The Development of a Workplace Wellness Manual to Manage Workplace Stress in a Correctional Federal Institution
Author: Amanda Coneybeare
PSYC 42DG
Dr. Geris Serran

A thesis submitted to the School of Community Services in partial fulfilment of the requirements for the Honours Bachelor of Behavioural Psychology

St. Lawrence College
Kingston, Ontario
Canada
February 2019
Abstract

A federal correctional institution can be an extremely stressful environment for employees, presenting with unique challenges that can impact mental health. Due to the nature of the environment, Correctional Service Canada (CSC) employees experience high volumes of stress. While reviewing the literature there was an absence of information about workplace wellness programs or resources for CSC staff members. Thus, this thesis focused on identifying effective strategies for coping with workplace stress. A manual was created, as a resource, to aid CSC employees with their experiences of a stressful and challenging work environment. The contents of the manual included information about cognitive processing, CSC’s critical incident stress program, effects of stress, post-traumatic stress disorder (PTSD), relaxation techniques, substance misuse, coping strategies, and self-care assessments. The resource was evaluated by CSC employees, feedback was given regarding the material and the feedback was incorporated into the final product. It is hoped that the development of this resource would improve CSC employees’ management of workplace stress, therefore, contributing to workplace wellness. Due to time constraints, the effectiveness of the manual was not evaluated or measured. As a result, this thesis reviews the creation of the resource informed by evidence based treatments. A major recommendation is the need for evaluation of the effectiveness of the manual. Another recommendation is that the distribution of the manual is incorporated with the implementation of a workplace wellness seminar. Moreover, strengths, limitations, multi-level challenges, and contributions to the field of behavioural psychology are addressed.
Acknowledgement

I would first like to thank my college supervisor Geris Serran. I am grateful for her constant support and feedback that has only strengthened my writing ability. Secondly, I would like to thank the employees at Collins Bay Institution. Their warm welcome and consistent kindness contributed immensely to my adaptability of the environment. I would also like to thank Janice Saunders for her ongoing guidance and support throughout the placement. The experience was unlike any other experience in my life and will always be appreciated.
# Table of Contents

Abstract .................................................................................................................................................. ii  
Acknowledgement ................................................................................................................................... iii  
Chapter I: Introduction .......................................................................................................................... 5  
Chapter II: Literature Review ............................................................................................................... 7  
  The Impact of Workplace Stress ........................................................................................................ 7  
  The Workplace Stress Imposed upon Correctional Staff Members .................................................. 7  
  Helping Professionals in Correctional Services .................................................................................... 8  
  Working within a First Responder Position ......................................................................................... 8  
  Vicarious Trauma Prevention ............................................................................................................. 9  
  Post Traumatic Stress Disorder (PTSD) Interventions ...................................................................... 9  
  Healthy Coping with Workplace Stress ................................................................................................. 10  
  Efficacy of Workplace Wellness Programs .......................................................................................... 10  
  Critical Analysis .................................................................................................................................. 11  
  Manual Outline .................................................................................................................................... 11  
Chapter III: Method .............................................................................................................................. 12  
  Participants .......................................................................................................................................... 12  
  Design .................................................................................................................................................. 12  
  Setting .................................................................................................................................................. 12  
  Measures .............................................................................................................................................. 13  
  Procedures ........................................................................................................................................... 13  
Chapter IV: Results ............................................................................................................................... 14  
Chapter V: Discussion ........................................................................................................................... 15  
  Strengths .............................................................................................................................................. 15  
  Limitations .......................................................................................................................................... 15  
  Multilevel Challenges .......................................................................................................................... 16  
  Recommendations ............................................................................................................................... 16  
  Contributions to the Field of Behavioural Psychology ................................................................. 16  
References .............................................................................................................................................. 18  
Appendix A ............................................................................................................................................ 22  
Appendix B ............................................................................................................................................ 111
Chapter I: Introduction

One’s career can be a motivating and exciting aspect of life however, it can also breed feelings of stress, exhaustion, and hostility. For example, 47% of employed Canadians identify their careers as a major distressing element in their day-to-day lives (Employment and Social Development Canada, 2017). Additionally, approximately 30% of short and long-term disability requests are due to mental health issues (Mental Health Commissions of Canada, 2018) and each year the Canadian economy spends more than fifty billion dollars in this domain (Mental Health Commissions of Canada, 2018). For example, annually a mental health issue or illness is endured by one in five Canadians (Employment and Social Development Canada, 2017). Moreover, Gabriel and Liimatainen (2000) identified a prevalent illness that impacts employed individuals is clinical depression as 1 out of every 10 people suffer from a depressive disorder. The amount of stress that surrounds peoples’ employment and prevalence of psychological health concerns is alarming because people devote extensive amounts of time and effort to their careers. If employment is causing enough stress to impact an individual’s mental health and well-being, this is a major area of concern that needs to be addressed.

Everyone can experience mental illness, including those who are employed in helping professions. As an illustration, Thomas, Kohli, and Choi (2014) uncovered that there were moderate to high rates of prolonged stress and exhaustion among the helping professionals in a small town. Furthermore, burnout has been identified as a critical issue among the staff of mental health services (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). There is speculation that depersonalization could occur as a result of a lack of personal achievement, which can develop from emotional exhaustion evolving from great amounts of emotional empathy (Williams, 1989). The degree of empathy used is important because, empathy is an essential trait for working in the helping profession in order to understand clients. Therefore, being stressed, emotionally drained, and accessing high amounts of empathy can lead to greater mental health risks when working in helping professions.

First responders also experience great amounts of stress in their line of work through the growing trauma to which they are exposed (Arble, & Arnetz, 2017). This amount of distress has been identified as a risk factor for negative health impacts (Arble, & Arnetz, 2017). According to Santiago et al. (2013), when individuals are exposed to intentional traumatic situations, PTSD rates increase over time as well as poor health outcomes. Intentional trauma is defined as events that include the purposeful intent of harm compared to non-intentional trauma, which is when the traumatic event that is experienced was due to an accident. It is important to recognize that Correctional staff may be more susceptible to intentional trauma due to the demographic they are working with. Additionally, it was discovered by Carelton et al. (2018) that the careers with the most prevalence of disclosing past-year and lifetime suicidal actions were paramedics and correctional employees. Overall, first responders are more vulnerable to negative health risks due to the nature of their careers.

Vicarious trauma is one issue that can occur when professionals are exposed to the trauma suffered by those they help and occurs when traumatic situations are recited to helping professionals, resulting in subjection to the trauma (Vicarious Trauma, 2016). For example, Boulanger (2018) explains that detachment of a professional’s awareness can occur when the professional is not willing to process a client’s dissociated memories, resulting in unexpected, intrusive, and unexplainable responses occurring in workplace and non-workplace settings. As recognized by Killian (2008), helping professionals may develop insomnia, concentration issues, and shifts in mood when working with individuals who have been extremely traumatized. These symptoms are indicative of the diagnostic criteria for PTSD (Killian, 2008). Vicarious trauma is an area of concern that needs to be monitored because even though the professionals are not directly exposed to the trauma, they are still impacted by hearing about it and
witnessing the stressful effects of this trauma in their clients.

Another mental health disorder that can impact individuals employed in the helping profession as well as first responders is PTSD. PTSD is a stress and trauma related disorder that is developed through experiencing trauma including physical or sexual violence, witnessing death, and experiencing threats (Canadian Mental Health Association, n.d.). Staniloiu and Feinstein (2017) found that 1 in every 10 Canadians could experience a general form of PTSD. Additionally, Karam et al. (2014) explain that numerous traumatic events have been identified by their participants to correlate with their diagnosis of PTSD and that four or more traumatic incidents can cause significant impairment of functioning. Similarly, PTSD can increase stimulation in the parietal cortex when one is faced with a threatening element which results in an intensified reaction, as described by Blair et al (2013). Furthermore, relentless symptoms can be generated by PTSD. For example, reliving the traumatic occurrence, night terrors, or flashbacks of the event (Canadian Mental Health Association, n.d.). Overall, PTSD is a very intrusive mental illness that can impact all aspects of one’s life greatly.

Considering the amount of stress the working population feels about their jobs and the conditions it can lead to, possible solutions to this problem need to be explored. A possible solution to safeguard employee’s well-being could be workplace wellness programs. Wellness can be defined as the extent of excitement and positivity individuals feel about themselves and their quality of life (Manderscheid et al., 2009). The Social Development of Canada (2018) discovered that when workplace wellness is accomplished, there are reductions in healthcare costs, injuries, leaves of absence, and absenteeism. Moreover, there were great indications of growth in physical and mental well-being, stress management, energy level, social gratification, self-efficiency, and quality of life when a workplace wellness program was implemented that analyzed the effects of exercise on mental health (Emerson, Merrill, Shedd, Bilder, & Siddarth, 2017). Similarly, Anshel, Brinthaupt, and Kang (2010) implemented a workplace wellness program that improved physical health, mental health symptoms, overall welfare and self-control. The goal of this thesis is to develop a workplace wellness manual for staff working in a correctional environment. A correctional environment is a difficult setting to work in due to the nature of the clientele, workplace conflict, and the politics associated with the workplace. The population may be unsympathetic, disrespectful, and bitter which can result in stressful interactions between staff and inmates. Furthermore, staff can be frustrated by various challenges which impact their ability to complete their work, including tedious administrative tasks and negative public perception. Workplace conflict and harassment is another topical issue, which leads to increased stress and a negative work environment. The increased stress due to the type of population and, impacts the helping and first responder roles that staff have to fulfill put them at a higher risk of experiencing vicarious trauma, PTSD, and other negative health issues. The purpose of this manual is to provide a resource which includes psychoeducation and various coping strategies to help deal with the stress and other effects of working in a challenging environment.

This thesis is separated into five chapters: the introduction, literature review, methodology, results, and discussion. The introduction reviews the prevalence of workplace stress and psychological health issues, the increased mental health vulnerabilities of professionals working in the human services or first responder fields, the impact of vicarious trauma and PTSD, and the value of workplace wellness programs. The literature review provides background information and evidence-based interventions that have been used for PTSD, vicarious trauma, workplace stress, first responders and helping professionals. It also addresses the need for a workplace wellness manual due to the lack of resources for corrections specific environments. The methodology portion includes the development of the manual and the results illustrate the contents of the manual. The discussion examines the strengths and limitations of the manual itself.
Chapter II: Literature Review

The Impact of Workplace Stress

The workplace setting is an atmosphere that can significantly impact an individual’s mental health (Employment and Social Development Canada, 2017). For example, psychological health struggles or disorders are the reason 500 000 Canadians are not able to attend work in any given week (Mental Health Commissions of Canada, 2013). Moreover, healthy or unhealthy stress is often experienced as an integral part of every working environment. The Employment and Social Development Canada (2017) describe healthy stress as when an employee feels their workload and setting are reasonably difficult, resulting in productive stress. Unhealthy stress can be defined as experiencing adverse health implications due to destructive distress that results in an unwarranted burden for the employee (Employment and Social Development Canada, 2017). According to The Conference Board of Canada, (n.d.) employed Canadians have a 60% increased risk of developing a mental illness when compared to the unemployed population. Part of that stress can arise from disclosing psychological health problems to a manager, as 77% of Canadians feel uncomfortable speaking to their supervisor about mental health struggles (Employment and Social Development Canada, 2017). Additionally, The Conference Board of Canada, (n.d.) also identifies that the careers with the most prevalent psychological health issues are within government services, as approximately 20% of these employees have experienced a mood disorder or generalized anxiety. Within the broad spectrum of government services available, workers in correctional facilities, specifically correctional officer first responders and helping professionals, inherently experience higher levels of stress than those in the average working environment (Carelton et al., 2018). Unhealthy workplace settings have an immense impact on employees, and this stress may pose a danger to employees already working in a volatile working environment, such as correctional services.

The Workplace Stress Imposed upon Correctional Staff Members

The roles of helping professionals and first responders within correctional facilities are the focus of this literature review as these roles generally capture the two role domains where there is significant contact with clients and other staffing within the correctional setting. Rugulies et al. (2007) determined some factors that are associated with absenteeism among human service employees, including; unrealistic emotional demands from clients, little work purpose and impact, and poor institutional management. The factor that was the most prevalent reason for an employees’ absence was unrealistic emotional demands from clients through experiencing threats and exposure to violence (Rugulies et al., 2007). These results can be related to both the helping professional and first responding roles in correctional workers, as the population they are interacting with is often more aggressive compared to a non-incarcerated population and may have high emotional demands due to their negative environment. The factors above also show the increased stress that human service employees are exposed to compared to workers in other fields that may not have to deal with as many of these issues because they are working with a different client population. Furthermore, Straussner, Senreich, and Steen (2008) revealed that over time in a helping professional’s career, specifically within social work, approximately 52% of social workers reported having psychological health issues. The overwhelming commonality of mental health issues are critical to recognize as a social worker’s role may exist within the stressful work environment of a correctional facility. Moreover, Smith (2014) completed a study that assessed first responder’s burnout levels; of the participants assessed, around 64% of them had a moderate level of burnout while approximately 35% were experiencing high levels of burnout. Overall, it was found that each participant displayed signs of burnout. Carlson and Thomas (2006) identified that correctional caseworkers have increased rates of burnout compared to correctional officers. Comparatively, it was found that correctional officers indicated increased rates of depersonalization and emotional exhaustion.
Given these statistics, it is evident that the helping professionals and first responding roles of correctional employees suffer at least the same amount of workplace stress as those working in the same fields outside of correctional institutions.

**Helping Professionals in Correctional Services**

There are many mental health vulnerabilities one can be exposed to when working in the human services profession, and even more so when working in a correctional environment. Oliveira, Schneider, Sampaio Bonafe, Maroco, and Bonini Campos (2016) explain that heightened and consistent workplace stress that leads to burnout is a result of regular contact with offenders. The increased vulnerability is exemplified as it has been reported that once entering the helping profession, specifically social work, because of workplace stress, the rates of mental health issues increase amongst employees (Straussner, Senreich, & Steen, 2018). They suggested that there needs to be an increased emphasis on the importance of self-care in educational curriculums because it would lead to improvement of self management struggles surrounding mental health (Straussner et al., 2018). Moreover, Miller, Donohue-Dioh, Niu, and Shalash (2018) discovered that child welfare employees are only partaking in self-care at a moderate rate and that this area needs a major improvement. It was recommended by Miller et al. (2018) that there be further education in curriculums to teach self-care strategies, as well as staff trainings. Additionally, Lambert, Hogan, Barton, Jiang, and Baker (2008) suggest that employment commitment increases amongst correctional staff when there is variation in roles as well as when a more rehabilitative approach is enforced instead of punishment. Comparatively, Carlson, and Thomas (2006) recommend that stress reduction training may be a useful and valuable form of addressing burnout amongst correctional caseworkers. Furthermore, the literature suggested many techniques for helping professionals to promote wellness, but the approach that would be most beneficial has not yet been evaluated. However, from the information given, it is apparent that self-care, variety in employment roles, and distress training are important aspects that needs to be maintained in a helping professional’s life in order to attain mental well-being.

**Working within a First Responder Position**

First responders are another population that have an increased risk of developing psychological health issues due to the nature of their career, which is enhanced in a correctional setting. Haugen, McCrillis, Smid, and Nijdam (2017) explain that first responders find that there are impediments to their access of mental health care. One in eleven first responders have experienced obstacles to their access of mental health care as well as one out of every three have encountered stigma surrounding psychological health care (Haugen et al., 2017). It was also revealed by Haugen et al. (2017) that as stigma increased, the likelihood of alcohol use did too as well as with PTSD and depression. Their last finding was that there were reduced levels of stigma concerns in the first responders who had received mental health services previously (Haugen et al., 2017). Therefore, encouragement from management to utilize psychological health services could potentially increase the use among first responders because of the decreased levels of stigma concerns. Furthermore, Kleim and Westphal (2011) identified that cognitive-behavioural interventions would likely be successful at changing negative trauma judgments of incidents where first responders perceived danger to their lives, lack of control and catastrophized adverse situations. They also suggested increasing the development of resilience factors in first responders through the implementation of prevention programs would be effective (Kleim & Westphal, 2011). Moreover, motivational interviewing (MI) is another technique that can be used throughout therapy with first responders (Lanza, Roysircar, & Rodgers, 2018). According to Lanza et al. (2018) MI is exploring the hesitation of changing without evaluation and expectations. They also recommended psychoeducation in treatment to ensure that the first responders have practical beliefs about implementation, recovery and symptoms (Lanza et al., 2018). Similar to Kleim and Westphal (2011),
Lanza et al. (2018) explain that resiliency elements should also be included in psychoeducation. Overall, Lanza et al. (2018) advise that interventions that include multiple methods in one approach are the most adequate and efficient treatments for first responders. Additionally, as explained by Gould, Watson, Price, and Valliant (2013), correctional officers display increased rates of emotional exhaustion and depersonalization. Gould et al., (2013) discovered that reduced levels of burnout from emotional exhaustion and increased levels of personal achievement were associated with issue-focused coping behaviour. They also found that heightened personal achievement and reduced emotional exhaustion and depersonalization is correlated with emotional positive reframing (Gould et al., 2013). In contrast, Farnese, Barbieri, Bello, and Bartone, (2017) identified that having a mentor as a new correctional officer, decreased levels of cynicism and interpersonal distress as well as increased feelings of personal achievement resulting in a safeguard for burnout. Considering these factors, there are many different interventions and techniques that can be used when treating first responders, although, utilizing multiple techniques in one method has been found to be most beneficial (Lanza et al., 2018).

**Vicarious Trauma Prevention**

Vicarious trauma can occur when working within the human services profession. It is recognized that to prevent vicarious trauma, organizational and managerial support of self-care is needed (Branson, 2018). As explained by Branson (2018), this support includes daily supervision, reflection time, increased days off, and purposeful gratitude. Correspondingly, Simms (2017) also suggested self-care as a method of building upon resilience factors to counteract vicarious trauma. The self-care elements included in Simms’ (2017) model are awareness, balance, and connection, resulting in overall improvement and renewal. Furthermore, according to Cohen and Collens (2013), management aspects, individual coping behaviours, passage of time, experience and organizational encouragement are all important factors to consider when treating vicarious trauma. Conversely, Voss Horrell, Holohan, Didion, and Vance (2011) found that ensuring a reasonable workload by adjusting casework, organizing how time is spent and who time is spent with, aids clinicians in coping with the trauma of their clients. They also discovered that implementing peer-support, socializing after work, having a varied workload, and the ability to refuse work with a certain type of population are crucial elements to supporting professionals with their stress of enduring their clients’ trauma (Voss Horrell et al., 2011). Throughout the literature, self-care is the most prevalent intervention for treating vicarious trauma. However, the literature lacks information regarding its effectiveness in comparison to other treatments due to the limited interventions for vicarious trauma. Although, as can be seen, self-care, institutional, and managerial support are recognized as significant elements for reducing the workplace stress that causes vicarious trauma. All of these factors should be large determinants when considering workplace wellness interventions.

**Post Traumatic Stress Disorder (PTSD) Interventions**

PTSD is another mental health disorder that can develop in the helping profession or amongst first responders within correctional facilities. It is determined that those who experience PTSD use healthcare services more often as they have the highest service rates (PTSD United, 2013). Additionally, Geronazzo-Alman et al. (2017) found that PTSD in first responders is linked to an increased exposure to career-related traumatic situations. This disorder causes disruptive interference in peoples’ lives and any interventions that can provide relief are needed. For example, Levi, Bar, Kreiss, and Fruchter (2016) identified that cognitive behavioural therapy (CBT) and psychodynamic psychotherapy both substantially decreased PTSD and depression symptoms, as well as enhanced life operational levels at eight and 12-month post-intervention follow-ups. Cusack (2016) also determined that CBT is an effective therapy for treating PTSD as well as cognitive processing therapy (CPT). Similarly, Akbarian et al. (2015) found that CBT decreases PTSD symptoms and enhanced autobiographical memory. In
contrast, trauma focused interventions and exposure therapies addressing PTSD symptom severity demonstrated minor enhanced effectiveness at follow-ups when compared to Eye Movement Desensitization and Reprocessing (EDMR), CBT, and Present Centered Therapies (PCT) (Tran & Gregor, 2016). Lastly, it was established that CBT helped increase persistent sleep, daytime alertness, and overall sleep results for those experiencing insomnia due to their PTSD (Talbot et al., 2014). Given these points, CBT seems to be a successful method for treating those with PTSD as it is a demanding illness that requires intensive interventions. Personnel working within correctional facilities will benefit from these interventions and preventative measures, and allow them to successfully function within their work environment.

