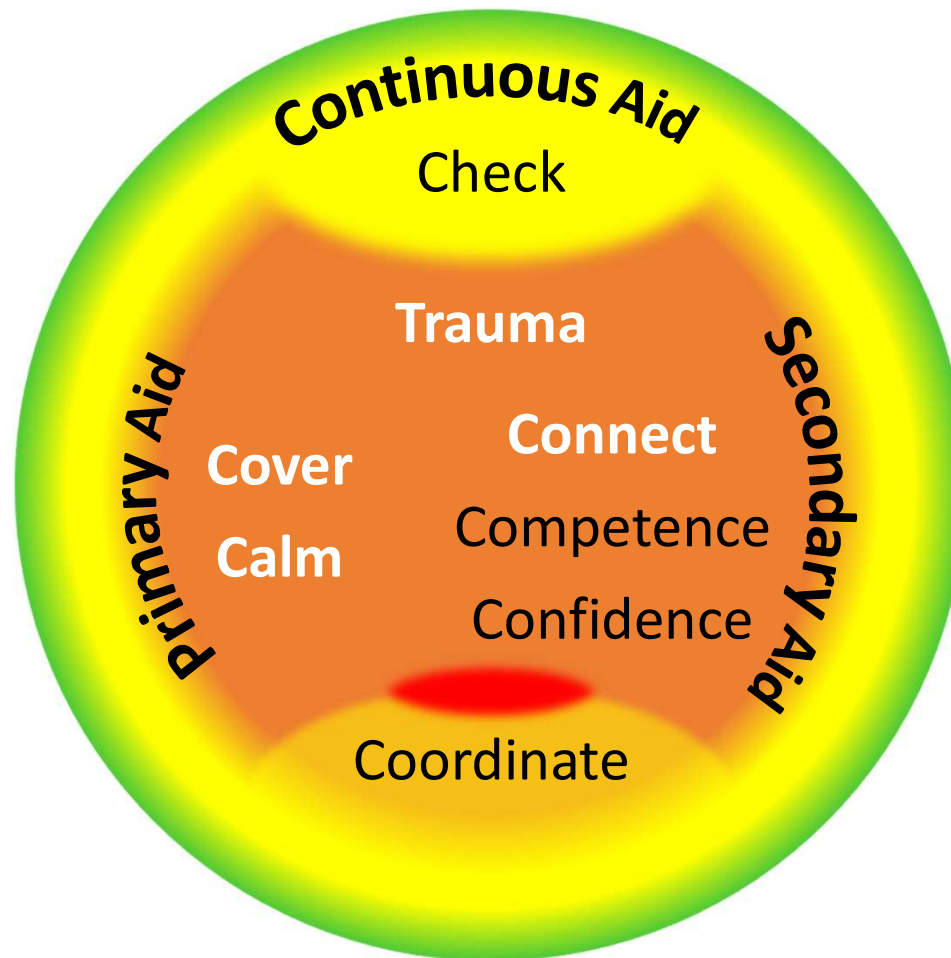
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Stress First Aid Model



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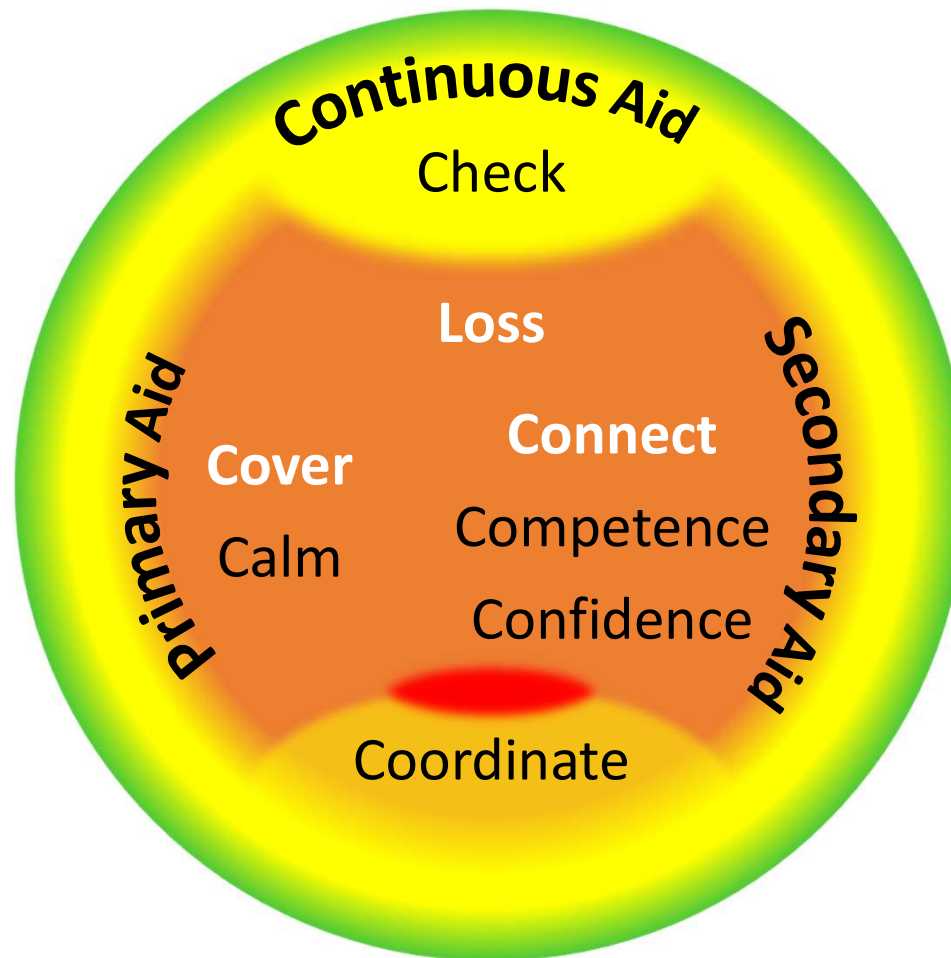
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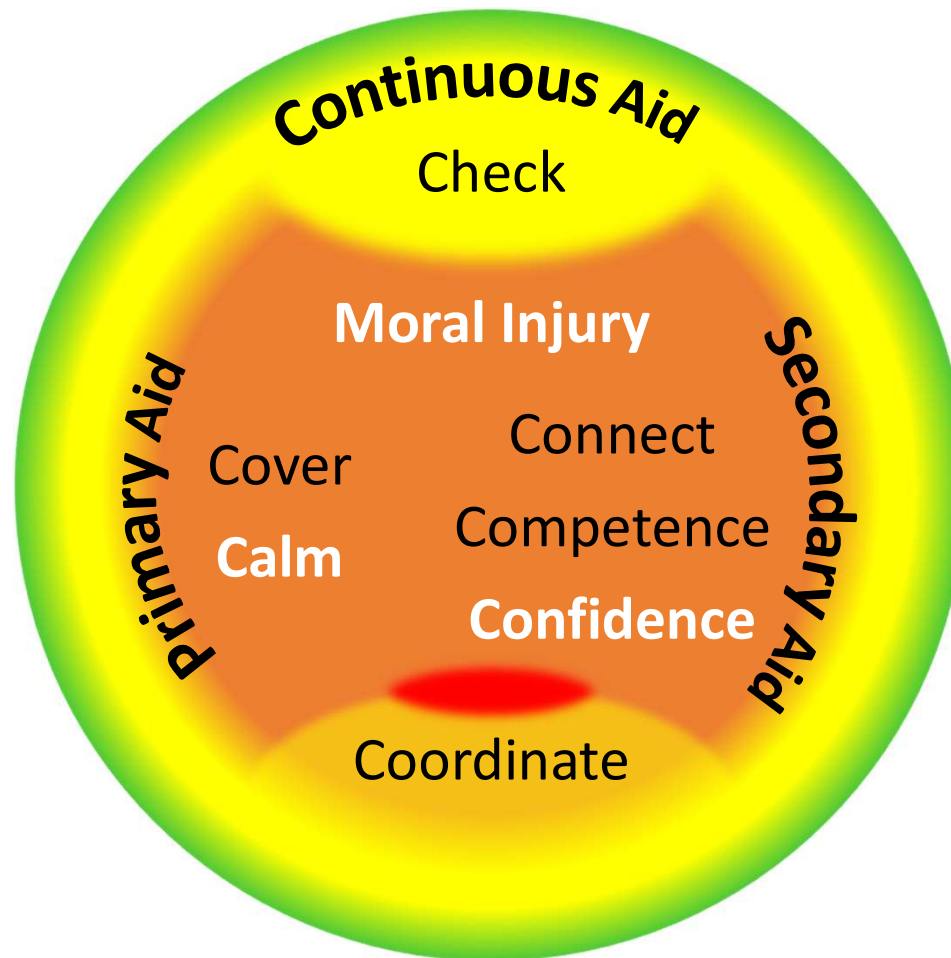
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Three Aid Steps of SFA