**Healthy Coping with Workplace Stress**

As a way of ensuring employees are not experiencing negative workplace stress, the organization and managers can assess employees’ coping strategies to ensure they are effective instead of maladaptive. Holton, Barry, and Chaney (2016) revealed that concentrating on reducing unhealthy coping strategies is not as effective as concentrating on increasing healthy coping strategies for a workplace wellness program. Holton et al., (2016) also explained that for healthy coping to be carried out by the employees, healthy coping resources need to be easily accessible for the program to be successful. Furthermore, decreased levels of stress, burnout, depressive moods, and daily lethargy are associated with reassessing coping in the professional environment (Kato, 2015). Reassessing coping as described by Kato (2015) is the process of disengaging from a toxic connection and delaying contact until suitable circumstances arise, or waiting for the matter to resolve itself. These findings display the importance of assessing employees’ coping strategies, as encouraging healthy coping is beneficial to the workplace environment and the individual. Additionally, Werneburg et al. (2018) conducted a study that involved a 12-week resiliency program for healthcare employees. This program focused on Stress Management and Resiliency Training (SMART), which included aspects of promoting appreciation, compassion, acceptance, and absolution (Werneburg et al., 2018). These factors aid individuals to have a content, non-emotional response to daily distress (Werneburg et al., 2018). It was also discovered that the participants rating from baseline to post-implementation for anticipated stress dropped substantially and rates were sustained at three-month post-program evaluation. The results of this study suggest an effective intervention for workplace stress and the elements that are included in the program are important factors to possess when working in the helping profession. The ability to operate using non-emotional responses to daily distress within the workplace, especially in the correctional field, is advantageous for all correctional workers, as this skill builds their resilience and causes them to be less susceptible to stress in their working environment. Furthermore, in the literature it is apparent that focusing on healthy stress management strategies in comparison to unhealthy strategies (Holton et al., 2016) is the identified method of enhancing the effectiveness of workplace wellness programs. Other methods have not been evaluated to determine the favourable advantages.

**Efficacy of Workplace Wellness Programs**

Workplace wellness programs have started to increase in popularity over the years. These programs have been shown to decrease rates of smoking and increase activity levels as well as manage lifestyle-related illnesses, early death, and health care expenses (Mattke, Liu, Caloyeras, Huang, Van Busum, Khodyakov, & Shier, 2013). Correspondingly, Byrne et al. (2016) noticed an improvement in health results from a workplace wellness program when participants acquired low-fat eating habits, participated in aerobic activities, abstained from smoking, and maintained a sufficient sleep schedule. This intervention incorporated a monetary incentive for completing an annual health risk assessment. Moreover, Burton, Pakenham, and Brown (2010) implemented a program called Resilience and Activity for EveryDaY (READY) in a professional environment. This program consisted of 11, two-hour
sessions that incorporated positive mental state, adaptability, problem solving, social support, life purpose, and effective coping (Burton et al., 2010). The results of this study identified the improvement of accepting all circumstances as they arise, competent utilization of coping in daily living, positive sentiments, mindfulness, and individual development (Burton et al., 2010). The impact of this study is a positive example of how a workplace wellness program effects employees in more areas than their physical health. Additionally, the literature did not demonstrate the benefits of one workplace wellness program to be more beneficial than another. Given these points, it is apparent that workplace wellness programs do have a positive impact on employees. This is why it would be extremely beneficial for those working in a correctional environment to ensure that they are experiencing workplace wellness.

Critical Analysis

As can be seen there are many different forms of workplace wellness programs, interventions for helping professionals and first responders, as well as for PTSD and vicarious trauma. There is not one method or program that integrates these various treatment factors. There is some data on the impacts of working in a correctional environment and overwhelming amounts of information about the offender population, but there is still a large area of research that has not been addressed. For example, there was not any data that could be found on workplace wellness programs in a correctional setting. Secondly, there was very little suggestions of interventions for correctional helping professionals. Of those suggestions most of them were out of the employees’ immediate control and vicarious trauma was never addressed. Similarly, there was not any data about correctional officers and PTSD. There was information and recommendations about burnout but once again many of them were out of the workers control. Another gap in the literature for the correctional environment was that there is not any regular and formal assessment to evaluate employees coping strategies. Additionally, the lack of consistent and formal assessments of coping strategies for employees in the human services field as well as among the first responding field was apparent. Furthermore, there were not any interventions that focused on PTSD in the workplace. Finally, there were not any workplace wellness programs that integrated mental and physical health. All of these gaps, if addressed, would only benefit correctional staff members.

Manual Outline

Due to the lack of interventions and data, a workplace wellness manual was created based on the information that has been described throughout. Therefore, the manual includes these components. This resource incorporates psychoeducation on stress, negative thoughts, trauma, PTSD, mindfulness, sleep coping strategies, work sheets, and assessments. Healthy coping strategies are outlined in the manual because, as identified by Holton, Barry, and Chaney (2016), increasing healthy coping strategies is more effective than decreasing maladaptive coping strategies. The self-care assessments are available as a tool for the correctional staff to evaluate their self-care habits as self-care is a major determinant for overall health. As management encouragement of psychological health is important for any working environment, but even more so in corrections, the manual addresses that factor through institutional managers supporting the use of this manual. CBT techniques and psychoeducation are included in the manual to offer strategies to alter the correctional staffs’ negative perspectives about their environment. Different forms of self-care are incorporated as well as mindfulness techniques to enhance awareness for methods of self-care to reduce the risk of experiencing vicarious trauma. Although it is recommended that those struggling with PTSD seek professional help for the purposes of assessment and treatment, some material outlining common symptoms and coping strategies is incorporated in the material to increase awareness. Finally, the worksheets in the manual focus on positive and effective coping behaviours for overall wellness. Overall, a workplace wellness manual would be beneficial for correctional staff members because in their roles they have a much higher risk of developing mental health issues.
Chapter III: Method

Participants

The Workplace Wellness manual is to be used by Correctional Service Canada (CSC) employees; primarily correctional program officers (CPOs) and correctional officers who have daily contact with inmates and the responsibility of reviewing files. The manual was created for CSC staff who are experiencing workplace stress or who are interested in workplace wellness for themselves or co-workers. Any type of gender orientation can use this manual. The individuals who would be provided with this manual are staff who either directly or indirectly work with inmates on a daily basis. Formal consent is not necessary as human data is not being collected and the use of the manual will be voluntary. The exclusion criteria would be anyone who is not a CSC employee.

Specific training is not necessary for the utilization of the manual but it may be helpful as a tool for the Critical Incident Stress Management (CISM) program that is managed by CSC volunteer staff. The manual is designed to inform and advise employees of strategies they can use to help themselves and learn when to enquire for further professional help. For increased chances of success, the workplace wellness manual should be supported by managers as well as CISM facilitators.

As the institution already has confidentiality and consent policies in place, they were not established for this manual specifically. Consequently, it is expected that employees are informed and familiar with these procedures and will follow them appropriately.

Design

Evidence based practices were utilized for the purpose of writing this manual. Those practices are CBT methods that alter cognitive processing as well as CBT based coping strategies, psychoeducation on the various topics, self-care techniques, and mindfulness practices. The content was chosen because CBT is an effective approach for changing an individual’s thinking process and is effective in addressing a variety of issues. Psychoeducation was selected as it is a technique that informs the readers of the background materials of each topic. Self-care techniques are incorporated because it is a crucial method for ensuring positive mental health, and mindfulness was included as increased awareness is beneficial in every aspect of an individual’s life. Mentorship, increased days off, and workload changes were not included as parts of the implementation of the manual because these are not feasible factors that the Behavioural Psychology student or CSC employees can control. Trauma based interventions were not implemented because trauma needs to be addressed with professional help. The goal of this manual is to be a supportive resource for those experiencing workplace stress.

The purpose of this manual is to inform individuals about the importance of positive thinking, the value of different perspectives, it describes the CISM program, explains stress reactions including PTSD, outlines the relevance of relaxation, describes the influence of mindfulness, clarifies substance misuse, illustrates effective coping strategies for flashbacks, sleep, positive mental health, self-care, and incorporates goals worksheets as well as includes assessments. The encouragement of positive thinking was addressed by briefly explaining cognitive distortions, providing positive thought alternatives, and recognizing the impact of negative thoughts. The importance of different perspectives is explained by our core belief system, the distortions of interpretations, and the description of a method that teaches altered perception. Next, the CISM program is addressed by defining critical incident stress, describing the Employee Assistance Program (EAP), and demonstrating loved one’s support. Furthermore, stress reactions are outlined through the responses of the brain and body and coping strategies are illustrated. Additionally, the value of relaxation is outlined and a multitude of relaxation strategies are included. Similarly, the approach of mindfulness is described through its importance, the purpose, and mindfulness exercises. Finally, substance misuse is addressed by describing the cycle, identifying triggers, and evaluating the risks of changing.
As there are not any variables being manipulated in the production and distribution of the
manual, it is considered a non-experimental research design. If implemented, the dependent and
independent variables would be established and the correlations between the variables would be
determined.

The assessment measures that are used in this resource are the Self-Care Assessment Worksheet
and the Professional Quality of Life Scale (PROQOL). These assessments allow the correctional staff to
evaluate their stress levels in varying domains to gain understanding and awareness of their overall
wellbeing. The coping strategies that are included in the manual are psychoeducation, relaxation
techniques, mindfulness, CBT techniques, self-care strategies, and grounding.

Setting
The setting is in a CSC federal institution that is a multi-level security facility for males. One of
the goals of this institution is to protect the public by legally detaining individuals for a minimum of two
years as a form of punishment for committing a crime. There are many correctional staff within the
institution that provide varying types of support to the offenders.

Measures
The manual was assessed by some of the CPOs of the institution through a survey to conclude
the potential impact this workplace wellness manual could have. The survey asked for feedback on the
subject matter, how easily it can be used, and the presentation of the material. The feedback from the
staff is considered a form of qualitative data. An additional section was included for the staff to write
any supplementary feedback that was not included in the questions. After evaluation of the manual,
further development was incorporated which increased the efficacy of the manual.

Procedures
This manual will be given to any staff who show an interest or need about workplace wellness.
The Behavioural Psychology student provided an electronic copy of the manual and it is available to all
employee through the shared computer system. The manual will be available to staff through the CISM
program, at the guard posts, and in the programs building. Staff members will know about this resource
through the Behavioural Psychology student informing them as well as CISM volunteers notifying them.
The manual was developed on evidence based best practices.
Chapter IV: Results

The outcome for this project is the development of a Workplace Wellness Manual for CSC employees (Appendix A). The manual was created for the purpose of addressing the absence of workplace stress resources for CSC employees. A correctional institution is a demanding and challenging workplace environment that has specific needs that should be focused on. The information included in the manual is based on evidence researched practices.

After completion of the first draft of the manual, correctional program officers completed a questionnaire (Appendix B) giving feedback about the Workplace Wellness Manual. This feedback was then incorporated into the final version of the resource. Of the seven staff that were asked for feedback, 57% suggested that there were other fields of information that could be included. The additional information that was suggested to be included was the “iceberg” concept, personal expectations, stigma, and a list of community resources. Twenty nine percent suggested changes to the order of the resource as well as made comments about the comprehensibility of the material. It was recommended that a less complex version of the document Different Perspectives and the Brain’s Stress Response be included. Additionally, 43% gave recommendations about the visual manner of the material. The respondents suggested that the manual would be easier to use if it was accessible through a web browser and that the fonts and formats be consistent throughout. Lastly, 14% gave recommendations about the supplemental worksheets.

One of the major changes made to the manual was the organization of the table of contents. It was divided into sub-sections making it more user friendly, therefore users would not feel overwhelmed when looking for information. A minor change that was made was the reorganization of some of the worksheets within the subsections. Another major change was the addition of information about stigma and the iceberg concept.
Chapter V: Discussion

The lack of literature regarding the implementation of workplace wellness resources or programs for CSC, indicates that there is a need for research in this area. Due to the absence of information, a CSC Workplace Wellness Manual was created. The resource addresses lack of information about cognitive processing, stress, and the increased workplace stress that CSC employees experience due to environmental stressors. The manual includes CBT methods that address cognitive processing styles, CBT coping methods, psychoeducation about the various topics, self-care strategies, and mindfulness practices. CSC has recently begun emphasizing the issue of workplace stress which is why a Workplace Wellness Manual was created. The purpose of this manual is to begin to fill the gap of the lack of workplace wellness initiatives and provide a resource for staff in this area.

Strengths

Although there was not any research specifically addressing the domain institutionally, the predominant strength of the manual is that the topics included have considered the challenges faced by the staff in this unique environment. For example, the material about critical incident stress is crucial information to have access to when working in a federal correctional institution because Oliveira et al. (2016) explain that daily contact with offenders causes increased and constant workplace stress that results into burnout. Additionally, the inclusion of coping strategies as a topic is necessary in order to encourage the growth of resilient employees who can manage stress in a healthy and adaptive manner. Also, the self-care assessments are another important aspect of the manual because the assessments allow the staff members to evaluate their self-care habits and change those habits if needed.

The manual was also designed with the idea of individuality. The topics are organized in a format that the material does not need to be read from front to back to be understood. Therefore, a user could only read the parts of the manual that apply to them. The individuality of the manual is an advantage because a reader may be more likely to use the manual if they know that they can read the material that only applies to them. By reading the applicable information, their interest may be peaked to continue reading about the other subjects.

In addition, the content of the material can be easily read and understood. The resource contains various metaphors, pictures, and diagrams that enhance the understanding of the subject material. Furthermore, the explanations in the material use comprehensible language making the information understandable and the knowledge of psychological concepts is not needed.

Another strength of the manual is that it was developed using evidence-based techniques. It is essential that the resources chosen were evidence based because the employees of CSC need methods that are effective for improving their workplace wellness. The final strength of the manual is that there are not any time constraints associated with it. The manual can be used whenever the user deems it is needed and they do not have to be assigned to a waiting list to use it.

Limitations

As with any project, there were limitations to this one. One of the limitations, which was also one of the manuals strengths, was the volume of information and topics included in the manual. Some users could find the amount of information overwhelming and not know where to begin looking in the manual for guidance, especially if the user does not have any knowledge of the concepts. Moreover, the manual’s information sheets and worksheets were taken from different resources. As a result, the appearance of the overall manual is not as visually pleasing as it could be because of the various fonts and pictures. Additionally, the manual was not evaluated by any correctional officers, therefore, a relevant topic to correctional officer could have been excluded. Finally, the main shortcoming is that the
manual has not been used by participants, thus it has not yet been determined if this manual is effective for supporting those experiencing workplace stress in a CSC environment.

**Multilevel Challenges**

There are various challenging factors while creating a manual for the use of CSC staff members. There are four elements that needed to be considered during the development of this thesis. These elements are the client, program, organization, and society. The following examples illustrate some of the challenges in each of these levels.

A major issue at the client level could be the lack of buy-in from the manual users. CSC employees may be resistant to the idea of a workplace wellness resource and view it as juvenile or unnecessary. Also the lack of knowledge surrounding mental health may be another barrier for the staff to use this manual. They may not know enough about the topic and may not understand the material within the manual. Another challenge at the client level could be that the manual may not have the exact information an individual needs.

The predominant issue at the program level is lack of motivation or participation from clients. The manual incorporates essential coping skills for the various needs of the clients. These techniques need to be practiced and used in order to be effective. CSC employees may not be aware of the importance of training yourself to use these coping strategies or may be uncomfortable with trying new approaches and deem the resource as unhelpful or useless.

There are several challenges at the organizational level for the use of the manual. One issue is the stigma that may be received by those who use the manual. Some CSC employees could be ridiculed for using the manual. Another concern for the organization is that they may not be aware of the resources available to them. There was not an announcement made that the Workplace Wellness Manual is available to staff members and only a certain amount of employees knew about the creation of the manual. The last issue is the lack of resources CSC has for management of workplace stress. Due to the lack of information in this area employees may not know the impacts of stress and think that the manual is purposeless.

The main issue at the societal level is the lack of resources provided for professionals in the helping and first responding professions for workplace wellness. This is a challenge among many agencies in society but it is even more of an issue for those working in corrections because there are not many resources in society that are specific to corrections. Another concern is the lack of knowledge society has about the array of challenging experiences that those who work in corrections experience.

**Recommendations**

The first recommendation for this manual is that it needs to be evaluated to determine whether the manual is an effective resource for increasing workplace wellness. Additionally, it could be beneficial to include more interactive worksheets in the manual to possibly create more change amongst those who are using it. Finally, the manual could be more valuable if it was paired with a workplace wellness seminar. A workshop would allow for any further explanations or clarifications that may be needed about the contents of the manual and a workshop could also foster stronger relationships and morale among the employees.

**Contributions to the Field of Behavioural Psychology**

The contribution the development of this manual has for the field of Behavioural Psychology, is that it displays a fundamental need for resources and programs in the area of workplace wellness for CSC employees. There was a lack of information regarding CSC stress management procedures in the literature and that gap displays the lack awareness or attention CSC has for workplace wellness. The creation of this manual may increase awareness about the topic, initiate further research in the area
which would exhibit the need, and may result in the development of a mental health position in all federal institutions. Another contribution the manual has to the field of Behavioural Psychology is the idea of a prevention resource. The manual could act as a prevention resource for workplace stress because staff members may read parts of the manual, experience something stressful, and use the information or coping strategies until they are able to contact a professional. The idea of a prevention resource could be applied in many other ways to the field of Behavioural Psychology.
References


# Table of Contents

Introduction .......................................................................................................................... 4

Alternative Thinking .............................................................................................................. 5
  Cognitive Behavioural Therapy ............................................................................................. 6
  Iceberg Theory ...................................................................................................................... 8
  Information About Stigma ..................................................................................................... 9
  Unhelpful Thinking Habits .................................................................................................... 10
  Positive Affirmations ........................................................................................................... 11
  The Poisoned Parrot ............................................................................................................. 12
  Positive Self-Talk/Coping Thoughts Worksheet .................................................................... 13
  The Vicious Cycle .................................................................................................................. 14
  Different Perspectives ........................................................................................................... 15

CSC Critical Incident Stress Information .................................................................................. 19
  Critical Incident Stress ......................................................................................................... 20
  What you Should do if you are Experiencing Critical Incident Stress .................................. 21
  Employee Assistance Program ............................................................................................. 22
  Critical Incident Stress Information for Family Members .................................................... 23
  Some Suggestions for Supporting Those who are Experiencing CIS .................................... 24

Effects of Stress ...................................................................................................................... 25
  Self Help for Stress ................................................................................................................ 26
  Vicious Cogs .......................................................................................................................... 28
  Coping Strategies Planner .................................................................................................... 32
  The Brain's Stress Response .................................................................................................. 33
  Alarming Adrenaline ............................................................................................................. 34

Post-Traumatic Stress Disorder (PTSD) Information ............................................................... 35
  Trauma and the Brain ............................................................................................................ 36
  Post-Traumatic Stress Disorder (PTSD) .............................................................................. 37
  Coping with Flashbacks ......................................................................................................... 41

Relaxation and Mindfulness Techniques .................................................................................. 43
  Relaxation ............................................................................................................................... 44
  Mindfulness ............................................................................................................................ 47
  Why Mindfulness? .................................................................................................................. 51
  Mindful Breathing .................................................................................................................. 52
  Mindfulness of Emotions ...................................................................................................... 53

Sleep Information ................................................................................................................... 54
  Sleep – Self Help .................................................................................................................... 55
  Sleep Diary ............................................................................................................................. 57

Imagery Material ...................................................................................................................... 58
  Imagery for Self-Help ............................................................................................................. 59

Substance Misuse Information ................................................................................................ 62
  Substance Misuse Self-Help ................................................................................................. 63
  Advantages and Disadvantages of Change ......................................................................... 69
  Substance Use Diary .............................................................................................................. 70

Coping Strategies .................................................................................................................... 71
Introduction

This manual is designed for the use of Correctional Service Canada (CSC) employees. The purpose of this manual is to be a resource for individuals that are experiencing workplace stress, vicarious trauma, post traumatic stress disorder (PTSD) or are interested in workplace wellness. Wellness can be defined as the extent of excitement and positivity individuals feel about themselves and their quality of life. This manual is not a substitute or equivalent for help from a professional. The material can be simultaneously used as a tool for therapy or professional help as well as used independently.