Seven Core Actions

Continuous Aid

Check
Coordinate

Primary Aid

Cover
Calm

Secondary Aid

Connect
Competence
Confidence



Essential SFA Skills



Recognize

Recognize when a peer has a stress injury



Act

If you see something, say something

- To the distressed person
- To a trusted support of the distressed person



Know

Know at least 2 trusted resources you would offer to a peer in distress

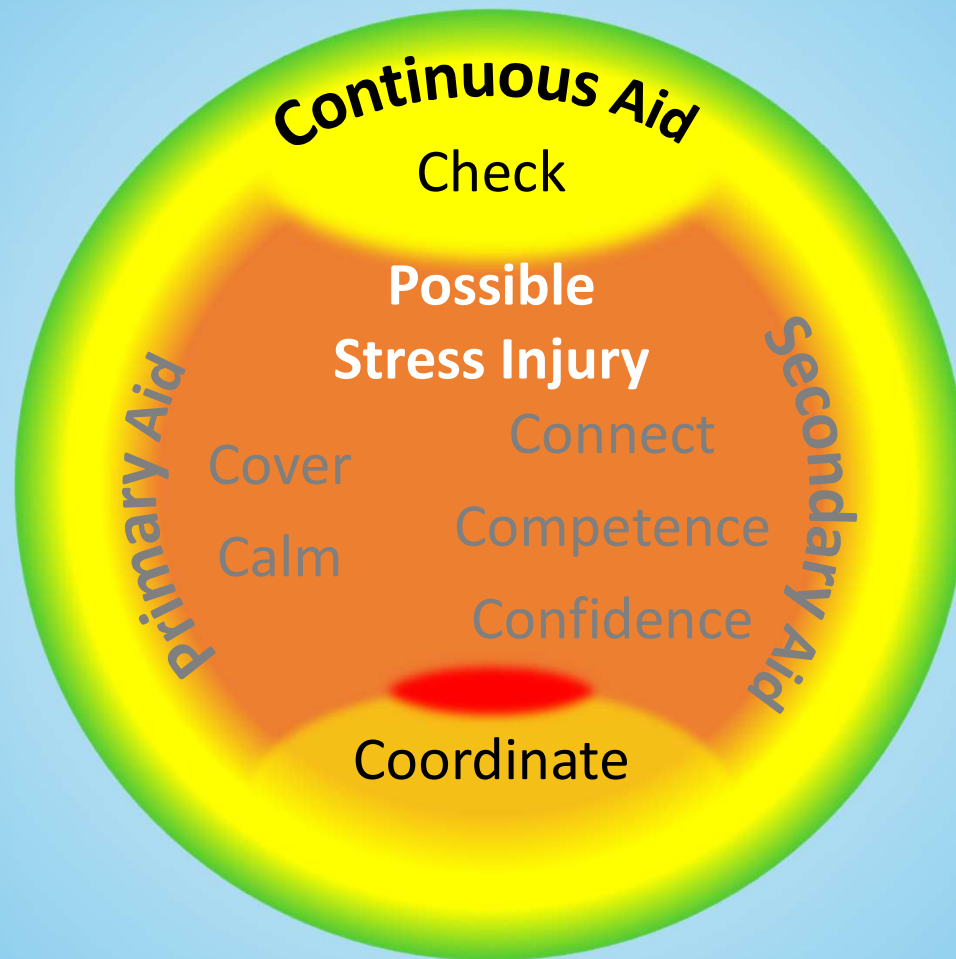
Peer Support: **Why** is it Important?

- Most people exposed to traumatic and loss events will cope, but some will become ill
- Those that do are unlikely to seek help
- There is evidence to suggest that effective early management of traumatic stress exists



“Self-care requires a bubble of protection of others who value your wellbeing as highly or more than you do.”

Nagoski, E. & A.