This resource was created using evidence based best practices. Those practices include Cognitive Behavioural Therapy (CBT) methods that adjust thinking processes as well as coping strategies. Additionally, educational information will be included to provide background knowledge on the contents of the manual. Finally, self-care techniques and mindfulness practices are also incorporated.

CBT was selected for its validity of reshaping thought processes as well as it’s efficiency of decreasing PTSD symptoms. Educational information was chosen because it teaches the necessary components of the material and self-care methods were incorporated as it is an essential strategy for safeguarding an individual’s mental health. Lastly, mindfulness was included because it is a valuable skill to obtain for increasing active awareness and gratitude in daily activities.

“The concept of total wellness recognizes that our every thought, word, and behaviour affects our greater health and well-being. And we, in turn, are affected not only emotionally but also physically and spiritually.”

- Greg Anderson
Alternative Thinking
Cognitive Behavioural Therapy

Cognitive Behaviour Therapy (CBT) is a talking therapy that looks at:

- How you think about yourself, the world and other people
- How what you do affects your feelings and thoughts
- How the way you think and feel affects the way you act

Thoughts feelings and behaviours are all linked, so if I think upsetting thoughts, then I will feel upset and then I am likely to do something that will increase the thoughts and strengthen the feelings. A vicious cycle.

We can break this vicious cycle by changing the way we think and act. By making links between what we do, think and feel, CBT can help us make changes in the way we think (“Cognitive”) and the way we act (“Behaviour”). Making changes in what we think will affect what you do and feel, and changing what we do, affects the way we think and feel. Making these changes then can help us feel better.

Whilst it is helpful to discuss the past and understand how our pasts have influenced our lives and how the problems have come about, CBT mostly focuses on looking for ways to improve your mental wellbeing now and making positive steps for the future. CBT says that it’s not the event which causes our emotions, but how we interpret that event - what we think or what meaning we give that event or situation.
For instance, if someone you know passes you in the street without acknowledging you, you can interpret it several ways. You might think they don't want to know you because no-one likes you (which may lead you to feel depressed), your thought may be that you hope they don't stop to talk to you, because you won't know what to say and you'll make a fool of yourself (anxiety), you may think she's being deliberately snotty (leading to anger). A healthier response might be that she just didn't see you.

Another example may be someone who's depressed might wake up in the morning and think: "This is going to be another awful day", "I'm going to mess up again", or "What's the point of anything?", which will make them feel even more depressed (feelings), and may prompt them to pull the covers over their head and stay in bed (behaviours). It's very likely that this will increase their negative thoughts, which in turn will increase the feelings of depression, and make them even less likely to get out of bed. A vicious cycle is the result - continuing to think and act the same way will help maintain our depression (diagram below), or anxiety.
Iceberg Theory

It is known that the top of an iceberg is the only part that is visible. The rest of the iceberg is much bigger and floats under the surface where it cannot be seen. Human behaviour and emotions are similar to an iceberg. Only a small part of what is going on in an individual’s life can be seen through their behaviour and the rest is hidden under the surface. Therefore, others are only aware of a small amount of what is going on in an individual’s life. The characteristics that construct the under the surface information for human beings are beliefs, values, experiences, responsibilities, expectations, mental health struggles, etcetera.

For example, someone could ask another individual how their day is going, and the individual being asked could say in a rude tone “It’s none of your business”. On the outside they seem angry and rude but in their mind or under the surface the person is sad and disappointed because they received a poor performance review in their job and good work performance could be one of their values.
What is stigma?
The definition of stigma is “a mark of disgrace associated with a particular circumstance, quality, or person”, which can result in exclusion from others. Stigma is stereotyping individuals so that they are only seen as a part of a specific group instead of seen for the individual they really are. Stigma is the result of negative attitudes and beliefs that instills fear and discrimination into society about certain groups of people.

One of the main barriers for receiving treatment for mental health or addictions issues is stigma. It can prolong an individual’s healing process because of the reluctance one might have to reach out due to the fear of being discriminated against. Discrimination is treating someone or a group of people unfairly or poorly because of their identity which includes race, age, disability and other characteristics.

How can stigma be stopped?
Education, protests, and contact help put an end to stigma. Education provides accurate and unbiased information to alter misinformed or negative attitudes about stereotypes. Protests show that stigma is ethically wrong and promotes appropriate behaviour.
Contact with others who are experiencing mental health or addictions issues may dispel any negative attitudes or beliefs about that specific group.
A great acronym to help reduce stigma is WALLS.
Watch your language – Ensuring that you are using appropriate language or language that does not stereotype others.
Ask questions – Ask a doctor, counsellor, or an individual who has experience with the issue for more information about the topic.
Learn more – Learn more about the topic because education provides factual information instead of opinions.
Listen to experiences – Respectfully ask and listen to someone’s story who has experience living with a mental health or addiction issues. If you have lived experience contemplate telling your story.
Speak out – Speak out when other people stereotype or discriminate against others.
Unhelpful Thinking Habits

Over the years, we tend to get into unhelpful thinking habits such as those described below. We might favour some over others, and there might be some that seem far too familiar. Once you can identify your unhelpful thinking styles, you can start to notice them – they very often occur just before and during distressing situations. Once you can notice them, then that can help you to challenge or distance yourself from those thoughts, and see the situation in a different and more helpful way. Blue text (italics) helps us find alternative, more realistic thoughts.

<table>
<thead>
<tr>
<th>Mental Filter</th>
<th>Judgements</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Filter" /></td>
<td><img src="https://via.placeholder.com/150" alt="Judge" /></td>
</tr>
<tr>
<td><strong>- When we notice only what the filter allows or wants us to notice, and we dismiss anything that doesn’t ‘fit’. Like looking through dark blinkers or ‘gloomy specs’, or only catching the negative stuff in our ‘kitchen strainers’ whilst anything more positive or realistic is dismissed. Am I only noticing the bad stuff? Am I filtering out the positives? Am I wearing those ‘gloomy specs’? What would be more realistic?</strong></td>
<td><strong>- Making evaluations or judgements about events, ourselves, others, or the world, rather than describing what we actually see and have evidence for. I’m making an evaluation about the situation or person. It’s how I make sense of the world, but that doesn’t mean my judgements are always right or helpful. Is there another perspective?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prediction</th>
<th>Emotional Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Clock" /></td>
<td><img src="https://via.placeholder.com/150" alt="Emotion" /></td>
</tr>
<tr>
<td><strong>- Believing we know what’s going to happen in the future. Am I thinking that I can predict the future? How likely is it that that might really happen?</strong></td>
<td><strong>- I feel bad so it must be bad! I feel anxious, so I must be in danger. Just because it feels bad, doesn’t necessary mean it is bad. My feelings are just a reaction to my thoughts – and thoughts are just automatic brain reflexes.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mind-Reading</th>
<th>Mountains and Molehills</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Mind" /></td>
<td><img src="https://via.placeholder.com/150" alt="Molehill" /></td>
</tr>
<tr>
<td><strong>- Assuming we know what others are thinking (usually about us). Am I assuming I know what others are thinking? What’s the evidence? Those are my own thoughts, not theirs. Is there another, more balanced way of looking at it?</strong></td>
<td><strong>- Exaggerating the risk of danger, or the negatives. Minimising the odds of how things are most likely to turn out, or minimising positives. Am I exaggerating the bad stuff? How would someone else see it? What’s the bigger picture?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compare and despair</th>
<th>Catastrophising</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Compare" /></td>
<td><img src="https://via.placeholder.com/150" alt="Catastrophe" /></td>
</tr>
<tr>
<td><strong>- Seeing only the good and positive aspects in others, and getting upset when comparing ourselves negatively against them. Am I doing that ‘compare and despair’ thing? What would be a more balanced and helpful way of looking at it?</strong></td>
<td><strong>- Imagining and believing that the worst possible thing will happen. OK, thinking that the worst possible thing will definitely happen isn’t really helpful right now. What’s most likely to happen?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical self</th>
<th>Black and white thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Critique" /></td>
<td><img src="https://via.placeholder.com/150" alt="Black and White" /></td>
</tr>
<tr>
<td><strong>- Putting ourselves down, self-criticism, blaming ourselves for events or situations that are not (totally) our responsibility. There I go, that internal bully’s at it again. Would most people who really know me say that about me? Is this something that I am totally responsible for?</strong></td>
<td><strong>- Believing that something or someone can be only good or bad, right or wrong, rather than anything in-between or ‘shades of grey’. Things aren’t either totally white or totally black – there are shades of grey. Where is this on the spectrum?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shoulds and musts</th>
<th>Memories</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Shoulds" /></td>
<td><img src="https://via.placeholder.com/150" alt="Memories" /></td>
</tr>
<tr>
<td><strong>- Thinking or saying ‘I should’ (or shouldn’t) and ‘I must’ puts pressure on ourselves, and setups unrealistic expectations. Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?</strong></td>
<td><strong>- Current situations and events can trigger upsetting memories, leading us to believe that danger is here and now, rather than in the past, causing us distress right now. This is just a reminder of the past. That was then, and this is now. Even though this memory makes me feel upset, it’s not actually happening again right now.</strong></td>
</tr>
</tbody>
</table>
Positive Affirmations

Over the years, we tend to get into unhelpful thinking habits, and think negatively about ourselves and situations. Using positive statements can help us develop a new attitude to ourselves and our situations.

Choose a statement from those below, or make one that means more to you, and repeat, repeat, repeat throughout the day, every day, of every week, of every month. You might want to make or print out a card with your affirmation, and carry it with you. For the positive affirmations to work, you must use it whenever you notice you have that negative thought – immediately turn it around by using your affirmation.

Use a statement that starts with “I” and use the present tense. See the examples below – choose one, adapt one, or make up your own. Make it something broadly realistic, even if you don’t believe it right now.

- I am whole
- I am strong
- I have strength
- I am determined and successful
- I am a good and worthwhile person
- I am a unique and special person
- I have inner strength and resources
- I am confident and competent
- I hold my head up high
- I look good because I am good
- People like me – I am a likeable person and I like myself
- I care about others, I am needed and worthwhile
- I am a loving person
- I have a lot to be proud of
- I have all that I need
- I am in control of my life
- I can achieve anything I want to achieve
- I make wise decisions based on what I know
- I’m moving towards my goals
- I accept myself as a unique and worthwhile person
- My life has meaning and purpose
- I am in control of my choices
- I am strong and healthy
- I am calm and confident
- I have many options and can make wise decisions
- Everything is getting better every day
- I am calm and relaxed
- I am healthy and have all that I need
- Today is the first day of the rest of my life and I will take notice of the many positive things this day has to offer
- I live a healthy and positive lifestyle
- I know I can master anything if I practice it continually
- I have my wise mind – I can seek inner guidance whenever I need to
- My life purpose can be whatever I choose it to be
- All is well, right here, right now
The Poisoned Parrot

Imagine you’re given a parrot. This parrot is just a parrot – it doesn’t have any knowledge, wisdom or insight. It’s bird-brained after all. It recites things „parrot fashion” – without any understanding or comprehension. It’s a parrot.

However, this particular parrot is a poisoned and poisonous parrot. It’s been specifically trained to be unhelpful to you, continuously commenting on you and your life, in a way that constantly puts you down, criticising you.

For example, the bus gets stuck in a traffic jam, and you arrive at work 5 minutes late. The parrot sits there saying: “There you go again. Late. You just can’t manage to get there on time can you. So stupid. If you’d left the house and got the earlier bus you’d have arrived with loads of time to spare and the boss would be happy. But you? No way. Just can’t do it. Useless. Waste of space. Absolutely pathetic!”

How long would you put up with this abuse before throwing a towel over the cage, or getting rid of the parrot?

Yet we can often put up with the thoughts from this internal bully for far too long. Decades. We hear that „parrot”, believe the „parrot”, and naturally get upset. That then affects the way we live our lives – the way we behave towards others, how we are, what we think about others, what we think about the world, and how we think and feel about ourselves.

We can learn to use the antidote: just notice that parrot, and cover the cage! “There’s that parrot again. I don’t have to listen to it – it’s just a parrot”. Then go and do something else. Put your focus of attention on something other than that parrot. This parrot is poison though, and it won’t give up easily, so you’ll need to keep using that antidote and be persistent in your practice!

Eventually it will get tired of the towel, tired of you not responding. You’ll notice it less and less. It might just give up it’s poison as your antidote overcomes it, or perhaps fly off to wherever poisoned parrots go.

Adapted from “The Malevolent Parrot” – Kristina Ivings
Positive Self-Talk/Coping Thoughts Worksheet

Positive statements encourage us and help us cope through distressing times. We can say these encouraging words to ourselves, and be our own personal coach. We have all survived some very distressing times, and we can use those experiences to encourage us through current difficulties. Examples of coping thoughts might be:

- Stop, and breathe, I can do this
- This will pass
- I can be anxious/angry/sad and still deal with this
- I have done this before, and I can do it again
- This feels bad, it’s a normal body reaction – it will pass
- This feels bad, and feelings are very often wrong
- These are just feelings, they will go away
- This won’t last forever
- Short term pain for long term gain
- I can feel bad and still choose to take a new and healthy direction
- I don’t need to rush, I can take things slowly
- I have survived before, I will survive now
- I feel this way because of my past experiences, but I am safe right now
- It’s okay to feel this way, it’s a normal reaction
- Right now, I am not in danger. Right now, I’m safe
- My mind is not always my friend
- Thoughts are just thoughts – they’re not necessarily true or factual
- This is difficult and uncomfortable, but it’s only temporary
- I can use my coping skills and get through this
- I can learn from this and it will be easier next time
- Keep calm and carry on

Write down a coping thought or positive statement for each difficult or distressing situation – something you can tell yourself that will help you get through. Write them down on a piece of card and carry it in your pocket or handbag to help remind you.

<table>
<thead>
<tr>
<th>Difficult or distressing situation</th>
<th>Coping thought / Positive statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

www.get.gg © Carol Vivyan 2011. Permission to use for therapy purposes. www.getselfhelp.co.uk
Different Perspectives

The probably familiar images of two straight lines (of equal length) and a candlestick (or two faces) show us that things are often not as they first seem, and there’s almost always a different perspective.

When there’s a traffic accident, police ask for witnesses to come forward to describe what happened. They like to have as many witness statements as possible, so they can build up a broader picture and a more realistic version of events. In a traffic accident, there will be many different perspectives on what happened. The driver will have one perspective, another driver, or a passenger will have yet another perspective. Each onlooker who witnessed the accident will have a slightly different perspective, depending on where they were, how far away they were, how much their view or vision was restricted, how much danger they felt they were in, what else was going on, how the accident affected them, what the accident means to them.

So it’s the same principle with everything – each situation, event, conversation means something different to all those involved, and to those not involved. We give different meanings, according to our belief systems, and how we are affected by the event. We all have our own realities.

Anais Nin said: "We don’t see things as they are, we see things as we are”

We look at situations, events, and interpret what other people say and do, according to our own set of past experiences, culture, faith, values, all of which help us form our beliefs about ourselves, about others, and about the world in general. The meaning we give events, the way we make sense of our world, is based upon our core belief system.

Our minds are constantly trying to make sense of our world, forming judgements and opinions about every situation, event, and interaction. Those judgements and opinions will be affected by our central or core belief system. It is as though we are looking at the world through distorted or coloured lenses – and everyone has their own personal prescription or colour for their glasses.

Core belief system comprises:
- How I think about myself
- How I think about others
- How I think about the world

Our core belief system is formed and influenced by:
- Past experiences
- Childhood upbringing
- Culture
- Faith
- Values
- Current circumstances
- Character traits, including genetic influences

www.getselfhelp.co.uk/perspectives.htm

©Carol Vivyan 2009, permission to use for therapy purposes
Example:
Childhood Experience:
Bullied and hurt by others

Core Beliefs:
Others will hurt me.
The world is a dangerous place.
I’m useless and unlovable.
I must try to please others so they like and won’t hurt me.

Lens: distorted perception

Situation or Event
See situations and events as threatening & dangerous
Interpret others’ words and reactions as critical or threatening.

Behaviour: Passive, go along with what others want, don’t talk, avoid eye contact

Emotions: Anxious, depressed, low self-esteem

Thoughts: I’m vulnerable, this is dangerous,
I’m going to get hurt.
I’m useless and stupid. No-one likes me.

In the example above, even situations which others find enjoyable and relaxing, this particular person will experience it very differently, and feel threatened by others. A look, word or gesture intended to be friendly and kind, may be interpreted as “They don’t mean that. They’re only trying to be kind to me because they pity me”. Or even, “They mean to hurt me”. Their mind is interpreting the situation with the bias of “I’m vulnerable, others might hurt me, this is dangerous, I’m useless and unlovable”. The mind will work to make any contrary information, fit with those beliefs. This is shown by “The Mental Crusher”
‘The Mental Crusher’ sits outside the entrance to our belief system, and only allows information or ‘evidence’ which fits with our own belief system to enter. Any contradictory evidence or information (any shape other than a rectangle) is rejected, or made to fit (crushed into a rectangle). In the diagram, the explosion shape is about to enter the Crusher. As it passes through (shown by the arrow), it becomes a rectangle - it’s been crushed and distorted to fit. Therefore, our beliefs remain unchanged in spite of apparently contradictory evidence being out there. *Paraphrased from p. 58 of Cognitive Behavioral Therapy for Anxiety Disorders by Butler, Fennel & Hackman (Guilford 2008)*

In the case of our earlier example, the information that *a person looked at me*, is “crushed” and distorted (“they looked at me funny”) to confirm that others dislike or mean to hurt me.

**Learning to see things differently - ‘The helicopter view’**

Sometimes it’s useful to use a metaphor to help us consider the bigger picture. When something is distressing us, we’re so close to it, involved with it, part of it – it’s really hard to stand back from what’s happening. It’s like the well-known saying “We can’t see the wood for the trees”, or like Google Earth – we see the close up view but everything else is hidden from us. We can zoom out our view, and see the bigger picture. We could call this the helicopter view – as the helicopter takes off, getting higher and higher, it sees a bigger picture, and is less involved with the detail at ground level. *(diagram on next page)*

![Diagram of Emotion Mind, Reasonable Mind, and Wise Mind](image)

**Wise Mind** *(Linehan 1993)* is the balanced part of us that comprises our inner knowledge and intuition, where the parts of our mind where thoughts driven by distressing emotions, and more rational thoughts come together, the part of us that just “knows”, that inner truth. Opinions are driven by emotion mind, whereas reasonable mind is better able to see the facts. Asking ourselves what ‘wise mind’ might make of this situation will help us to stand back and be more aware of the bigger picture, and help us respond in more helpful and effective ways.

Within any meeting of people all the individuals will of course have their own belief system, and will therefore have different perspectives – see and think about things differently - and this will affect the way these individuals interact with each other. We can learn to be more aware of how our own belief system affects us, and consider how others might see the same situation quite differently.

[www.getselfhelp.co.uk/perspectives.htm](http://www.getselfhelp.co.uk/perspectives.htm)  [www.get.gg](http://www.get.gg)  
©Carol Vivyan 2009, permission to use for therapy purposes
The Helicopter View

SELF
What am I reacting to?
What does this situation mean to me?

OTHERS
What would this look like to others involved?

OUTSIDER
How would this seem to someone outside the situation – not emotionally involved?

WISE MIND
What would be the best thing to do – for me, for others, for this situation?

STOOP!
Take a Breath
What’s the bigger picture?

Seeing different perspectives will help to reduce distressing emotions, help us feel more confident, enable us to be more understanding and empathic, and improve communication and relationships. As we challenge our unhelpful thoughts and biased perspectives, and see things in a more balanced and realistic way, so we will discover that situations and people can be different to how we usually interpret things, which can lead us to modify our core belief system, and therefore bring about lasting positive change.

STOOP!
(www.getselfhelp.co.uk/stopp.htm)

www.getselfhelp.co.uk/perspectives.htm

www.get.gg
©Carol Vivyan 2009, permission to use for therapy purposes
CSC
Critical Incident Stress Information
Critical Incident Stress

What you should know if you are experiencing Critical Incident Stress

You have experienced a traumatic event or a critical incident (an event, outside the usual range of human experience, which can cause strong emotional reactions that have the potential to interfere with normal functioning). Even though the event may be over, you may now be experiencing - or may experience later - some strong stress reactions. Sometimes these stress reactions appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear. The signs and symptoms of a stress reaction may last a few days, a few weeks, a few months, or longer, depending on the severity of the traumatic event.

The understanding and the support of loved ones usually helps the stress reactions to pass more quickly. Occasionally, the traumatic event is so painful that professional assistance may be necessary. This does not imply that you are crazy or weak. It just means that the event was simply too powerful for you to handle by yourself.

Here are some common signs and symptoms of Critical Incident Stress:

**Physical Signs of Critical Incident Stress**
- Stomach problems/indigestion/nausea
- Exhaustion
- Headaches
- Chest pain/difficulty breathing
- Elevated blood pressure and/or heart rate
- Hyper-arousal/hyper-alertness/startles easily
- Dizzy spells, disorientation, loss of coordination
- Excessive trembling
- Profuse sweating

**Behavioural Signs of Critical Incident Stress**
- Impulsive/excessive risk-taking/recklessness
- Silence/withdrawal/avoidance
- Problems sleeping/nightmares
- Changes in activity level
- Changes in eating or use of alcohol/drugs
- Changes in sex drive or performance
- Difficulty relaxing

**Cognitive Signs of Critical Incident Stress**
- Flashbacks of the event and preoccupation with one's role in it
- Difficulty making decisions
- Poor concentration, difficulty with details
- Memory problems
- Confusion, difficulty with complex mental tasks
- Preoccupation with negative thoughts

**Emotional Signs of Critical Incident Stress**
- Irritability/anger/aggression
- Over-reaction to relatively minor events
- Under-reaction to provocative events
- Lack of ability to tolerate emotions
- Depression, suicidal thoughts
- Guilt, anxiety
- Emotional numbing or outbursts
What you Should do if you are Experiencing Critical Incident Stress

It is important to remember after a traumatic event that your stress reactions are a normal response to an abnormal event. Because a critical event is something that is outside most people’s realm of normal experience, it can often overwhelm people’s normal coping abilities. People respond to trauma in different ways. The severity of your reactions can depend on your personality, your previous experiences, and your pre-incident stress level. Stress can be cumulative – if you already had stress in other parts of your life, even if you were coping adequately with it, the stress resulting from a critical incident can be “the straw that broke the camel’s back”. That’s why it is important that you give yourself permission to feel crappy, go easy on yourself, and make sure that you do things to care for yourself.

Here are some ways of mitigating the effects of a critical incident:

**DO**
- Expect the incident to bother you to some extent – it was an abnormal incident, after all
- Engage in exercise, especially if/when you experience the physical symptoms of stress (exercise clears the adrenaline out of your system)
- Spend a lot of time with family, friends, and co-workers – let others give you support, talk to them about the incident if you feel able
- Minimize your caffeine and sugar intake while you deal with the stress – these are stimulants and can make you feel worse
- Drink plenty of water – stress can be dehydrating
- Eat a healthy diet, with fresh fruits and vegetables, protein, and fibre – this will help your body fight off the effects of the stress
- Make sure that you schedule time for fun/leisure activities – if you have trouble doing this, ask a friend or family member to schedule something with you and commit to doing it with you
- Do things that feel good or that nurture you – get a massage, listen to soothing music, wrap yourself in a favourite blanket, surround yourself with pleasant scents like chamomile, lavender, or eucalyptus
- Acknowledge how you feel and what you need – some people find it helpful to talk to others, others find quiet time less stressful
- Use relaxation strategies – relaxation breathing, progressive muscle relaxation, meditation, visualization – especially if you have trouble sleeping
- Keep a normal routine, as much as possible
- Make small, daily decisions whenever you can (e.g., what to eat) – this can help give you back a feeling of control over your life
- Reduce stress in other areas of your life, to reduce your total stress load; eliminate or postpone non-essential activities that you don’t enjoy
- If the symptoms don’t go away within a few weeks, consider talking to someone about it – the CISM/EAP team at work, or the EAS service

**DON’T**
- Use alcohol or drugs to numb your reactions – they may seem helpful in the short term, but can make things worse in the long term
- Make any big life decisions (e.g., changing careers, changing relationship status) until your stress reactions have run their course
- Try to resist recurrent thoughts, dreams, or flashbacks – these are your brain’s way of processing events, and they should decrease in time
- Withdraw socially – take quiet time if you need some, but don’t isolate yourself completely, social support is a predictor of recovery
- Have unrealistic expectations for “getting over it” – dealing with this kind of stress takes some time and patience
- Label yourself as crazy or weak – these are normal reactions
Employee Assistance Program

What is the Employee Assistance Program?

The Employee Assistance Program (EAP) is a confidential and voluntary Service supported by Management and Union. The EAP is available to all Correctional Service Canada (CSC) employees and their family members, and offers in strict confidentiality, the following help:

- Provides a listening ear
- Supplies information
- Provides referral to the Employee Assistance Services (EAS) or community services
- Ensures follow-up

What are the EAS?

EAS are a counselling service provider managed by Health Canada. When you call the 24-hour Crisis and Referral Centre at 1-800-268-7708 (or 1-800-567-5803 for persons with a hearing impairment) for support and assistance, you are assured of the highest standards of confidentiality. Nobody will know that you have accessed the program and will not have access to any of your private information. In addition, their community-based counsellors are bound by their own professional code of ethics as well as the confidentiality provisions in our contractual agreements that serve to further guarantee client confidentiality.

Do I have to talk to an Employee Well-Being Representative before I contact EAS?

No, you don’t have to. However, you should know that the Employee Well-Being Representatives were given specialized training to help those encountering difficulties. Their role is to assist, advise and refer their co-workers to appropriate professionals or agencies.

How does the EAP process work if I call EAS?

- The EAP Crisis and Referral Center counsellor will evaluate the situation: Is the need urgent?
- An EAP counsellor from the EAS network of professionals will call you within the next 48 hours to set up an appointment.
- An appointment is offered within the next 5 working days.
- The EAP counsellor assesses the issue to determine if the issues will require short term or long term counseling.
- If the length of the intervention exceeds the number of hours the EAP allows, the counsellor will refer you to other services. The cost of these services will be the responsibility of the employees. Bridging is available until resources are in place (self help groups, community mental health centres, etc.).

How many sessions am I allowed to have?

- Between 1 and 8 per issue per fiscal year.

If I want more information, who should I contact?

- An Employee Well-Being Representative:

  Phone number: __________________________

  Kathleen Roberge-Ward, Regional Manager, EAP/CISM, Ontario Region

  Kathleen.roberge@csc-scc.gc.ca

  Office: 613-545-8464

You can also visit the EAP page on the Hub to see the list of all the Employee Well-Being Representatives available for you in the Ontario Region.
Critical Incident Stress Information for Family Members

What family members and friends should know to support a loved one who is experiencing Critical Incident Stress

Your loved one has been involved in an emotionally charged event, known as a critical incident. A critical incident is an event, outside the usual range of human experience, which can cause a strong emotional reaction with the potential to affect people’s ability to cope with the after-effects. Many, but not all, people experience some degree of critical incident stress (CIS) response after being involved in a traumatic incident. It is important for you to be aware that these are normal responses to an abnormal event. Your loved one is not the only one experiencing these reactions; other people involved in the incident are probably having similar reactions. The impact of CIS on your loved one can be influenced by the support that you and other friends and family can provide.

Important things to know about CIS:

- CIS can affect physical health, thoughts, feelings, and behaviour.
- CIS reactions can occur while they are at the scene, within hours, within days, or even within weeks after the incident.
- Your loved one may show a variety of reactions and signs of CIS, or they may not show any.
- What affects one part of our lives can affect other parts, too. CIS from a work incident can affect how people behave at home, and how they interact with colleagues, friends, and family.
- CIS reactions will normally decrease and disappear over time, especially if your loved one has good support.
- If the signs of stress that your loved one experiences do not begin to decrease within a few weeks, or if they get worse, your loved one may need more help. The Critical Incident Stress Management Team Members can talk to you and your loved one about normal CIS and what reactions may be more serious. The Employee Assistance Program Referral Agents can put you in touch with additional resources, including professional counselling.
Some Suggestions for Supporting Those who are Experiencing CIS

- Remember that CIS is a normal reaction to an abnormal event - don't take your loved one's stress reactions personally. Irritability is a very common symptom of CIS, so try to be patient.
- Encourage, but do NOT pressure, your loved one to talk about the incident and their reactions to it. Talking to supportive people is the best medicine. If they do speak with you about the incident, listen carefully and non-judgementally.
- Even if you don't understand fully what your loved one is going through, reassure them that you are there for support.
- Spend time with your loved one - try not to let them isolate themselves from friends and family. But give them some private, quiet time, too. Very noisy, crowded, or over-stimulating environments can increase the stress your loved one may be feeling.
- Reassure your loved one that they are safe and normal.
- Ask your loved one what would be most helpful for them (e.g., creating a quiet space in your home that they can go to if they are overwhelmed, helping them with routine tasks like cooking, cleaning, or childcare, educating other family or friends about CIS, etc.).
- Keep, or get back to, a normal routine as much as possible, as soon as possible.
- Let them express their feelings. You can reflect their feelings, but don't tell them how they are or should be feeling.
- Don't minimize the incident or their situation, but also don't give in to imagining or talking about how much worse it could have been. Focus on what actually happened and how they can cope with that.
- Try not to let your own reaction over-shadow theirs. It is upsetting for friends and family members when their loved one is involved in an incident, but try to stay calm for them, and get any support you need from other sources (other friends, family members, the EAP program).
- If you feel that your loved one needs additional help or support, talk to them about it and help or encourage them to reach out to other resources.
- Finally, take care of yourself, too!!! You can only support your loved one to the extent that you are well yourself. The Employee Assistance Program (EAP) offered through CSC is available for family members of employees as well as the employees themselves.

If you need additional information or support:

- Members of the CISM/EAP team can give you more information about CIS, and about additional resources available to you and your loved one. The Team Leader/Coordinator is Jennifer Alliston (jennifer.alliston@csc-scc.gc.ca) and the backup coordinator is Tabitha Buchan (tabitha.buchan@csc-scc.gc.ca). A list of team members can be found on Infonet – you can talk to any of them.

Websites of interest:

- http://www.icisf.org/ (International Critical Incident Stress Foundation)
- http://desertwaters.com/ (Desert Waters Correctional Outreach)
- http://www.emotionalsurvival.com/ (Emotional Survival for Law Enforcement)
- http://www.morethanacop.com/index.html (More Than a Cop)
Effects of Stress
Self Help for Stress

Stress is our emotional and physical response to pressure. We feel there are too many demands, and too few resources to cope. That pressure can arise from external factors including life events, illness (ourselves or someone close to us) living conditions, work, home and family, study, lack of some necessity, or the demands we place on ourselves. Even those events which we see as enjoyable can be stressful, such as holidays, moving home, starting a better job, pregnancy, parenthood, Christmas etc.

**Thoughts** which are common when feeling stressed

- This is too much - I can't cope!
- It's unfair. Someone should be helping me.
- I haven't got enough time
- I'll never finish
- I must get this done...

**Emotions**

- Irritable, bad tempered
- Anxious
- Impatient
- Angry
- Depressed, hopeless

**Physical sensations**

The physical response to stress is caused by the body's adrenaline response - the body's alarm signal and survival mechanism when faced with a threat.

- Heart racing
- Breathing faster
- Tense muscles - e.g. neck, shoulders, abdomen
- Hot, sweaty
- Difficulty concentrating
- Forgetful
- Agitated, restless
- Bladder or bowel problems
- Headaches

**Behaviour**

- Unable to settle, constantly busy, rushing about
- Lots of things on the go, but don't finish them
- Sleep disturbances
- Shouting, arguing
- Eating more (or less)
- Drinking more
- Using drugs
- Smoking more
- Crying

[www.getselfhelp.co.uk/stress.htm](http://www.getselfhelp.co.uk/stress.htm)  [www.get.gg](http://www.get.gg)

© Carol Vivyan 2009-2015, permission to use for therapy purposes.
Vicious Cycle of Stress

More demands on me & my time

Tense, headache, can't concentrate, forgetful, start lots but can't finish

"I can't cope" "I haven't enough time"

STRESS

Identify your stressors - what's making you stressed?

- Where am I when I'm feeling stressed? What am I doing? Who am I with?
- What helpful changes could I make? (www.getselfhelp.co.uk/cbtstep3.htm)
- What is within my control?
- Even if there is little you can do about some situations, maybe making some small changes - in routine, in the way you handle things, doing things differently, taking time out, thinking about it in a different way, in getting help, seeking advice - could make all the difference

Use the cogs diagram (PDF) to help you identify what contributes to your stress. Look at each factor and try to make changes in each. Example vicious cogs of stress:

Print a blank Cogs PDF and fill in the factors that add to your stress. You can then make changes in each cog to slow down and reduce the stress.

www.getselfhelp.co.uk/stress.htm

© Carol Vivyan 2009-2015, permission to use for therapy purposes.
Vicious Cogs

In order to make effective positive change in our mental wellbeing, it is essential to look at the factors which help to keep our problem going. Once we’ve identified those factors, we can then target each factor and start to make positive changes.

Cogs is a variation of the “vicious flower”. Using the example of a simple clockwork mechanism, we can see how the smaller cogs keep the large central cog turning. If there’s a problem with any of the cogs, then the whole mechanism will grind to a halt.

We can therefore use this process to help us deal with our mental health problem. If our main problem is “anxiety”, then we can write “anxiety” inside the large central cog. Then we can identify each factor that helps keep the anxiety going.

In order to reduce and deal with the anxiety, we need to target and make positive helpful changes in each of those smaller cogs.
VICIOUS COGS

Write the name of your problem (e.g. anxiety, depression, OCD etc) in the large middle cog. You can also substitute an unhelpful belief (e.g. "I’m a failure") in the large middle cog.

Write all the factors (unhelpful things you do or unhelpful ways of thinking) in the smaller surrounding cogs.

Take each smaller cog, and identify ways of making positive changes. You can work up to these changes gradually, so it may help to write down the steps on the way to achieving your goal for each cog.
Doing things differently: Reduce demands or Increase resources

- Do something different (to what you normally do)
- Consider what demands you can reduce or ask others to help with
- Make time for yourself each day - relaxation, fun, enjoyment.
  (www.getselfhelp.co.uk/relax.htm) Create a healthy balance - allow time for activities which give you a sense of achievement, those that give a sense of closeness to others, and of a sense of enjoyment. When stressed, it's often the case that we spend more time doing things that help us achieve, but less of enjoyment and closeness to others. Aim for a healthy balance as shown in the pie chart. Keep an ACE Log to help you keep track - www.m.get.gg/ace.htm
- Plan more nourishing and energising activities (reduce the depleting and draining activities) www.m.get.gg/energisingdraining.htm
- Mindfulness - learn Mindful Breathing (www.getselfhelp.co.uk/mindfulness.htm)
- Focus your attention fully on another activity - Mindful activity
- Relaxation techniques - try lots and find one that works for you (www.getselfhelp.co.uk/relax.htm)
- Put on some music - sing and dance along, or just listen attentively (use music that is likely to help you feel your desired emotion - avoid sad songs if you're depressed) (www.getselfhelp.co.uk/music.htm)
- Meditation or Prayer (www.getselfhelp.co.uk/meditation.htm)
- Help others
- Be with others - contact a friend, visit family
- Talk to someone
- Grounding techniques - look around you, what do you see, hear, smell, sense?
- Physical exercise - walk, swim, go to the gym, cycle (take the stairs instead of the lift, get off the bus a stop early)
- Engage in a hobby or other interest - if you don’t have one, find one! What have you enjoyed in the past? What have you sometimes thought about doing?
- Limit your responsibilities - it’s okay to say no
- Write down your thoughts and feelings - get them out of your head
- Just take one step at a time - don't plan too far ahead
- Positive self-talk - encourage yourself, tell yourself: I can do this, I've done it before, this will pass - find a positive coping statement that works for you. Write it down and memorise it for when you need it. (www.m.get.gg/positive.htm)
- Do something creative - make a box of items that remind you to use the techniques that help, or put photos on paper, or write and decorate a list
- Use Imagery (www.getselfhelp.co.uk/imagery.htm)
- Learn to communicate assertively (rather than passively or aggressively)
- Eat a healthy balanced diet, with plenty of fruit and vegetables. Eat regularly.
- Drink less caffeine and more water
- Pamper yourself - do something you really enjoy, or do something relaxing

www.getselfhelp.co.uk/stress.htm  www.get.gg

© Carol Vivyan 2009-2015, permission to use for therapy purposes.
Thinking differently

- **STOPP!** Pause, take a breath, don't react automatically
  (www.getselfhelp.co.uk/stopp.htm)
- Ask yourself:
  - What am I reacting to?
  - What is it that I think is going to happen here?
  - Is this fact or opinion?
  - What's the worst (and best) that could happen? What's most likely to happen?
  - How helpful is it for me to think this way?
  - Am I getting things out of proportion?
  - Is it worth it?
  - How important is this really? How important will it be in 6 months?
  - What meaning am I giving this situation?
  - Am I overestimating the threat?
  - Am I underestimating my ability to cope?
  - Have I got my 'stress-head' on?
  - What do I look like to other people? How am I affecting them?
  - Am I mind-reading what others might be thinking?
  - Am I believing I can predict the future?
  - Is there another way of looking at this?
  - What advice would I give someone else in this situation?
  - Am I putting more pressure on myself?
  - Just because I feel bad, doesn't mean things really are bad.
  - Can I do things any differently here?
  - How much can I control in this situation? What is outside of my control?
  - What changes (however small) can I make to those things that I am able to control?
  - What do I want or need from this person or situation? What do they want or need from me? Is there a compromise?
  - What would be the consequences of responding the way I usually do?
  - Is there another way of dealing with this?
  - What would be the most helpful and effective action to take? (for me, for the situation, for the other person)
Coping Strategies Planner

Below, add in your most likely or existing stressors and the coping strategies or strengths you will use to deal with them. The first one is an example to help get you started.

Stressor:
____________________

Coping Strategies:
____________________

Stressor:
____________________

Coping Strategies:
____________________

Stressor:
____________________

Coping Strategies:
____________________

Stressor:
____________________

Coping Strategies:
____________________

Stressor Example:
Loneliness

Coping Strategies:
____________________

Join a Group, Volunteer

Stressor:
____________________

Coping Strategies:
____________________
The Brain’s Stress Response

Assess threat: Real?

Pre-Frontal Cortex
Thinking, decision making

Hippocampus
Creates, stores & retrieves memories

Learning: dangerousness

Amygdala
Stress Response Centre

More sensitive if previous trauma

Calmer, more composed

Thalamus
Danger Relay Station

Imagery of previous trauma

STIMULUS

The body’s alarm system helps us survive. Fear is necessary! However, when we suffer from anxiety, the alarm sounds even when the danger is imagined or exaggerated. When we practice and repeat the composed route (use our skills), the new neural pathway becomes stronger, and the composed route and responses become more dominant and automatic.