Continuous SFA: Situational Awareness

Check



Coordinate

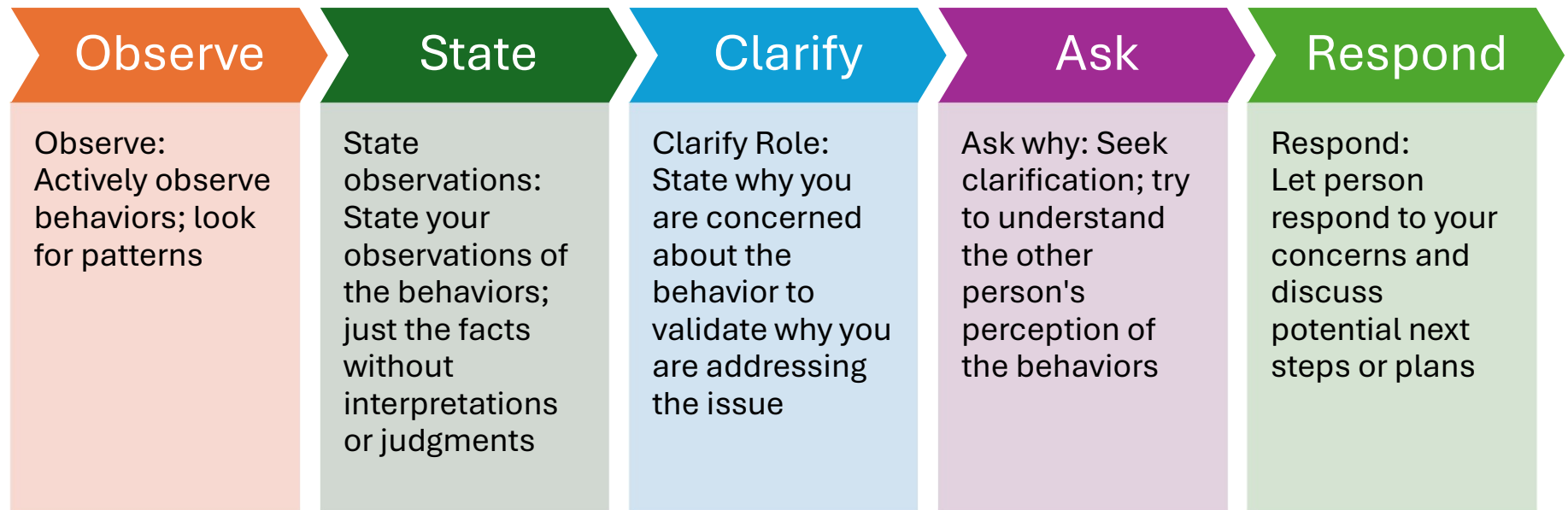


CHECK: Why is it Needed?

- Those injured by stress may be the last to recognize it
- Stigma can be an obstacle to asking for help
- Stress zones and needs change over time
- Risks from stress injuries may last a long time



Check Skill: OSCAR



Potential Check Actions: **Self-Care**



- Give yourself permission to take care of yourself
- Make a conscious effort to keep tabs on yourself
- Become aware of your own personal "**red flags**" – indicators of **orange** or **red** zone stress
- When red flags occur, take steps to mitigate them
- Inform key family, friends, or coworkers about your personal red flags and make a plan as to what to do when they occur

Potential **Check** Actions: **Others**

- Offer basic resources like food, water, etc.
- Begin with a casual two-way communication to get someone talking.
- Find the right way to check on someone without annoying them (e.g., email/texting versus calling).
- Check in more than once.
- Be approachable and authentic.
- Monitor / check on staff needs regularly.
- Set ground rules.



Check Example



“I try to get to know each of my staff individually, so I know their baselines and what could potentially be a red flag. Instead of staying in my office, I make a point to sit and talk with them during breaks. That helped when one of my staff members had a pregnant wife, and we responded to a stillborn birth. After that call I took a little extra time to sit and talk with him, to make sure that he was okay.”

Coordinate Actions



Collaborate

To promote recovery
To ensure safety
To get more information

Inform

Supervisor(s)
Coworkers
Family

Refer

Recommend resources
Consultation
Direct hand-off

Coordinate: Overcoming SFA Barriers

Potential Barrier	Coordinate
You have stress injury that impairs your ability to provide SFA	Get help yourself
You cannot acquire or hold the other person's attention or trust	Involve other leaders, coworkers, trained peers, human resources, chaplains, or mental health providers
You have negative beliefs about the person, or the person actively resists attempts to help	
The person does not get better with SFA actions	

Coordinate Example

“One of our team members reported to work and was unusually quiet and distracted. During her break, I asked if everything was okay.

She explained that her 2-year-old child had just been diagnosed with autism and she just did not know where to begin to get the needed services.

I told her that I knew someone on another shift who had a child with autism and she and her husband had become resource ‘experts’ who had offered to help others. I offered to make an email introduction to her.

At her next shift, she told me how helpful the referral had been.”





Primary Aid: Preserve Life and Prevent Further Harm

Cover



Calm



Cover Actions



Stand By

Ready to assist
Watch and listen
Hold attention



Make Safe

Authoritative presence
Warn
Protect
Assist



Make Others Safe

Protect
Warn



Encourage Perception

Caring presence
Listen and communicate
Reduce chaos
Reduce danger

Examples of a Need for Cover

Someone in a life-threatening situation is **not thinking clearly** or making good decisions because of stress

Someone has **frozen** or **panicked** in an intense situation

Someone **feels guilty** because their family has concerns about their safety following the death of a co-worker from an infectious disease

Someone puts their **own physical** and **mental health in danger** from overwork

Someone has **threatened** others

Someone **expresses** serious thoughts of suicide

Potential **Cover** Actions: **Self-Care**

- Actively **seek** information
- **Get help** with personal responsibilities
- Give yourself **permission** to take care of yourself
- Set **boundaries** for yourself
- **Call** on those people, places, or actions that feel safe to you
- When you feel unsafe, **distract** yourself by focusing on something near you or your own breath or thought (e.g., counting).
- Realize that no one is perfect, and everyone is going to have **strengths** and **vulnerabilities** – be aware of your own.



○

+



Potential **Cover** Actions: Others

- Reduce anything that make the person feel unsafe.
- Remind them that they are safe here and now.
- Educate about stress reactions, what to expect, how to feel safer.
- Brainstorm and problem solve solutions with them.
- Communicate with administrative leaders.
- Brief staff about changes in practice / strategies / resources / events.
- Provide an authoritative, accurate voice to limit perceived threat.





“On the whiteboard, we write our name if we think we are in the green zone that day, to give permission for coworkers to approach us for support without worrying about being a burden. We can erase our name if during the day we are no longer in green.”

Cover Example: Co-Worker Support

- If you're having that open dialogue at every transition period, when something bad does happen, the structure is already in place, and it makes it a lot more feasible for people to communicate comfortably."

Primary Aid: Preserve Life and Prevent Further Harm

Never in the history of calming down has anyone ever calmed down by being told to calm down

Calm



Examples of a Need for Calm

Someone returning from responding to a particularly violent domestic violence case is **talking too fast** and **not reacting appropriately** to commands or questions.

Someone is **pacing** and **wringing their hands** while on duty. They just heard that their son, an Army sergeant deployed overseas, has been seriously injured.

Alcohol is the **only thing** a person feels they can turn to, to calm themselves.

An experienced worker **begins to make careless mistakes** and notices his adrenaline increase when several others gather to watch him perform an action.

Someone **punches** their locker after just returning from responding to a baby who is in a coma after being shaken by a parent.

Calm Actions



Quiet

- Stop physical exertion
- Reduce hyper-alertness
- Slow down heart rate
- Relax

Compose

- Draw attention outwards
- Distract
- Re-focus

Foster Rest

- Recuperate
- Sleep
- Time out

Soothe

- Listen empathically
- Reduce emotional intensity

Potential Calm Self-Care Actions

Prioritize simple calming strategies:

- Breathing
- Exercise
- Yoga
- Social support
- Reflection, meditation, yoga, prayer

Focus on:

- Whatever helps you to focus on the present moment
- Being realistic - “sometimes/lately” vs. “always/never”
- Reality – plan for stress reactions
- Acceptance
- What you’re grateful for rather than worst-case scenarios
- Changing thoughts or beliefs that don’t serve you
- When/how pain temporarily eases

Example:

Instead of: “Things will never be the same again.”

Try: “Even though things will never be the same, I can grow from what is happening and continue to live in the new life.”

Potential Calm Actions for Others



- +
 - Maintain a calm presence
 - Provide brief instruction in grounding / breathing
 - Draw attention outwards when the person is momentarily stressed or overwhelmed
 - Foster rest and recuperation
 - Listen with understanding
 - Validate concerns
 - Role model calming actions
 - Make meaning and memorialize losses
 - Help prioritize and tackle problems
-

Calm Example: Coworker Support

“If something is going wrong on a unit, someone will say **“Orange huddle!”**”

That means: “Everyone take breath, we’re coming together.”

It’s not blaming or shaming. It means there’s an issue, we feel it, someone saw it, something is happening, and it’s tense.

It’s a shorthand way to say: “Let’s all take a breath. What do we need to do? This is the shift from hell, but we’ll make it through.””

Ready	Reacting	Injured	ILL
Ready to help others	Responding to demands	Feeling the drain	Need Help
<u>SOURCES</u> Balanced life activity Meaning and purpose	<u>SOURCES</u> Any Stressor	<u>SOURCES</u> ▪ Wear and Tear ▪ Inner Conflict ▪ Life Threat ▪ Loss	<u>SOURCES</u> Clinical mental disorders (depression, anxiety, substance abuse, PTSD)
<u>BEHAVIORS</u> In control Calm and steady Getting the job done Motivated Maintaining humor Sleeping enough Ethical and moral behavior	<u>BEHAVIORS</u> Increased energy / HR Change in focus ↑↓ Alert for threats Changes in mood (worry, anxious, irritable, angry) Physical changes (poor sleep, aches and pains) Social changes (isolation, hyperactive, loud, numb)	<u>BEHAVIORS</u> Loss of control of mood, social, or physical reactions (panic, rage, guilt, shame, social numbing or isolation, poor sleep, moral compass affected) No longer feeling like normal self	<u>BEHAVIORS</u> Symptoms persist and worsen > 30 days Severe distress Social or occupational impairment