© Carol Vivyan 2014. Permission to use for therapy purposes.
Alarming Adrenaline
The body’s alarm system
When the brain perceives a threat, it activates the body’s “fight or flight” alarm system, and adrenaline is released into the blood from the adrenal glands. We experience uncomfortable feelings because the adrenaline makes the body systems speed up, diverting blood towards the big muscles, preparing us to attack (anger) or escape (anxiety).

**Brain hijacked**
Thoughts race which makes it hard to think clearly & rationally. Feelings of being “unreal” or detached.

**Eyes widen**
 Allows more light in – improves (or blurs) vision.

**Head dizzy**
or light-headed.
Result of our faster breathing.

**Breathe fast & shallow.**
Helps us take in more oxygen, which is then transported around the blood system. Sometimes experience a choking feeling.

**Mouth dries**
Caused by narrowing of the blood vessels.

**Body heats & sweats**
A side effect of all the speeded up systems is that the body rapidly heats. Sweating allows the body to cool again, and to become more slippery to allow escape.

**Stomach churns**
Adrenaline reduces blood flow and relaxes muscles in stomach and intestines (blood diverted to limb muscles) causing nausea, butterflies or churning.

**Heart beats faster**
& palpitations. Blood pressure and pulse increase as the heart pumps more blood to muscles, allowing us to run away or attack.

**Hands tingle - legs tremble**
or “Jelly legs”.
Blood is diverted to large muscles, and small blood vessels constrict, causing tingling, trembling or numbness.

**Muscles tense**
Blood, containing vital oxygen and glucose energy, is sent to the big muscles of the arms and legs – ready for fight or escape. Can also cause aches & pains.

**Bladder relaxes**
Inner sphincter muscle relaxes so we might feel urge to pass urine. Outer sphincter remains under conscious control (except in rare terror situations).

After the adrenaline has died down, we can feel exhausted, shaky and weak.

www.getselfhelp.co.uk © Carol Vivyan & Michelle Ayres. Permission to use for therapy purposes. www.get.gg
Post-Traumatic Stress Disorder (PTSD) Information
Trauma and the Brain

This is a very simplistic explanation of a very complex process. There are three main parts of the brain which are greatly affected by experiencing severe or chronic traumatic events.

**Hippocampus**
- The hippocampus processes trauma memories, by recycling the memory, mostly at night via dreams, which takes place over weeks or months. It then transfers the integrated stored memory to another part of the brain. High levels of stress hormones cause the hippocampus to shrink or under-develop, resulting in impaired function. Childhood trauma exaggerates this effect. The trauma memory therefore remains unprocessed in the hippocampus, disintegrated, fragmented, and feels ‘current’ rather than in the past. (Some people may be born with a smaller hippocampus making them more vulnerable to develop PTSD.)

**Amygdala**
- The brain’s ‘fear centre’. The amygdala helps to store memories, particularly emotions and physical sensations. It also controls activation of stress hormones – the body’s fight or flight response. In PTSD, the amygdala becomes over-reactive causing frequent or near constant high levels of stress hormones.

**Pre-frontal cortex**
- The pre-frontal cortex helps us to assess threats, manage emotion, plan responses, and control impulses. It is the centre of rational thinking. Childhood trauma causes under-development of the pre-frontal cortex, which results in impaired ability to assess threat through rational thinking, manage emotions and control impulses.

---

**PTSD**

1. Current triggers
2. Hippocampus recalls part of fragmented and disintegrated memory – thought, image etc
4. Pre-frontal cortex unable to rationalise or determine that situation is not a current threat and therefore safe. Difficulty in managing emotions or controlling impulses
5. Attempts to escape or avoid distressing memories and feelings mean the memory is never processed, so symptoms remain

www.getselfhelp.co.uk

www.get.gg
Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) occurs following a severely traumatic incident, or a series of less severe incidents. Complex PTSD can be experienced as a result of repeated childhood traumas.

It is normal to experience stress after a trauma, but the symptoms normally diminish after several weeks. If the symptoms persist, then trauma-focused CBT or EMDR are currently recommended as the treatments of choice.

Symptoms include flashbacks (traumatic re-living of the event, including images, sounds, emotions and physical sensations) and nightmares, resulting in severe anxiety and/or angry reactions or avoidance of any triggers that may remind the individual of the incident in some way.

PTSD develops because the trauma experience was so distressing that we want to avoid any reminder of it. Our brains don't process the experience into a memory, so the experience stays as a current problem instead of becoming a memory of a past event. Each time we are reminded of the event, the 'flashbacks' mean we experience the trauma again, as though it is happening again, right now. That is very distressing, so we do our utmost to stop the flashback, and avoid any further reminder of the event, so the event remains un-processed.

Cognitive Behaviour Therapy, and EMDR, helps our brain to process the traumatic event into a memory, filing it away in the appropriate filing cabinet of our mind, so that it becomes a past event, rather than constantly reliving the trauma as happening right now. Therapy will help us to think about or imagine the traumatic event in a safe environment, and we can gradually expose ourselves to those situations that remind us of the event. Inevitably, thinking and talking about the trauma may be upsetting at the time, but it will reduce the overall distress and resolve the problem.

- **Trauma & the Brain**
- **Trauma Metaphor**
- **Adrenaline – the body’s alarm system**

**Example of a vicious cycle of PTSD**

![Diagram of PTSD Cycle]

www.get.gg/ptsd.htm © Carol Vivyan 2015. Permission to use for therapy purposes. www.getselfhelp.co.uk
SELF HELP FOR PTSD

Identify the factors that help keep the PTSD going

Use the cogs diagram (PDF) to help you identify what contributes to the PTSD. You may well need professional help to overcome some factors such as Fragmented memory & Flashbacks, but you will find there are some things you can do that will help.

Example vicious cogs of PTSD:

Overcoming Avoidance & Facing your Fears

We try to avoid all the situations, people, places and even thoughts, which are likely to distress us. This avoidance helps prevent us becoming distressed in the short-term, but it is one of the main factors which keeps the problem going over a long time. Avoidance also interferes greatly with our everyday lives.

- Use the Avoidance worksheet
Coping with flashbacks & nightmares

Because we become upset and avoid thinking about the trauma, the brain has not been able to process and file the memory away, so any trigger tricks the brain into thinking the event is happening again, right now, and we re-experience all the feelings and sensations as though it really was happening right now. Before we are helped to deal with and process the memory, we can learn strategies to help us cope with the distressing flashbacks and nightmares.

- Use these coping strategies and grounding techniques during a flashback (see below)
- Use this Discrimination Worksheet before a flashback, so that you can be better prepared to reassure your brain that the event is NOT happening again right now.
- Set aside some time every day, maybe 15-20 minutes, to think about the traumatic event and write down some notes. Try to make it the same time each day, which might be evening time if you have nightmares. Finish this time by writing down a positive coping statement such as "I survived", "I'm taking back control of my life", "I have ...... who/which supports me".

Tell yourself you are having a flashback or anxiety attack and that this is okay and normal.

The worst is over - it happened in the past, but it is not happening now.

Tell yourself: That was then, and this is now. However terrible you feel right now, you survived the awfulness then, which means you can survive and get through what you are remembering now.

Open your eyes and put a light on (if it’s dark).

Look around the room, notice the colours, the people, the shapes of things. Make it more real.

Listen to and really notice the sounds around you: the traffic, voices, washing machine, music etc.

Notice your body, the boundary of your skin, how your clothes feel on your skin, movement in your hair as you move your head, really feel the chair or floor supporting you - how that feels in your feet, your legs, your body.

Pinch yourself - that feeling is in the now, the things you are re-experiencing happened in the past. That was then, and this is now.

Stand up and put your feet firmly on the ground.

Move about: stretch, stamp your feet, jump up and down, dance, run on the spot, rub your arms and legs, clap your hands, walk, remind yourself where you are right now.

Use 5,4,3,2,1: Think about 5 things you can see, 4 things you can hear, 3 things you can touch (and touch them), 2 things you can smell or like the smell of, and 1 slow, deep breath.

Notice what is right now - and notice how different it is to the distressing memory.

Breathe mindfully: breathe deeply down to your belly; put your hand there (just above your navel!) and breathe so that your hand gets pushed up and down. Imagine you have a balloon in your tummy, inflating it as you breathe in, and deflating as you breathe out. When we get scared, we breathe too quickly and shallowly and our body begins to panic because we’re not getting enough oxygen. This causes dizziness, shakiness and more panic. Breathing slower and deeper will stop the panic.

Rub your arms and legs. If you have lost a sense of your body, rub your arms and legs so you can feel where your body starts and ends, the boundary of you. Wrap yourself in a blanket and feel it around you.

www.get.gg/ptsd.htm © Carol Vivyan 2015. Permission to use for therapy purposes. www.getselfhelp.co.uk
Walk, and really think about walking, or engage in any activity - mindfully. Notice the way your body moves, how your feet move and feel as you walk, notice your leg muscles, and the way your arms feel as they swing. Notice the movement in your hair, and the sensation of moving air on your skin. Notice the sensations of breathing as you walk.

Describe (and say out loud if appropriate) what you are doing right now, in great detail. Or describe doing a routine activity.

Try to think about different things, almost like playing mental games, for example: count backwards in 7s from 100, think of 10 different animals, 10 blue things, one animal or country for each letter of the alphabet, say the alphabet slowly, say the alphabet backwards etc.

Carry a grounding object with you. Some people carry a stone or other small object, perhaps which has personal meaning, to comfort and touch when you need to.

Get support if you would like it. Let people close to you know about flashbacks or how anxiety attacks affect you, so they can help if you want them to. That might mean holding you, talking to you, helping you to reconnect with the present, to remember you are safe and cared for now. If there is no-one, use a helpline.

Self Care: flashbacks and anxiety are powerful experiences which drain your energy. Take time to look after yourself afterwards. You could have a warm, relaxing bath or a sleep, a warm drink, play some soothing music, or just take some quiet time for yourself. Be kind to yourself.

Ask yourself questions in order to bring yourself into the present. Write down your own questions, for example: Where am I, right now? What day is it? What year is it? How old am I? Where do I live?

Use Positive Coping Statements. You might prepare a coping statement, for example: "I am (name), I am safe right now, this is just a memory - that was then and this is now. I am in (place) and the date is (date). This flashback will pass".

Make an emergency or soothe box you can use another time, and fill it with helpful, soothing objects or pictures. www.get.gg/emergency.htm

Download an mp3 onto your phone such as First Aid for Panic, or use another from www.getselfhelp.co.uk/gallery1.htm

When you feel ready, you might want to write down about the flashback or anxiety attack, and how you got through it. This will help to remind you that you did get through it, and can again.

Remember you are not crazy - flashbacks are normal and they are helping you to heal.

Develop Coping Strategies for dealing with anxiety, stress and anger.

- STOPP www.get.gg/stopp.htm
- Mindful Breathing www.get.gg/breathe.htm
- Mindfulness www.get.gg/mindfulness.htm
- Relaxation techniques www.get.gg/relax.htm
- Anxiety Self Help www.get.gg/anxiety.htm
- Anger Self Help www.get.gg/anger.htm
- Stress Self Help www.get.gg/stress.htm
- Help for distress, right now www.get.gg/anxietyhelp.htm
- Other Self Help resources www.get.gg/selfhelp.htm

PTSD Self Help: www.get.gg/ptsd.htm

www.get.gg/ptsd.htm © Carol Vivyan 2015. Permission to use for therapy purposes. www.getselfhelp.co.uk
Coping with Flashbacks

Grounding techniques can be very useful when we feel really distressed, particularly when the distress makes us feel very unreal or detached, or it feels like we are in a different situation to where we really are.

A flashback is part of the brain's way of working to process the trauma so that the experience can be filed away as a past memory (rather than a current threat). This will enable your healing. We can help this process by allowing the flashbacks to happen, rather than fighting or avoiding them. We can cope with them by getting our heads out of the past (trauma) and into the present (safety), by using grounding techniques.

Anxiety often makes us feel very detached, dissociated, or unreal. Grounding techniques help to bring us back to the here and now, with an awareness of our own bodies. They are strategies that help us to be in the present moment, in reality, rather than in the traumatic experience of the past or current distress.

Practise them, and learn what works best for you - whether it's a mental strategy like telling yourself you're safe now, or maybe doing something more physical. The aim is to turn your focus of attention away from the past or current distress, and into the here and now of reality and safety.

Tell yourself you are having a flashback or anxiety attack and that this is okay and normal.

**The worst is over** - it happened in the past, but it is not happening now.

Tell yourself: **That was then, and this is now.** However terrible you feel right now, you survived the awfulness then, which means you can survive and get through what you are remembering now.

**Open your eyes** and put a light on (if it’s dark).

**Look** around the room, notice the colours, the people, the shapes of things. Make it more real.

**Listen** to and really notice the sounds around you: the traffic, voices, washing machine, music etc.

**Notice your body**, the boundary of your skin, how your clothes feel on your skin, movement in your hair as you move your head, really feel the chair or floor supporting you - how that feels in your feet, your legs, your body.

Pinch yourself - that feeling is in the now, the things you are re-experiencing happened in the past. That was then, and this is **now**.

**Stand up** and put your feet firmly on the ground

**Move about**: stretch, stamp your feet, jump up and down, dance, run on the spot, rub your arms and legs, clap your hands, walk, remind yourself where you are right now.

Use 5,4,3,2,1: Think about 5 things you can see, 4 things you can hear, 3 things you can touch (and touch them), 2 things you can smell or like the smell of, and 1 slow, deep breath.

Notice what is **right now** - and notice how different it is to the distressing memory.

**Breathe mindfully**: breathe deeply down to your belly; put your hand there (just above your navel) and breathe so that your hand gets pushed up and down. Imagine you have a balloon in your tummy, inflating it as you breathe in, and deflating as you breathe out. When we get scared, we breathe too quickly and shallowly and our body begins to panic because we’re not getting enough oxygen. This causes dizziness, shakiness and more panic. Breathing slower and deeper will stop the panic.

---

www.getselfhelp.co.uk/flashbacks.htm © Carol Vivyan 2015. Permission to use for therapy purposes  www.get.gg
Rub your arms and legs. If you have lost a sense of your body, rub your arms and legs so you can feel where your body starts and ends, the boundary of you. Wrap yourself in a blanket and feel it around you.

Walk, and really think about walking (or another activity) - mindfully. Notice the way your body moves, how your feet move and feel as you walk, notice your leg muscles, and the way your arms feel as they swing. Notice the movement in your hair, and the sensation of moving air on your skin. Notice the sensations of breathing as you walk.

Describe (and say out loud if appropriate) what you are doing right now, in great detail. Or describe doing a routine activity.

Try to think about different things, almost like playing mental games, for example: count backwards in 7s from 100, think of 10 different animals, 10 blue things, one animal or country for each letter of the alphabet, say the alphabet slowly, say the alphabet backwards etc.

Carry a grounding object with you. Some people carry a stone or other small object, perhaps which has personal meaning, to comfort and touch when you need to.

Get support if you would like it. Let people close to you know about flashbacks or how anxiety attacks affect you, so they can help if you want them to. That might mean holding you, talking to you, helping you to reconnect with the present, to remember you are safe and cared for now. If there is no-one, use a hotline.

Self Care: flashbacks and anxiety are powerful experiences which drain your energy. Take time to look after yourself afterwards. You could have a warm, relaxing bath or a sleep, a warm drink, play some soothing music, or just take some quiet time for yourself. Be kind to yourself.

Ask yourself questions in order to bring yourself into the present. Write down your own questions, for example:

- Where am I, right now?
- What day is it?
- What year is it?
- How old am I?
- Where do I live?

Use Positive Coping Statements. You might prepare a coping statement, for example: "I am (name), I am safe right now, this is just a memory - that was then and this is now. I am in (place) and the date is (date). This flashback will pass".

Make an emergency or soothe box you can use another time, and fill it with meaningful and helpful objects or reminders.

Download an mp3 onto your phone such as First Aid for Panic, or use another from here: www.getselfhelp.co.uk/gallery1.htm

When you feel ready, you might want to write down about the flashback or anxiety attack, and how you got through it. This will help to remind you that you did get through it, and can again.

Remember you are not crazy - flashbacks are normal and they are helping you to heal.
Relaxation and Mindfulness Techniques
Relaxation

Relaxation is allowing physical and/or mental tension to be released. Tension is the body's natural response to threat, part of the body's alarm or survival mechanism. It can be a very useful response, but a lot of the time, we don't need this tension, so it's okay to learn to let it go, and learn some relaxation skills.

Healthy living is a matter of balance. Relaxation is part of the balancing process alongside other aspects of your lifestyle such as what you eat, your physical activity and how you handle stress. Learning to relax takes practice, as with learning any new skill.

It’s a great help to learn a relaxation technique, to help us unwind and bring our tensions and anxiety under control. There are several books, leaflets or recordings which we can use ourselves. It’s a good idea to practise regularly so we can be more prepared for the more stressful times.

How relaxation helps

- *Reduces tiredness* – if you can manage everyday life without excessive tension
- *Improves performance* – your performance in work, sport or music can be raised through self awareness and control of tension
- *Reduces pain* – pain can occur as a result of tension e.g. headaches and backache. Relaxation can help you to cope by raising your pain threshold and reducing the amount of pain
- *Coping with stress* – relaxation helps you to reduce the effects of stress and to breathe effectively
- *Improves sleep* – by allowing you to be calm and peaceful
- *Improves self-confidence* – by increasing your self-awareness and ability to cope with daily life
- *Improves personal relationships* – it is easier to relate well to other people when you are relaxed and self-confident

Relaxation and stress

When we feel anxious or stressed, it's our body's natural response to feeling threatened, the alarm system which helps us deal with danger: our breathing rate increases, as does our blood pressure, heart rate, muscle tension, sweating, state of mental arousal and adrenaline flow. A lot of the time, we don't need those survival responses, so relaxation helps to decrease that adrenaline response, to let it go.

Breathing and Relaxation

Our out-breath releases tension in the chest muscles and allows all muscles to release their tension more easily. Breathing is far more effective when we use our diaphragms, rather than with the chest muscles. Sit comfortably in a chair and place one hand on your chest and the other on your abdomen (hand on navel). Take two or three fairly large breaths – which hand moves first and which moves most? Practise so that it is the lower hand on your abdomen that moves rather than the one on your chest. People often think that their tummy goes in when they breathe in - but the reverse should be the case.
When you’re feeling tense or hoping to relax, try breathing out a little bit more slowly and more deeply, noticing a short pause before the in-breath takes over (don’t exaggerate the in-breath, just let it happen). You might find it useful to count slowly or prolong a word such as “one” or “peace” to help elongate the out-breath a little (to yourself or out loud).

There are various ways in which to achieve relaxation, most use breath control in some way. Whichever method you choose, regular practice will help. Some examples are:

- Progressive Muscle Relaxation – tense/relax muscular relaxation
- Meditation (www.getselfhelp.co.uk/meditation.htm)
- Mindfulness (www.getselfhelp.co.uk/mindfulness.htm)
- Guided Imagery or Visualisation (www.getselfhelp.co.uk/imagery.htm)
- Autogenic Training – mental exercises to link body and mind to bring about relaxation
- Alexander Technique – teaches the importance of posture, which improves mental and physical wellbeing.
- Bio Feedback – self-regulation of bodily functions, e.g. Slowing heart rate
- Massage
- Aromatherapy
- Physical Activity
- Tai Chi
- Yoga
- Music (music is very personal, so use whatever helps you relax) either used alone, or with any of the above methods (www.getselfhelp.co.uk/music.htm)

Simple Breathing Exercise

We’ll start with a simple breathing exercise which can be done in a few seconds, no matter where you are. It is particularly helpful at stressful times, but it’s also useful to do it at regular intervals throughout the day.

Take a deep, slow breath in and hold it for 5 seconds. Feel your abdomen expand as you do this.

Breathe out slowly, to a count of 5. Breathe in again, make every breath slow and steady and exactly the same as the one before it and the one after it. As you breathe out, concentrate on expelling ALL the air in your lungs. If you’re alone, you could make a noise like “whoosh” as you do this to help you feel the air being let out. Keep the outbreath going for as long as you can. Keep it relaxed for a few seconds before you inhale again.

Quickie Relaxation

Wherever you are (e.g. in the car, supermarket, awaiting appointment etc)

- STOP
- SHOULDERS DOWN
- TAKE 2 OR 3 SLIGHTLY SLOWER, SLIGHTLY DEEPER OUT-BREATHS (just let the in-breath happen)
- CARRY ON WITH WHATEVER YOU WERE DOING, BUT JUST A LITTLE SLOWER

Colour Breathing

For a fast and effective calming technique in a stressful situation, visualise the colour blue. Visualise breathing in that blue calm, and breathing out red tension.
Before any other relaxation exercise

Before any relaxation exercise, go to the toilet if you need to, and wear loose comfortable clothing. Lie or sit somewhere with the whole of your body supported.

Make yourself totally comfortable. Close your eyes.

**Progressive Muscle Relaxation**

*Sit in a comfortable chair (or lie on the floor, or on a bed). Ensure you will not be disturbed by other noises. If you become aware of sounds - just try to ignore them and let them leave your mind just as soon as they enter. Make sure the whole of your body is comfortably supported - including your arms, head and feet. (Rest your arms on the arms of the chair, with your feet flat on the floor - if sitting!)*

- Close your eyes. Feel the chair supporting your whole body - your legs, your arms, your head. If you can feel any tension, begin to let it go. Take 2 slow and deep breaths, and let the tension begin to flow out.

- Become aware of your head - notice how your forehead feels. Let any tension go and feel your forehead become smooth and wide. Let any tension go from around your eyes, your mouth, your cheeks and your jaw. Let your teeth part slightly and feel the tension go.

- Now focus on your neck - let the chair take the weight of your head and feel your neck relax. Now your head is feeling heavy and floppy. Let your shoulders lower gently down. Your shoulders are wider, your neck is longer.

- Notice how your body feels as you begin to relax.

- Be aware of your arms and your hands. Let them sink down into the chair. Now they are feeling heavy and limp.

- Think about your back - from your neck to your hips. Let the tension go and feel yourself sinking down into the chair. Let your hips, your legs and your feet relax and roll outwards. Notice the feeling of relaxation taking over.

- Notice your breathing - your abdomen gently rising and falling as you breathe. Let your next breath be a little deeper, a little slower...

- Now, you are feeling completely relaxed and heavy. .... Lie still and concentrate on slow, rhythmic breathing....

- When you want to, count back from 5 to 1 and open your eyes. Wiggle your fingers and toes, breathe deeply and stretch. Look around the room, becoming more alert as you notice what you see, hear and feel. Pause before gently rising.

© Carol Vivyan 2009, permission to use for therapy purposes
What is Mindfulness?

Mindfulness is an ancient eastern practice which is very relevant for our lives today. Mindfulness is a very simple concept. Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgementally.

Mindfulness does not conflict with any beliefs or traditions, whether religious, cultural or scientific. It is simply a practical way to notice thoughts, physical sensations, sights, sounds, smells - anything we might not normally notice. The actual skills might be simple, but because it is so different to how our minds normally behave, it takes a lot of practice.

We might go out into the garden and as we look around, we might think "That grass really needs cutting, and that vegetable patch looks very untidy". A young child on the other hand, will call over excitedly, "Hey - come and look at this ant!"

Mindfulness can simply be noticing what we don't normally notice, because our heads are too busy in the future or in the past - thinking about what we need to do, or going over what we have done.

Being mindful helps us to train our attention. Our minds wander about 50% of the time, but every time we practise being mindful, we are exercising our attention "muscle" and becoming mentally fitter. We can take more control over our focus of attention, and choose what we focus on...rather than passively allowing our attention to be dominated by that which distresses us and takes us away from the present moment.

Mindfulness might simply be described as choosing and learning to control our focus of attention.

www.getselfhelp.co.uk/mindfulness.htm  www.get.gg
© Carol Vivyan 2009, permission to use for therapy purposes.
**Automatic Pilot**

In a car, we can sometimes drive for miles on “automatic pilot”, without really being aware of what we are doing. In the same way, we may not be really “present”, moment-by-moment, for much of our lives: We can often be “miles away” without knowing it.

On automatic pilot, we are more likely to have our “buttons pressed”: Events around us and thoughts, feelings and sensations (of which we may be only dimly aware) can trigger old habits of thinking that are often unhelpful and may lead to worsening mood.

By becoming more aware of our thoughts, feelings, and body sensations, from moment to moment, we give ourselves the possibility of greater freedom and choice; we do not have to go into the same old “mental ruts” that may have caused problems in the past.

**Mindful Activity**

If we wash the dishes each evening, we might tend to be ‘in our heads’ as we’re washing up, thinking about what we have to do, what we’ve done earlier in the day, worrying about future events, or regretful thoughts about the past. Again, a young child might see things differently, “Listen to those bubbles! They’re fun!”

Washing up or another routine activity can become a routine (practice of) mindful activity for us. We might notice the temperature of the water and how it feels on the skin, the texture of the bubbles on the skin, and yes, we might hear the bubbles as they softly pop. The sounds of the water as we take out and put dishes into the water. The smoothness of the plates, and the texture of the sponge. Just noticing what we might not normally notice.

A mindful walk brings new pleasures. Walking is something most of us do at some time during the day. We can practice, even if only for a couple of minutes at a time, mindful walking. Rather than be “in our heads”, we can look around and notice what we see, hear, sense. We might notice the sensations in our own body just through the act of walking. Noticing the sensations and movement of our feet, legs, arms, head and body as we take each step. Noticing our breathing. Thoughts will continuously intrude, but we can just notice them, and then bring our attention back to our walking.

The more we practice, perhaps the more (initially at least) we will notice those thoughts intruding, and that’s ok. The only aim of mindful activity is to bring our attention back to the activity continually, noticing those sensations, from outside and within us.

www.getselfhelp.co.uk/mindfulness.htm

www.get.gg

© Carol Vivyan 2009, permission to use for therapy purposes.
Mindful Breathing

The primary focus in Mindfulness Meditation is the breathing. However, the primary goal is a calm, non-judging awareness, allowing thoughts and feelings to come and go without getting caught up in them. This creates calmness and acceptance.

- Sit comfortably, with your eyes closed and your spine reasonably straight.
- Direct your attention to your breathing.
- When thoughts, emotions, physical feelings or external sounds occur, simply accept them, giving them the space to come and go without judging or getting involved with them.
- When you notice that your attention has drifted off and is becoming caught up in thoughts or feelings, simply note that the attention has drifted, and then gently bring the attention back to your breathing.

It's ok and natural for thoughts to arise, and for your attention to follow them. No matter how many times this happens, just keep bringing your attention back to your breathing.

Breathing Meditation 1  (Kabat-Zinn 1996)

Assume a comfortable posture lying on your back or sitting. If you are sitting, keep the spine straight and let your shoulders drop.

Close your eyes if it feels comfortable.

Bring your attention to your belly, feeling it rise or expand gently on the in-breath and fall or recede on the out-breath.

Keep your focus on the breathing, 'being with' each in-breath for its full duration and with each out-breath for its full duration, as if you were riding the waves of your own breathing.

Every time you notice that your mind has wandered off the breath, notice what it was that took you away and then gently bring your attention back to your belly and the feeling of the breath coming in and out.

If your mind wanders away from the breath a thousand times, then your job is simply to bring it back to the breath every time, no matter what it becomes preoccupied with.

Practice this exercise for fifteen minutes at a convenient time every day, whether you feel like it or not, for one week and see how it feels to incorporate a disciplined meditation practice into your life. Be aware of how it feels to spend some time each day just being with your breath without having to do anything.

www.getselfhelp.co.uk/mindfulness.htm  www.get.gg

© Carol Vivyan 2009, permission to use for therapy purposes.
Breathing Meditation 2 (Kabat-Zinn 1996)

- Tune into your breathing at different times during the day, feeling the belly go through one or two risings and fallings.
- Become aware of your thoughts and feelings at these moments, just observing them without judging them or yourself.
- At the same time, be aware of any changes in the way you are seeing things and feeling about yourself.

Using mindfulness to cope with negative experiences (thoughts, feelings, events)

As we become more practised at using mindfulness for breathing, body sensations and routine daily activities, so we can then learn to be mindful of our thoughts and feelings, to become observers, and then more accepting of them. This results in less distressing feelings, and increases our ability to enjoy our lives.

With mindfulness, even the most disturbing sensations, feelings, thoughts, and experiences, can be viewed from a wider perspective as passing events in the mind, rather than as "us", or as being necessarily true. (Brantley 2003)

When we are more practiced in using mindfulness, we can use it even in times of intense distress, by becoming mindful of the actual experience as an observer, using mindful breathing and focussing our attention on the breathing, listening to the distressing thoughts mindfully, recognising them as merely thoughts, breathing with them, allowing them to happen without believing them or arguing with them. If thoughts are too strong or loud, then we can move our attention to our breath, the body, or to sounds around us.

Jon Kabat-Zinn uses the example of waves to help explain mindfulness.

Think of your mind as the surface of a lake or an ocean. There are always waves on the water, sometimes big, sometimes small, sometimes almost imperceptible. The water's waves are churned up by winds, which come and go and vary in direction and intensity, just as do the winds of stress and change in our lives, which stir up waves in our mind. It's possible to find shelter from much of the wind that agitates the mind. Whatever we might do to prevent them, the winds of life and of the mind will blow.

"You can't stop the waves, but you can learn to surf" (Kabat-Zinn 2004)

www.getselfhelp.co.uk/mindfulness.htm  www.get.gg
© Carol Vivyan 2009, permission to use for therapy purposes.
### Why Mindfulness?

<table>
<thead>
<tr>
<th>MINDLESS RESPONSE</th>
<th>MINDFULNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judging</td>
<td>Non-judging, accepting</td>
</tr>
<tr>
<td>Based on opinion</td>
<td>Based on fact</td>
</tr>
<tr>
<td>Thoughts as real</td>
<td>Thoughts as mental events</td>
</tr>
<tr>
<td>Believe &amp; engage with thoughts</td>
<td>Distance/disengage from thoughts</td>
</tr>
<tr>
<td>Attention on past and future</td>
<td>Awareness of this moment</td>
</tr>
<tr>
<td>Avoid (situations, thoughts, emotions)</td>
<td>Approach</td>
</tr>
<tr>
<td>Struggle</td>
<td>Let go</td>
</tr>
<tr>
<td>Automatic pilot</td>
<td>Interested, focused, attentive</td>
</tr>
<tr>
<td>Distress &amp; pain</td>
<td>Reduced distress &amp; pain</td>
</tr>
<tr>
<td>Fog of upsetting thoughts</td>
<td>Clear and alert</td>
</tr>
<tr>
<td>Reactive impulsive behaviours</td>
<td>Considered wise choices</td>
</tr>
<tr>
<td>Overwhelming, catastrophic</td>
<td>Calm, effective</td>
</tr>
<tr>
<td>Lost in reaction</td>
<td>Clear awareness</td>
</tr>
</tbody>
</table>

- Consider the most distress you have experienced or are ever likely to experience. Is that time in the past? Is it perhaps in the future?
- Right now, at this very moment, are you the most distressed you have ever been or are likely to be?
  - If not, then perhaps that’s a good reason to learn to be mindful - to put our attention to this very moment.
Mindful Breathing

The primary goal of mindful breathing is simply a calm, non-judging awareness, allowing thoughts and feelings to come and go without getting caught up in them.

- Sit comfortably, with your eyes closed and your spine reasonably straight.
- Bring your attention to your breathing.
- Imagine that you have a balloon in your tummy. Every time you breathe in, the balloon inflates. Each time you breathe out, the balloon deflates. Notice the sensations in your abdomen as the balloon inflates and deflates. Your abdomen rising with the in-breath, and falling with the out-breath.
- Thoughts will come into your mind, and that’s okay, because that’s just what the human mind does. Simply notice those thoughts, then bring your attention back to your breathing.
- Likewise, you can notice sounds, physical feelings, and emotions, and again, just bring your attention back to your breathing.
- You don’t have to follow those thoughts or feelings, don’t judge yourself for having them, or analyse them in any way. It’s okay for the thoughts to be there. Just notice those thoughts, and let them drift on by, bringing your attention back to your breathing.
- Whenever you notice that your attention has drifted off and is becoming caught up in thoughts or feelings, simply note that the attention has drifted, and then gently bring the attention back to your breathing.

It’s okay and natural for thoughts to enter into your awareness, and for your attention to follow them. No matter how many times this happens, just keep bringing your attention back to your breathing.
Mindfulness of Emotions

We often start to learn mindfulness skills by focusing our attention on our breath, our bodies, the environment or activities. Being mindful of emotions helps us to stand back from the emotion, understand it, not to fear it or struggle against it, and it can have the added benefit of reducing the distress (although the aim is to learn to accept the experience, rather than lessen the distress).

Set aside a few minutes when you can be quiet and won’t be disturbed.

Start by bringing your attention to your breath. Notice your breathing as you slowly breathe in and out, perhaps imagining you have a balloon in your belly, noticing the sensations in your belly as the balloon inflates on the in-breath, and deflates on the out-breath.

**Notice** the feelings, and what it feels like.

**Name** the emotion:
- What is it?
- What word best describes what you are feeling?
- Angry, sad, anxious, irritated, scared, frustrated...

**Accept** the emotion. It’s a normal body reaction. It can be helpful to understand how it came about – what it was, the set of circumstances that contributed to you feeling this way. Don’t condone or judge the emotion. Simply let it move through you without resisting it, struggling against it, or encouraging it.

**Investigate** the emotion.
- How intensely do you feel it?
- How are you breathing?
- What are you feeling in your body? Where do you feel it?
- What’s your posture like when you feel this emotion?
- Where do you notice muscle tension?
- What’s your facial expression? What does your face feel like?
- Is anything changing? (nature, position, intensity)

What thoughts or judgements do you notice? Just notice those thoughts. Allow them to come into your mind, and allow them to pass. Any time you find that you’re engaging with the thoughts – judging them or yourself for having them, believing them, struggling against them, just notice, and bring your attention back to your breathing, and to the physical sensations of the emotion.

If any other emotions come up, if anything changes, simply notice and repeat the steps above. Just notice that the feelings change over time.

As you become more practised, you can use this mindfulness technique when you feel more intense emotion.

www.getselfhelp.co.uk © Carol Vivyan 2010. Permission to use for therapy purposes. www.get.gg
Sleep Information
Sleep – Self Help

There are many reasons for not sleeping well which may include distress, physical discomfort or physical illness.

Sleep needs vary. A baby starts life needing 16 hours or so of sleep each day, and the time we need for sleep decreases as we get older, so that adults, and particularly older adults may only need 4-6 hours a night. People’s needs vary, but most people feel they need 7-8 hours, whilst others feel they need 9-10 hours a night.

We might have difficulty getting off to sleep, wake up frequently during the night, or wake early in the morning and not be able to get back to sleep. These all result in our feeling that we haven’t slept enough - we feel tired, tense and are likely to worry about not sleeping. This worry can then make it even harder for us to sleep well.

If you have trouble sleeping, there are some things you can do to help yourself get a good night’s rest. These include making changes in:

- Our environment
- Our behaviour
- Our thinking

**Change our Environment**

Are there any helpful changes you can make?
- Bedroom too light (or dark)
- Bedroom too hot or too cold
- Bedroom too noisy
- Bed too uncomfortable
- Partner keeping you awake? (snoring, restless etc)

[www.getselfhelp.co.uk/sleep.htm](www.getselfhelp.co.uk/sleep.htm)
Change our Behaviour

- Use your choice of relaxation technique before going to bed (whatever works for you) (www.getselfhelp.co.uk/relax.htm)
- Don’t go without sleep for a long time – keep to a regular pattern of going to bed and getting up at the same time every day, whether you are tired or not.
- Keep bed for sleep and sex. Don’t use it for watching television, using computer etc.
- Get some regular exercise during the day. Try some regular swimming or walking. Avoid exercise late in the evening.
- Cut down on caffeine (tea, coffee, some soft drinks) in the evening. Try a milky drink instead.
- Don’t drink a lot of alcohol. It may help you fall asleep, but you will almost certainly wake up during the night.
- Don’t eat or drink a lot late at night. Try to have your evening meal early rather than late.
- If you’ve had a bad night, resist the temptation to sleep the next day – it will make it harder to get off to sleep the following night.
- If something is troubling you and there is nothing you can do about it right away, try writing it down before going to bed and then tell yourself to deal with it tomorrow.
- If you can’t sleep, don’t lie there worrying about it. Get up and do something you find relaxing like reading or listening to quiet music. After a while you should feel tired enough to go to bed again. (www.getselfhelp.co.uk/music.htm)
- Keep a sleep diary for a week (http://www.getselfhelp.co.uk/ccount/click.php?id=42). When complete, you can look back and notice what helps you sleep better and what doesn’t, so you can make positive changes and do more of what helps, and less of what doesn’t. If nothing seemed to help, try something different.
- Speak to your doctor about your medication and how that might be affecting your sleep.
- Avoid clock watching when in bed - put your attention somewhere restful, use imagery (www.getselfhelp.co.uk/imagery.htm), mindful breathing (www.getselfhelp.co.uk/mindfulness.htm), or your relaxation technique (www.getselfhelp.co.uk/relax.htm)

Change our Thinking

- Worrying about not sleeping will keep you awake! Rather than put your focus of attention on the worrying thoughts, notice that they are just thoughts, then put your attention somewhere restful, use imagery, mindful breathing, or your relaxation technique. (website addresses in previous paragraph)
- Distract yourself by thinking about a random sequence of objects for a few seconds each. E.g. a table, a tree, a saucepan, a flower, a cow, a cloud etc. Or you could think about a few items beginning with the letter “B”, then move on through the alphabet.
- Tell yourself that worrying about it will not help, and that you probably are getting enough, just less than you think you need. Our needs change as we get older.
- If you’re worrying about a particular problem, write it down, and tell yourself you can sort it in the morning.

www.getselfhelp.co.uk/sleep.htm

© Carol Vivyan 2009, permission to use for therapy purposes
### Sleep Diary

Complete this form each day: write in the shaded area just before going to bed, and the non-shaded area in the morning

<table>
<thead>
<tr>
<th>Day / date</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood level during the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 10 (10 worst)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue level during the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 10 (10 worst)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naps taken during day – what time? How long for?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity during day? 0 – 10 (10 most active)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caffeine, nicotine, alcohol during day, and during evening?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What did I do just before going to bed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What time I went to bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What did I do in bed? (Read, TV, sex)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What time did I put the lights out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many minutes before I fell asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What time did I wake up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of times I woke up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hours I slept?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On waking up in the morning, how rested do I feel? 0 – 10 (10 most rested)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Imagery Material
Imagery for Self-Help

Start each visualisation with relaxation by getting comfortable in a quiet place where you won't be disturbed, and take a couple of minutes to focus on your breathing. Close your eyes, then mentally scan your body and become aware of any areas of tension, and let that tension go with each out-breath.

- All visualisations can be strengthened by ensuring you engage all your senses in building the picture in your mind's eye - it's more than just "seeing"! If you notice any negative links or images entering your positive imagery, then abort that image and think of something else.

Finish each visualisation by taking a few moments to bring yourself back into the room where you are, opening your eyes and looking around, sitting up, and bringing yourself back to alertness in the 'here and now'.