Secondary Aid: Promote Recovery

Connect



Competence



Confidence



Connect Actions



Be With

Maintain presence
Keep eye contact
Listen
Empathize
Accept

Promote Connection

Find trusted Others
Foster contact with others
Encourage contact with others

Reduce Isolation

Improve understanding
Correct misconceptions
Restore trust
Invite and include

Reasons for a **Need** for **CONNECT**

Trust

Stress-related decrements in social skills

Lack of positive feedback or support

Exhaustion

Fear of being misunderstood or being a burden

Avoidance

Orange zone behaviors

Needs for different social support network

Stigma



Connect

Examples of a Need for Connect

Someone freezes during their first major surgery. Although only disabled for a few seconds, they feel ashamed and withdraws from all contact with fellow employees.



A child dies after a complicated procedure involving many staff. Some feel that better coordination could have prevented the death. Staff not involved in the situation avoid speaking or interacting with those who were involved. Sense of staff cohesion drops.



Someone who has been through a difficult year at work and a divorce starts withdrawing from others at work, calling in sick more frequently, and looking disheveled.

Potential Connect Actions: **Self-Care**



- Know the value of **good mentors** and **friends**
- **Surround yourself** with people who are genuine, authentic, and honest
- Make friends with people you can **be yourself** with and talk with about what bothers you
- **Discipline** yourself to have conversations with people who know you well enough to know when something is bothering you
- **Reprioritize** your schedule to spend more time with those who mean the most to you

Potential **Connect** Actions: **Others**

- Provide support yourself
- Ask about social support
- Act to remove obstacles to social support
- Offer different types of social support (practical, inclusion, emotional)
- Help link with supportive others
- Address potential negative social influences



Connect Examples: Coworker Support



“I try to make my staff laugh as much as possible throughout the day. I also take advantage of any lulls throughout the day to hold round tables with the staff. During these round tables, staff can voice their concerns over anything that bothers them. I also try to make myself available and approachable to staff at all times during the day.”

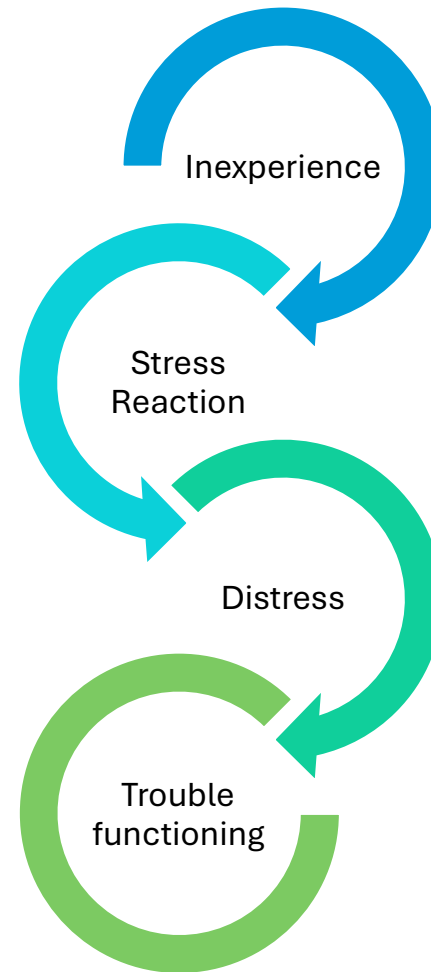


“I try to help a co-worker who is drowning by giving a medication to a patient or starting an IV - just a simple task to allow them to catch up.”

“There are a lot of opportunities that come about to lend support to the people you work with, whether it's a family member who's sick or somebody who has passed away. There is value in a text message saying, "Hey, I'm thinking about you. I hope that you're doing okay. Things will be better tomorrow.”

Competence: When is it Needed?

Competence



Examples of a **Need for Competence**

- Someone responding to an infectious disease **patient becomes anxious** because they have never had experience with that type of patient before and have concerns about their own safety.
- Someone who was the target of a violent patient **experiences persistent** mental confusion and slowed, unclear thinking.
- Someone who developed wear-and-tear stress injury **loses** the ability to stay calm when dealing with co-workers.
- A manager who loses a staff member who became infected with hepatitis C when they were stabbed by a violent patient **becomes increasingly hesitant** about sending staff into potentially hazardous situations, increasing the danger to the entire department.