Relaxing 'Safe Place' Imagery
- Imagine a place where you can feel calm, peaceful and safe. It may be a place you’ve been to before, somewhere you’ve dreamt about going to, or maybe somewhere you’ve seen a picture of.
- Focus on the colours in your peaceful safe place.
- Now notice the sounds that are around you, or perhaps the silence.
- Think about any smells you notice there.
- Then focus on any skin sensations - the earth beneath you, the temperature, any movement of air, anything else you can touch.
- Now whilst you're in your peaceful and safe place, you might choose to give it a name, whether one word or a phrase that you can use to bring that image back, anytime you need to.
- You can choose to linger there a while, just enjoying the peacefulness and serenity. You can leave whenever you want to, just by opening your eyes and being aware of where you are now.

Wise Inner Advisor
- If you're unsure about something, or need some guidance, then we all have some form of wise inner part of us which knows.
- Start with relaxing Safe Place imagery, then you can imagine walking along a path a little way and noticing a "Wise Inner Advisor" - this might be an older person, a representation of another being, perhaps a religious or spiritual figure, or some other being. Use whatever feels right for you.
- Make the image stronger by focusing on the scene, what you can see, hear, smell, touch.
- Spend some time just being with your Wise Inner Advisor, feeling peaceful and comfortable.
- Take the opportunity to ask your Wise Inner Advisor for general guidance or for advice on a particular issue. Don't expect an immediate answer, but be receptive to whatever comes up.
- Some people notice in the following hours, days or weeks that they've received their "answer", perhaps in a very unexpected way.

www.getselfhelp.co.uk/imagery.htm

©Carol Vivyan 2009, permission to use for therapy purposes
**Confident, Competent, Content**

- We can use imagery to help us feel better about ourselves.
- Think of a situation or event in the past when you have strongly felt this way. Or think of a person (real or fictional) who has the qualities you desire.
- Think about that time, or that person - what do you see? What do you hear? How are you/they behaving? What do you/they look like? What do you hear? What else do you notice?
- What feelings do you notice as you imagine yourself at that time, or being that person? What do you feel now?
- What physical sensations do you notice?
- Can you think of a word which describes this good feeling, a word you can use to bring back this feeling whenever you need it?
- Now focus on that word with the image, and notice the feelings.
- You are now able to bring back this positive feeling, whenever you want or need to.
- You can combine this technique with "Goal Rehearsal" and imagine yourself in a situation, with these positive feelings.

**Goal Rehearsal / Achieving Future Success**

- Consider, in detail, the trait, skill or behaviour you would like to achieve, in what situation, with whom etc.
- Rehearse the situation in the imagination, using the desired behaviours, skills etc. Imagine seeing yourself in that situation, as you want to be - what you look like, how you sound - what you’re saying and how you say it, how you see yourself acting.
- Anticipate others' responses to this new you - rehearse them responding in different ways, sometimes negatively - and then rehearse those difficult scenarios with yourself responding in the way you’d like to respond.
- If necessary, prepare a script of what you want to say (e.g. when planning to stand up to someone in authority).
- Use this imagery several times a day, for a minimum of 10 days. The more you practice, the easier it becomes, and the easier you will find the actual situation when it happens.

**For example, apprehension about a job interview**

- Enact a detailed scene in the mind.
- Use different scenarios of the situation - see yourself being introduced to the interviewer, and also taking the initiative and introducing yourself.
- Imagine being asked likely questions, and rehearse your responses.
- See yourself looking calm and confident - imagine what that looks like, what you'll be doing, how you'll be doing it.

**Colour Visualisation & Breathing**

Colour can be used just by visualising the colour which is likely to influence you positively. ([www.getselfhelp.co.uk/colour.htm](http://www.getselfhelp.co.uk/colour.htm))

We can also visualise ourselves breathing in the desired colour associated with a positive or helpful feeling, and breathing out the colour associated with the negative feeling.

**Depression:** Breathe in orange (positive energy), breathe out blue / black

**Anxiety:** Breathe in blue (calming), breathe out red

**Anger:** Breathe in blue (calming) or green (balance), breathe out red.
Turning around a ‘bad’ feeling
Sometimes we can get a ‘bad’ feeling in our body. It’s possible to turn this feeling around by using our imagination. Ask yourself (example in italics):

- Where is this feeling in your body? _Belly_
- If this feeling had a shape, what would it be? _Oval shaped_
- How big would it be? _Rugby ball sized_
- And what colour would it be? _Dark blue_
- What texture or consistency would it be? _Solid mass_

And now:
- For this feeling to be better, what shape does it need to be? _Round_
- How big? _Getting smaller_
- And what colour would it be? _Yellow_
- What texture or consistency would it be? _Warm, light, translucent_

Image Manipulation & Imagery Rescripting
Sometimes we can get horribly distressing intrusive images that just pop into our heads, and we have trouble getting rid of them again. The image may be based on a real memory, or just some random terrible image. These images can trigger strong physical sensations, and intense emotions of fear, dread, anger or sadness.

We can learn to manipulate or change the image so that we reduce the distressing feelings:

- Imagine putting the image on a TV screen. Now with an imaginary remote control, make the image smaller, making it more distant, perhaps turn it into black and white, remove the sound or give it a different soundtrack.
- Imagine a plate or sheet of strong clear plastic and put it between your face and the image. Push that image away from your face, until it gets smaller and is further away.
- Change the imagery by coming up with a more positive or acceptable outcome (see examples such as goal rehearsal, confident & competent, or positive imagery for depression)

Positive Imagery for Depression
- When we feel depressed, we get caught up in cycle of negative thinking and imagery, doing less, and consequently feeling more depressed. Whilst it can be difficult to change our negative thinking, people often find it easier to see themselves in their mind’s eye, enjoying the activities they used to enjoy doing.
- Doing this 2 or 3 times a day can be helpful in lifting our mood, and help us start to change our negative focus. The activity we visualise need not be something we’re planning to do in the future, the aim is simply to reactivate more helpful thinking and imagery.
- As with all other imagery exercises, it is helpful to strengthen the image by thinking about each of our senses, noticing even small details in what we can see and hear etc. It is also often helpful to use the other exercises described above.

Inspired by Lazarus 1984

www.getselfhelp.co.uk/imagery.htm

©Carol Vivyan 2009, permission to use for therapy purposes
Substance Misuse Information
Substance Misuse Self-Help

"Substances" includes any substance that an individual wants to reduce to stop taking, so this may include nicotine, or caffeine, for instance, in addition to alcohol or drugs.

Misusing substances, perhaps alcohol or drugs, often starts as a way of coping with difficult situations or feelings, and finding that the substance helps you feel better, more relaxed. Every time a similar situation comes up, you know it helps, so you get into the habit...

After a while though, as you start to rely more and more on alcohol or drugs to help you feel better, other problems seem to emerge as a result. Things like problems in your relationships, not being able to keep up with work or study, getting into trouble with the police, getting into real financial problems.

You might start to feel more depressed, anxious or angry and frustrated. All these things get worse as you continue to drink or use drugs, and so you drink and use more drugs in order to help you feel better, which results in making the problems worse. A real vicious cycle:
IMPORTANT - BEWARE!

You must seek help before stopping or cutting down suddenly on drinking or using drugs - you must obtain the advice of an appropriate professional. This might be your GP in the first instance. It is potentially dangerous, even life-threatening, and can be a very unpleasant and distressing experience to suddenly stop taking something your body has become accustomed to having. You may require a prescribed detox (whether in hospital or at home), or be advised to reduce your drinking or drug use gradually. The self help information on this page can then help you overcome your cravings.

Identify your triggers

What or when are the times when you are more likely to drink or use? If you can see the patterns, then maybe you can do something about those situations, and do something different.

- Certain places?
- Certain people?
- Anytime, anyplace?
- See certain things?
- Hear certain things?
- Think ahead to certain situation?
- Feeling stressed, anxious, angry, sad....?
- Think self-critical thoughts?

Understanding the problem is perhaps the easiest part. The most important part of resolving the problem, is being motivated enough to change. Having motivation to not only stop the drinking or drug taking, but making changes that will affect whole lifestyles and friendships. Use a piece of paper and draw it as below, or download the form to weigh up the pros and cons of making changes now:

**Advantages & Disadvantages of Change** ([www.getselfhelp.co.uk/ccount/click.php?id=72](http://www.getselfhelp.co.uk/ccount/click.php?id=72))

<table>
<thead>
<tr>
<th>Advantages of changing</th>
<th>Disadvantages of changing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disadvantages of NOT changing</th>
<th>Advantages of NOT changing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Doing things Differently

- Seek help - others will support you if they see you're committed to making changes. Start with (non-drinking/using) family or friends, and/or your GP. For some people though, particularly those closest to you, it might take a while before they believe you mean it this time - they may need to really see your commitment. Talk to them, explain what you hope to achieve, ask for their help and support, then follow it through with committed action.

- Use the Advantages / Disadvantages worksheet to increase your motivation to make changes. (www.getselfhelp.co.uk/ccount/click.php?id=72)

- Set goals on what you hope to achieve - You may decide to quit drinking or taking all drugs altogether, but you may have different goals for different substances. You may want to do this with someone who's able to help and support you.

- Identify your triggers and trigger situations that might make you more likely to drink or use

- Support groups - Consider and find out about local Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or other similar and relevant support group - for yourself and perhaps for your family

- Find out how much your drinking, using or spending by using the Substance Use Diary (www.getselfhelp.co.uk/ccount/click.php?id=73) for one week, recording, perhaps in columns, the day, what you used or drank and how much, when it happened, what was happening and who you were with, thoughts and emotions, and how much you spent.

- Drink 6 - 8 glasses of water each day

- Start a healthy exercise plan - get advice from a suitably qualified professional

- Use medication appropriately and only as prescribed

- Avoid social situations where you're more likely to feel tempted and give in to cravings. Consider planning a new social life, based around non-substance use activity and environments.

- Take up a new hobby, attend support group meetings, contact old (non-drinking/using) friends or family.

- Try out different soft drinks to use as an alternative for those places where you can't avoid being around alcohol

- Practice saying "No - I don't drink" or "No - I don't use". Click here for help with developing assertiveness skills (www.getselfhelp.co.uk/ccount/click.php?id=36)

- Use imagery and visualisation skills to see and feel yourself being successful in various situations (www.getselfhelp.co.uk/imagery.htm)

- Use the Cravings Diary, (www.getselfhelp.co.uk/ccount/click.php?id=71) at least in the early days and weeks. Record the day/date, situation, thoughts & feelings, intensity of craving (0-100%), and the healthier more balanced thought, and how you coped (what you did).

- Use positive self talk - see affirmations (www.getselfhelp.co.uk/affirmations.htm)

- Write down all the reasons you want to stay dry/clean, make copies - carry one around with you, put others in prominent places.

- Write a letter to someone and let them know why you've made this decision.

- Don't forget to congratulate yourself when you successfully overcome the cravings. You could set up a reward system so you can pamper or treat yourself, initially each successful day, then bigger treats for successful weeks etc. Ensure the treats don't involve temptation! Maybe go out on a family picnic, buy yourself a CD, rent a DVD, or get a good book from the library.
Thinking Differently

- **STOPP!** Pause, take a breath (try to visualise the sign) (www.getselfhelp.co.uk/stopp.htm)
- Ask yourself:
  - What am I reacting to? What have I been thinking about here?
  - Am I getting things out of proportion?
  - How important is this really? How important will it be in 6 months time?
  - What would be the consequences of doing what I normally do?
  - Am I expecting something from this person or situation that is unrealistic?
  - What’s the worst (and best) that could happen? What’s most likely to happen?
  - Am I using one of those unhelpful thinking habits? (www.getselfhelp.co.uk/unhelpful.htm)
  - Am I seeing things through that negative filter? Those gloomy specs? Is there another way of looking at it?
  - What advice would I give to someone else in this situation?
  - Am I spending time ruminating about the past or worrying about the future? What could I do right now that would help me feel better?
  - Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?
  - Am I jumping to conclusions about what this person meant? Am I mis-reading between the lines? Is it possible that they didn’t mean that?
  - What do I want or need from this person or situation? What do they want or need from me? Is there a compromise?
  - Am I just focusing on the worst possible thing that could happen? What would be more realistic?
  - Is there another way of looking at this?
  - Am I exaggerating the good aspects of others, and putting myself down? Or am I exaggerating the negative and minimising the positives? How would someone else see it? What’s the bigger picture?
  - Things aren’t either totally white or totally black – there are shades of grey. Where is this on the spectrum?
  - This is just a reminder of the past. That was then, and this is now. Even though this memory makes me feel upset, it’s not actually happening again right now.
  - Is there another way of dealing with this? What would be the most helpful and effective action to take? (for me, for the situation, for the other person)
  - What do I really value in life? What’s really important to me? Is it my family and friends, my work, my academic career, enjoying nature, helping others, making a success of my life? What defines that? In what way? Is drinking or using drugs helping me in the service of my values? What would be more helpful? Every time you’re faced with a difficult situation, or craving, ask yourself: “will this help me in the service of my values?”

www.getselfhelp.co.uk/substancemisuse.htm   www.get.gg
© Carol Vivyan 2009, permission to use for therapy purposes
Coping with cravings:

- **STOPP!** Pause, take a breath – (visualise the sign) (www.getselfhelp.co.uk/stopp.htm)
- Mindfulness - learn Mindful Breathing (www.getselfhelp.co.uk/mindfulness.htm)
- Remind yourself that cravings only last a few minutes if there is no access to what you crave. Can you remember times when you desperately wanted that drink, drug, smoke etc but there was none? How did you cope then? You have some same resources now!
- Drink a large glass of water, iced tea or vegetable juice, and pause
- When you have a slip or setback, write down what you drink or use
- Focus your attention fully on another activity - Mindful activity
- Do something different (to what you normally do)
- Relaxation techniques - try lots and find one that works for you (www.getselfhelp.co.uk/relax.htm)
- Put on some music - sing and dance along, or just listen attentively (use music that is likely to help you feel your desired emotion - avoid sad songs if you're depressed) (www.getselfhelp.co.uk/music.htm)
- Meditation or Prayer (www.getselfhelp.co.uk/meditation.htm)
- Help others
- Be with others - contact a friend, visit family
- Talk to someone
- Grounding techniques - look around you, what do you see, hear, smell, sense? Hold a comforting object.
- Engage in a hobby or other interest - if you don't have one, find one! What have you enjoyed in the past? What have you sometimes thought about doing but not got around to?
- Write down your thoughts and feelings - get them out of your head
- Just take one step at a time - don't plan too far ahead
- Pamper yourself - do something you really enjoy, or do something relaxing
- Positive self-talk - encourage yourself, tell yourself: I can do this, I am strong and capable - find an affirmation that works for you (even if you don't believe it at first!). Write it down and memorise it for when you need it. See Affirmations (www.getselfhelp.co.uk/affirmations.htm)
- Do something creative - make a box of items that remind you to use the techniques that help, or put photos on paper, or write and decorate a list
- Use Safe Place Imagery or other visualisation exercises (www.getselfhelp.co.uk/imagery.htm). If you have nice memories of drinking, replace them with negative ones - when you were at your worst and felt ashamed. Use the exercises on the webpage above to visualise a drink or drug-free positive future, seeing yourself doing the things you want to do be doing.
- Do some physical exercise - walk, jog, cycle, swim, dance & sing!
- Tell yourself: "This will pass, it's only temporary". "I've got through this before, I can do it now". (Cravings only last up to 20 minutes or so) When we're going through a tunnel and become fearful of being trapped, there's no point in stopping - we just have to carry on in order to reach the end of the tunnel. That light is there, and waiting!
- Find an alternative and healthier way of dealing with distress (www.getselfhelp.co.uk/ccount/click.php?id=32)
- If you have a setback - tell yourself it's ok, it's only once - don't dwell on it too much (other than see what triggered it so that you can then get back onto your self help plan)
Learn mindfulness techniques to cope with cravings (www.getselfhelp.co.uk/mindfulness.htm).

The mindfulness technique of “urge surfing” (Marlatt 2002) says that we can ‘feed’ cravings by thinking about them, by trying to distract from them, by trying to avoid situations that trigger them. There is another way. Start with mindful breathing, then bring your attention to an itch. Notice those sensations and thoughts – that urge to scratch – without reacting to them. Each time, just notice those sensations and thoughts, and bring your attention back to your breathing. Your thoughts will increase, and the urge will initially get stronger. Just keep bringing your attention back to your breath. You will notice that the urge (to scratch) crests, then subsides, then eventually goes away. Once we’ve practiced that technique, then we can use it to deal with cravings in exactly the same way.

Once you’ve stopped drinking or using, you can start to tackle problems which contributed to your drinking or drug taking, including:

- Stress
  www.getselfhelp.co.uk/stress.htm
- Sleep
  www.getselfhelp.co.uk/sleep.htm
- Anxiety
  www.getselfhelp.co.uk/anxiety.htm
- Depression
  www.getselfhelp.co.uk/depression.htm
- Anger
  www.getselfhelp.co.uk/anger.htm
- Low Self Esteem
  www.getselfhelp.co.uk/esteem.htm
- Anorexia
  www.getselfhelp.co.uk/anorexia.htm
- Bulimia & Binge Eating
  www.getselfhelp.co.uk/bulimia.htm
- Bipolar
  www.getselfhelp.co.uk/bipolar.htm
- Voices & Delusions
  www.getselfhelp.co.uk/psychosis.htm
- Chronic Pain & Chronic Fatigue
  www.getselfhelp.co.uk/chronicfp.htm

Talk to someone about other difficulties which may include:

- Work
- Relationships
- Finance
- Housing
- Legal

Talk to your health worker for sources of appropriate support. Your local Citizens Advice Bureau will be able to advise you directly, or give you information about other agencies who can help.

www.getselfhelp.co.uk/substancemisuse.htm
www.get.gg
© Carol Vivyan 2009, permission to use for therapy purposes
<table>
<thead>
<tr>
<th>Advantages of making changes</th>
<th>Disadvantages of making changes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disadvantages of NOT making changes</th>
<th>Advantages of NOT making changes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>When? Where? What was happening? Who was I with?</td>
<td>What did I drink or use? How much?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Coping Strategies
BODY: Self Care
Taking good care of our physical body means we will be better able to cope with emotional problems
- Take steps to ensure you get enough sleep
- Eat healthily and regularly
- Exercise regularly, preferably in an outside/natural space
- Plan rest times too
- Beware of how things like drink, drugs, smoking and caffeine affect you

ACHIEVE
Our brain gets a boost when we achieve things during the day. Achievement increases the neurotransmitter dopamine and purposeful activity increases serotonin.
It is therefore very helpful to plan realistic and achievable goals every day, such as those concerning work, chores and study, but we can also set goals and achieve activities relating to Connecting to others and Enjoyment and Exercise.

CONNECT
Very often when we’re struggling with our mental health, we can withdraw and isolate ourselves and neglect our relationships.
However, connecting with and/or helping others boosts the neurotransmitter oxytocin which will boost our wellbeing. So plan to connect with other people every day, particularly with close friends and/or family, but also with the local community.
It may just be smiling and saying hello to strangers in the street or at the corner shop.
You might consider helping out with a voluntary organisation, or find a local support group. You can find out what is available locally from the internet, or at your local library or citizen’s advice bureau.
It’s important to connect face to face, but as a first step, or additionally, we can connect to others via the internet.

ENJOY
When our mood dips and we feel tired, or we withdraw and isolate ourselves, the first things we stop doing are the fun and enjoyable activities. We tend to keep doing those things that drain and deplete us, but neglect those that we enjoy and which energise and nourish us.

Read more about nourishing vs depleting activities here (www.m.get.gg/energisingdraining.htm)
Aim to do more enjoyable activities. Maybe something you used to enjoy doing (e.g. hobby or sport), or something you’ve thought you would like to do. It might be something outdoors, or with other people, or maybe just on your own at home.
Add more colour into your life!
If you need more ideas, see the distract page (www.m.get.gg/distract.htm)

STEP BACK
When we feel emotional, we get caught up in that emotion - it is difficult to think clearly and see the bigger picture at those times - and we react by doing things that are unhelpful.
It seems like doing those things help at the time, but by reacting the same way all the time, we just keep the problem going. (About CBT - www.m.get.gg/cbt.htm). We can learn to react and think differently! Follow these links and practise the skills:

- STOPP www.m.get.gg/stopp.htm
- Is this Fact or Opinion? www.m.get.gg/factopinion.htm
- Different Perspectives www.m.get.gg/perspectives.htm
- The Helicopter View www.m.get.gg/perspectives.htm
- Positive Coping Statements www.m.get.gg/positive.htm
- Mindfulness www.m.get.gg/mindfulness.htm
- Breathe www.m.get.gg/breathe.htm
- NOW www.m.get.gg/now.htm
- Flexible Thinking www.m.get.gg/flex.htm
- Take care of yourself and treat yourself as you would treat a friend. Be kind to yourself and use compassionate and understanding self-talk.