Competence Actions Foster



Occupational Skills

Improve occupational skills to reduce risk of stress reactions in inexperienced staff:

Train

Retrain

Reassign

Mentor back to duty



Well-Being Skills

Re-establish or learn new skills to deal with stress reactions:

Calming

Problem-solving

Health and fitness

Managing trauma and loss reminders



Social Skills

Re-establish or learn social skills to deal with stress-reactions:

Requesting support

Conflict resolution

Assertiveness

Seeking mentoring

Potential **Competence** Actions: **Self-Care**

- Use positive self-talk
- Establish new relationships with those who have been through similar situations.
- Do something that is easy for you, to boost sense of accomplishment.
- Simplify ways to be engage with healthy habits.
- Regularly reflect on the balance between the satisfaction of fulfilling work duties and the personal sacrifices you are making.
- Be prepared to adjust behaviors and expectations.



Potential Competence Actions: Others

- Provide targeted training in work and well-being skills
- Be authentic, normalize stress reactions, and give simple examples of ways to cope
- For less experienced workers, start with basics and provide stepped escalation of stress and responsibility
- Remind the person of strategies and skills that have worked for them before
- Encourage active coping
- Help problem-solve and set achievable goals



Potential Social Competence Actions



4. Foster **emotion regulation**

- Facilitate coping
- Cue the need for treatment

3. **Reduce isolation** and **increase** social connectedness

- Shared experience
- Maintain relationship
- Accept without stigma

1. Help make **meaning** of and integrate what is stressful

- Validate
- Understand
- Uplift
- Give a different way of viewing things

2. Provide **skills** or **knowledge** needed to improve

- Give guidance, wisdom, expertise
- Facilitate treatment

Social Support for MH Concerns among Veterans with PTSD: A Mixed-Methods Study of Structure, Quality, and Functions. Michele Spont, PhD. NCPTSD Research Lecture, 2021

Secondary Aid: Promote Recovery

Confidence



Examples of a Need for CONFIDENCE

Someone whose failure to take proper precautions contributes to the death of a patient. They feel extremely guilty and become self-destructive.

Someone who develops wear-and-tear stress reaction loses respect for leaders and becomes angry and irritable.

Someone who is regularly exposed to significant life threat suffers lowered functioning, loses spiritual faith, and becomes depressed.

Confidence Actions Rebuild



Trust

Trust in:
Coworkers
Equipment
Leaders
Self
Mission

Hope

Forgiveness of self
Forgiveness of others
Imagining the future

Self-Worth

Belief in self
Accurate self-image
Self-respect

Meaning

Making sense
Purpose
Faith

Potential Confidence Actions: Self-Care

- Use small triumphs to build confidence
- If you have self-doubt, read more self-help books or articles
- Don't push yourself to "process" a situation in any particular time frame, but if something triggers you, give yourself time and space to integrate it
- Use the wisdom gained from hard experiences to reconfirm your values, make changes in your life, appreciate what you value, or help others
- Use positive self-talk
- Focus on ways that you've made a difference
- Adopt a long-term perspective

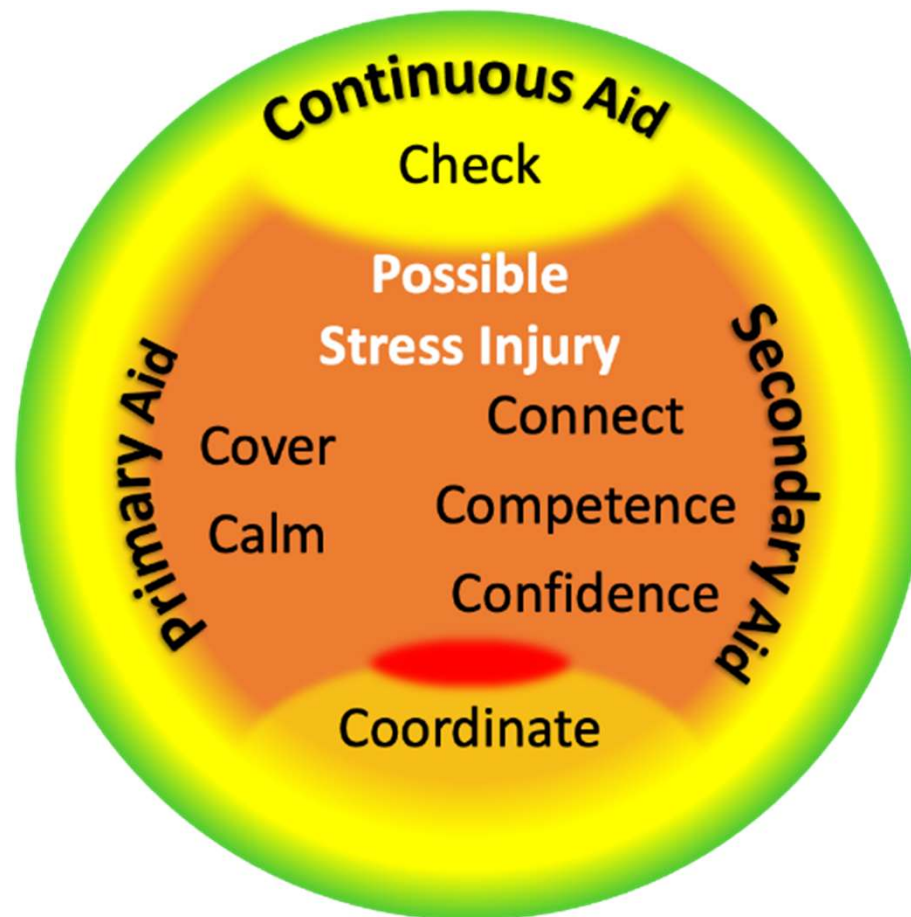


Potential Peer Confidence Actions

- Be authentic, empathic, and nonjudgmental.
- Help them counter their guilt by normalizing their reactions and letting them know they are not alone in experiencing stress reactions.
- Help them focus on the present.
- Encourage them to remember their personal strength, positive relationships, spiritual change, appreciation of life, or other things they value.
- Help them make meaning of difficult events or losses, encouraging them to find ways to memorialize or honor those events or losses.
- Be willing to talk with them as many times as they need, give them relevant reading materials, and connect them to treatment or to people who have dealt with similar situations.



Summary



Seven Cs of Stress First Aid:

Check

Assess, observe and listen

Coordinate

Get help, refer as needed

Cover

Get to safety ASAP

Calm

Relax, Slow down, refocus

Connect

Get support from others

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Restore effectiveness

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Restore self-esteem and hope

SFA Key Points

! SFA is collaborative, experimental, non-judgmental

🕒 Timing and context are important

✓ SFA is not meant to address all ranges of issues

🔗 Flexibility and “tiny steps” are emphasized

🧠 Mentoring and problem solving are highlighted

⊕ Bridge to higher care when indicated



Enhancing Resilience and Communication

Grow the GREEN:

- Resilience Strategies
 - Compassionate Inquiry
 - Mindfulness Based Strategies
 - Practice Relaxation Skills
 - Practice Conflict Communication
 - Wisdom Capacities
- Contact Resiliency Team
 - [Tenelle Jones - Jonesten@musc.edu](mailto:Jonesten@musc.edu)
 - [Ni-cole Bernier - berniern@musc.edu](mailto:berniern@musc.edu)
 - [Ryan Boselowitz - boselwi@musc.edu](mailto:boselwi@musc.edu)
 - [Jeriesha Epps - eppsje@musc.edu](mailto:eppsje@musc.edu)

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Next Steps



Consider:

- **Stress First Aid for Leaders - Part 2**
 - or
- **Stress First Aid Skill Building - Part 3**

Get trained as a **Peer Supporter**

Questions:

- Ni-cole M. Bernier, MAT, CPXP, CWWS, MCHC
- berniern@musc.edu

MUSC Wellbeing Collective

<https://horseshoe.musc.edu/everyone/well-being>

Available Wellbeing Resources at MUSC

MUSC Health HR:

- Wellness & Resiliency Department
- Rewards & Recognition

Office of Health Promotions:

- ImagineU
- Charleston Urban Farm
- Labyrinth
- MUSC Fitness Park
- Tobacco Treatment Program
- Annual Worksite Screenings

MUSC Resiliency Program:

- Individual Intervention

Sessions

- Webinars/workshops
- Tailored Team Skill Building
- Peer Support Training & Groups

Other MUSC offerings:

- MUSC EAP
- Office of Equity
- MUSC Arts in Healing
- Stress First Aid

Coming soon:

- Palliative Care Program (Alternative Therapies)

Department of Psychiatry and Behavioral Sciences:

- Sleep & Anxiety Research and Treatment Program
- Comprehensive Psychiatric Care Specialist
- General outpatient psychotherapy & medication management services

Health & Wellness Institute (HWI) - external:

- Health Coaching
- Nutrition Services
- Exercise Services
- Inner Health-Mindfulness Center

Other MUSC options:

- Modern Minds
- MUSC Wellness Center
- Center Space
- LIME Bike Share
- PEBA insurance
- MERU Health





Resiliency & Wellbeing Feedback Survey