Use the Weekly Planner sheet to plan your days (www.get.gg/docs/WeeklyPlanner.pdf). Set time aside every evening or early morning to set your daily goals, then you can tick them off at the end of the day.

More about ACE Activity www.m.get.gg/ace.htm

Include practising the new skills as part of your daily goals! It’s important that you read, re-read, and practise using the skills, so that when you really NEED them, you’ll be able to use them effectively.

www.m.get.gg/baces.htm © Carol Vivyan 2015. Permission to use for therapy purposes. www.getselfhelp.co.uk
STOPP

➢ Stop and Step Back

  o Don’t act immediately. Pause.

➢ Take a Breath

  o Notice your breath as you breathe in and out.

➢ Observe

  o What am I thinking and feeling? What are the words that my mind is saying? Is this fact or opinion? Descriptions or evaluations? Accurate or inaccurate? Helpful or unhelpful? What unhelpful thinking habit am I using (e.g. mind-reading, negative filter, thinking the worst)? Where is my focus of attention? What metaphor could I use (mountain, tunnel, playground bully, thought train, beach ball, passengers on the bus)?

➢ Pull Back: Put in some Perspective

  o See the situation as an outside observer. What would a fly on the wall see? Is there another way of looking at it? What would someone else see and make of it? What advice would I give to someone else? What’s ‘the helicopter view’? What meaning am I giving this event for me to react in this way? How important is it right now, and will it be in 6 months? Is my reaction in proportion to the actual event?

➢ Practise what works

  o Do what works, what is most helpful. Play to your Principles and Values. Will it be effective and appropriate? Is it in proportion to the event? Is it in keeping with my values and principles? What will be the consequences of my action? What is best for me and most helpful for this situation?

© Carol Vivyan 2009, permission to use for therapy purposes. Adapted from Ciarrochi & Bailey 2008

www.getselfhelp.co.uk/stopp.htm www.get.gg
Nourishing & Depleting Activities

When we start to feel depressed or stressed, we tend to neglect the nourishing activities which usually help us feel better, and try to keep doing those which we really have to do – which further deplete and exhaust us. We then feel even worse, so do even less.

**Range of daily activities - good energy levels**

**Reduced energy - reduce activities**

**Lower mood – do even less**

**Depressed - exhausted**

Even if we can’t reduce the depleting activities, we can aim to find a healthier balance by:
- Increasing the amount of nourishing activities
- Learning to see our depleting activities in a new way

It can help to write down two lists of your normal daily activities
- A typical work / week day
- A typical day off / weekend day

Be sure to write down everything you can think of, including getting up, getting dressed, showering, eating breakfast etc. Then look back at your list, and decide which activities nourish you, and which deplete you, then indicate with an N or D next to each item on your list.

- **Nourishing activities:**
  - Lift mood
  - Increase energy
  - Help you feel calm and centred

- **Depleting activities:**
  - Lower mood
  - Drain energy
  - Increase stress and tension

You might find that some activities are not so clearly ‘either-or’, but sometimes nourishing and sometimes depleting – depending on the meaning that we give them at that time.

Decide how you can find a healthier balance by increasing your nourishing activities, and/or considering what depleting activities you can change:

- What will you do differently?
  - When? How? Who with?

- Or you might choose to change the meaning you give those depleting activities that you can’t avoid doing:
  - Perhaps there’s another way of looking at this
  - Is that fact or opinion?
  - Perhaps that’s the voice of ...... *(depression or anxiety)* speaking

*Based on Asberg 2008, Williams et al 2007, Fennell 2010*
Emergency Bag or Box

When we are very distressed, it is difficult to think rationally and to decide how to help ourselves. We can therefore resort to using self-destructive behaviours which may help at that moment, but can cause other problems later and in the long-term. It can be useful to keep an ‘Emergency’ or ‘Soothe’ bag or box, in a prominent and handy place, so that when you feel overwhelmingly distressed, you can go to your bag/box and find something that will help you cope and/or feel better.

You can use any bag or box or other container, and decorate it as you wish. Collect together items that are meaningful, or you know will be helpful. If you cannot put the item in the bag or box, then perhaps use a reminder of the item, for example, a picture of an iPod, mp3 player, computer or games machine. Include items that will help soothe all your senses:

- Vision: photo album, DVD, book or magazine, a picture of a beautiful safe place (or use safe place imagery [www.get.gg/docs/SafePlace.pdf]), reminder for funny or inspiring YouTube video, walk or sit in the park or garden, guided meditation
- Hearing: soothing or inspiring music on CD or mp3 player, recordings of a friend’s voice, reminder of phone numbers to ring, a talking book.
- Smell or taste: oils, fruity snack or treat, favourite perfume, a sachet of coffee or ready prepared cake mix.
- Touch: soft woolly socks or blanket, teddy bear, comforter or grounding object, hand or foot lotion, massage oil, warm bubble bath, nail varnish, make-up

When you use these items, or whatever you do, pay attention to your physical senses: see, hear, smell or taste, and touch. Look around you and notice what you see (colours, shapes, light or shadow, movement), what you hear (nature sounds, sounds in the room, near and far), what you smell or taste (including from the environment around you), and what you can touch – right now, wherever you are as well as items from your emergency bag/box.

Activities that help with an outer focus of attention or use physical energy:

- Puzzle books, game for game machine, item from hobby or interest, art or craft materials, notebook and pen, prompt for physical exercise or musical instrument

Activities which help you make sense of and cope with what you are thinking and feeling:

- Therapy worksheets ([www.stopp.gg]), reading or contact with others on the internet (reminders about websites or internet discussion forums etc)
- A card with positive coping statements – that you can read or say to yourself to help you get through the distress [www.get.gg/docs/PositiveStatements.pdf]

Other ideas:

- When you’re feeling better and more positive, write yourself a letter to keep in the box/bag to read at those distressing times (or include a comforting or inspiring letter or email from someone else)
- Include a copy of your safety plan (if you have one), and include your “soothe/emergency” bag or box in your safety plan. [www.get.gg/docs/SafetyPlan.pdf]
### Positive Steps to Wellbeing

<table>
<thead>
<tr>
<th>Be kind to yourself</th>
<th>Exercise regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our culture, genes, religion, upbringing, education, gender, sexuality, beliefs, and life experiences make us who we are. We all have bad days. Be kind to yourself. Encourage rather than criticise yourself. Treat yourself the way you would treat a friend in the same situation.</td>
<td>Being active helps lift our mood, reduces stress and anxiety, improves physical health, and gives us more energy. Get outside, preferably in a green space or near water. Find an activity you enjoy doing, and just do it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Take up a hobby and/or learn a new skill</th>
<th>Have some fun and/or be creative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase your confidence and interest, meet others, or prepare for finding work.</td>
<td>Having fun or being creative helps us feel better and increases our confidence. Enjoy yourself!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Help others</th>
<th>Relax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get involved with a community project, charity work, or simply help out someone you know. As well as benefiting others, you’ll be doing something worthwhile which will help you feel better about yourself.</td>
<td>Make time for yourself. Allow yourself to chill out and relax. Find something that suits you – different things work for different people. Breathe... (imagine a balloon in your belly, inflating and deflating as you breathe in and out)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eat healthily</th>
<th>Balance sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat regularly, eat breakfast, eat healthily, eat fruit and vegetables, drink water.</td>
<td>Get into a healthy sleep routine – including going to bed and getting up at the same time each day.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Connect with others</th>
<th>Beware drink and drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay in touch with family and friends - make regular and frequent contact with them.</td>
<td>Avoid using alcohol (or non-prescribed drugs) to help you cope – it will only add to your problems.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>See the bigger picture</th>
<th>Accepting: ‘It is as it is’</th>
</tr>
</thead>
<tbody>
<tr>
<td>We all give different meanings to situations and see things from our point of view. Broaden out your perspective and consider the bigger picture (‘the helicopter view’) What meaning am I giving this? Is this fact or opinion? How would others see it? Is there another way of looking at this? How important is it, or will it be in a year’s time? What can I do right now that will help most?</td>
<td>We tend to fight against distressing thoughts and feelings, but we can learn to just notice them and give up that struggle. Some situations we just can’t change. We can surf those waves rather than try to stop them. Allow those thoughts and sensations just to be – they will pass.</td>
</tr>
</tbody>
</table>

*www.getselfhelp.co.uk* © Carol Vivyan 2010. Permission to use for therapy purposes. *www.get.gg*
### The Ten Secrets of Happiness

<table>
<thead>
<tr>
<th>Secret</th>
<th>Image</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant something and nurture it</td>
<td><img src="image" alt="Plant" /></td>
<td>Count your blessings: at least five, at the end of each day</td>
</tr>
<tr>
<td>Take time to talk. Have an hour-long conversation with a loved one each week</td>
<td><img src="image" alt="Talk" /></td>
<td>Phone a friend whom you have not spoken to for a while and arrange to meet up</td>
</tr>
<tr>
<td>Give yourself a treat every day and take the time to really enjoy it</td>
<td><img src="image" alt="Treat Yourself" /></td>
<td>Have a good laugh at least once a day</td>
</tr>
<tr>
<td>Get physical - exercise for half an hour three times a week</td>
<td><img src="image" alt="Exercise" /></td>
<td>Smile at and/or say hello to a stranger at least once each day</td>
</tr>
<tr>
<td>Cut your TV viewing by half</td>
<td><img src="image" alt="TV" /></td>
<td>Spread some kindness - do a good turn for someone every day</td>
</tr>
</tbody>
</table>

Stevens 2005  [http://news.bbc.co.uk/1/hi/4436482.stm](http://news.bbc.co.uk/1/hi/4436482.stm)

[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk)  [www.get.gg](http://www.get.gg)
Spiritual Self-Care

Humanitarian work is an occupation that carries the potential for great spiritual growth in one hand, and the risk of great spiritual disruption in the other. Paying attention to personal spirituality is therefore important for humanitarian workers, although we generally have little training on how to go about “caring for” and “exercising” our souls.

This sheet offers some simple suggestions for how spiritual self-care:

**Clarify your values**

Values clarification involves seeking a clearer understanding of what we value in life and why. This is a unique source of energy - it fuels purpose, focus, direction, passion and perseverance.

Clarifying your values means asking and answering questions that help you clarify your life mission and your road map. Questions such as:

- What am I doing?
- Why am I doing it?
- How is it coming along?
- What do I embody most?
- What is it I want to embody most? What are the things, qualities, attributes, attitudes I value most in life?
- What do I wish I was doing more? Why?
- Who am I at my best?
- Think of someone you deeply respect. Describe three qualities in this person that you most admire.
- What one sentence inscription would I like to see on my tombstone that would capture who I really was in life?
- When I look back at the end of my life, what do I expect the three most important lessons I’ve learned to be, and why are they so important?

**Seek out soul food**

Exercising the soul also involves actively seeking out things and activities that make us feel whole, alive, joyful, and connected with something beyond ourselves. Soul food tends to shift the way we view life and the life around us. Some common sources of soul food include:

- Prayer, meditation, solitude, guided imagery, relaxation, yoga
- Reading scriptural or inspirational texts
- Listening to lectures, sermons, or inspirational speakers
- Listening to music, singing
- Being creative — writing, drawing, composing music
- Spending time in nature
- Contemplating art
- Spending time with the people most dear to you
- Consulting with a spiritual director
- Participating in a small communal group involving sharing, discussion, accountability, and/or teaching
- Participating in traditional practices associated with your faith, family and background
- Acts of service involving giving time, expertise, or money to others in need.
### SMART Goal

**SPECIFIC**
Be very clear in what you want to achieve. Consider breaking the goal down into smaller steps.

**MEASURABLE**
How will you know when you have achieved your goal? What will you be doing at that time? What will others notice you doing? What will be different? What will you have started or be doing regularly? What will you have stopped or be doing less of?

**ACHIEVABLE**
Ensure your goals are not too high. Don’t set yourself up to fail! Consider setting smaller goals on your way to the big one. Celebrate your successes. If you don’t achieve what you set out to, then ask what you could do differently, what would make it more likely to succeed next time?

**REALISTIC & RESOURCED**
Is this achievable with the resources I have? Are there any other resources you need before you can, or to help you, achieve your goal? How can you access these resources? What problems might you have? What can you do to minimise those problems?

**TIME LIMITED**
Set a reasonable time limit to achieve your goal. 1 week, 1 month, 6 months, 1 year, 5 years? Consider different (smaller) time limits for smaller steps.
**30 Day Challenge**

Commit to create a healthy or positive habit (or give up an unhealthy habit), and do it every day for the next 30 days. After 30 days:

- Decide how this change has affected your life. You can then choose to:
  - Carry on and keep doing your new habit, OR..
  - Change and commit to a different positive habit

**What I will do every day for the next 30 days** *(what, when, how long for, etc)*

*If the change is too big, start with the first step, or use the **SMART goals worksheet**.*

**What will my reward be?**

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>✓</th>
<th>Comments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Self-Care Assessments
Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:
5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

Physical Self-Care

___ Eat regularly (e.g. breakfast, lunch and dinner)
___ Eat healthy
___ Exercise
___ Get regular medical care for prevention
___ Get medical care when needed
___ Take time off when needed
___ Get massages
___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
___ Take time to be sexual—with yourself, with a partner
___ Get enough sleep
___ Wear clothes you like
___ Take vacations
___ Take day trips or mini-vacations
___ Make time away from telephones
___ Other:

Psychological Self-Care

___ Make time for self-reflection
___ Have your own personal psychotherapy
___ Write in a journal
___ Read literature that is unrelated to work
___ Do something at which you are not expert or in charge
___ Decrease stress in your life

Let others know different aspects of you
Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
Practice receiving from others
Be curious
Say “no” to extra responsibilities sometimes
Other:

Emotional Self-Care
Spend time with others whose company you enjoy
Stay in contact with important people in your life
Give yourself affirmations, praise yourself
Love yourself
Re-read favorite books, re-view favorite movies
Identify comforting activities, objects, people, relationships, places and seek them out
Allow yourself to cry
Find things that make you laugh
Express your outrage in social action, letters and donations, marches, protests
Play with children
Other:

Spiritual Self-Care
Make time for reflection
Spend time with nature
Find a spiritual connection or community
Be open to inspiration
Cherish your optimism and hope
Be aware of nonmaterial aspects of life
Try at times not to be in charge or the expert
Be open to not knowing

___ Identify what in meaningful to you and notice its place in your life
___ Meditate
___ Pray
___ Sing
___ Spend time with children
___ Have experiences of awe
___ Contribute to causes in which you believe
___ Read inspirational literature (talks, music, etc.)
___ Other:

**Workplace or Professional Self-Care**

___ Take a break during the workday (e.g. lunch)
___ Take time to chat with co-workers
___ Make quiet time to complete tasks
___ Identify projects or tasks that are exciting and rewarding
___ Set limits with your clients and colleagues
___ Balance your caseload so that no one day or part of a day is “too much”
___ Arrange your work space so it is comfortable and comforting
___ Get regular supervision or consultation
___ Negotiate for your needs (benefits, pay raise)
___ Have a peer support group
___ Develop a non-trauma area of professional interest
___ Other:

**Balance**

___ Strive for balance within your work-life and workday
___ Strive for balance among work, family, relationships, play and rest

### Professional Quality of Life Scale (ProQOL)
#### Compassion Satisfaction and Fatigue
(ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<table>
<thead>
<tr>
<th></th>
<th>1=Never</th>
<th>2=Rarely</th>
<th>3=Sometimes</th>
<th>4=Often</th>
<th>5=Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I am preoccupied with more than one person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I get satisfaction from being able to [help] people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I feel connected to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I jump or am startled by unexpected sounds.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I feel invigorated after working with those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I find it difficult to separate my personal life from my life as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I think that I might have been affected by the traumatic stress of those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I feel trapped by my job as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Because of my [helping], I have felt &quot;on edge&quot; about various things.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I like my work as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I fall depressed because of the traumatic experiences of the people I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I feel as though I am experiencing the trauma of someone I have [helped].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>I have beliefs that sustain me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I am the person I always wanted to be.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>My work makes me feel satisfied.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I feel worn out because of my work as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I have happy thoughts and feelings about those I [help] and how I could help them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>I believe I can make a difference through my work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>I am proud of what I can do to [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>As a result of my [helping], I have intrusive, frightening thoughts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>I feel &quot;bogged down&quot; by the system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>I have thoughts that I am a &quot;success&quot; as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>I can't recall important parts of my work with trauma victims.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>I am a very caring person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>I am happy that I chose to do this work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[www.isu.edu/~bhsstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.]
What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring
1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

<table>
<thead>
<tr>
<th>You Wrote</th>
<th>Change to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

<table>
<thead>
<tr>
<th>The sum of my Compassion Satisfaction questions was</th>
<th>So My Score Equals</th>
<th>My Level of Compassion Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

<table>
<thead>
<tr>
<th>The sum of my Burnout questions</th>
<th>So My Score Equals</th>
<th>My Level of Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

<table>
<thead>
<tr>
<th>The sum of my Secondary Traumatic Stress questions</th>
<th>So My Score Equals</th>
<th>My Level of Secondary Traumatic Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>
YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction __________

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout __________

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress __________

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, due to your work as a soldier or civilian working in military medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, such as providing care to casualties or for those in a military medical rehabilitation facility, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). /www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.
References


Appendix B
Workplace Wellness Manual Evaluation Survey Feedback

The contents of the manual includes information about:
- Cognitive Behavioural Therapy (CBT)
- Negative and positive thinking habits
- Different perspectives
- Critical incident stress
- Employee Assistance Program (EAP)
- Stress
- Brain and body reactions to stress
- Coping strategies for stress
- Trauma and the brain
- Post Traumatic Stress Disorder (PTSD)
- Coping with flashbacks
- Relaxation
- Mindfulness
- Sleep
- Imagery
- Substance misuse
- Positive mental health
- Self-care coping strategies
- Self-care assessments

1. Are there any areas of information that have not been included that would be beneficial to include for someone experiencing workplace stress, vicarious trauma, or PTSD? If so, what are these areas?
   - Might be helpful to include the iceberg concept when looking at emotions
   - You could also include personal expectations (if you want to go that deep)

2. Are any of these topics irrelevant to include? If so, why?
   - I don’t believe so

3. Is the order of information presented in a logical manner?
   - Yes, it is well organized

4. Is the presentation of the material visually pleasing?
   - Yes, however there are a lot of different fonts and formats used

5. Are the explanations of the subject matter easy to understand?
   - I think so

6. Are the attached worksheets supplemental for the information included?
   - Yes

Workplace Wellness Manual Evaluation Survey
The contents of the manual includes information about:

- Cognitive Behavioural Therapy (CBT)
- Negative and positive thinking habits
- Different perspectives
- Critical incident stress
- Employee Assistance Program (EAP)
- Stress
- Brain and body reactions to stress
- Coping strategies for stress
- Trauma and the brain
- Post Traumatic Stress Disorder (PTSD)
- Coping with flashbacks
- Relaxation
- Mindfulness
- Sleep
- Imagery
- Substance misuse
- Positive mental health
- Self-care coping strategies
- Self-care assessments

1. Are there any areas of information that have not been included that would be beneficial to include for someone experiencing workplace stress, vicarious trauma, or PTSD? If so, what are these areas?
   - I don’t think so, seems pretty comprehensive to me. (I also have very little clinical background, other than my experience as a “client” in some of these areas)

2. Are any of these topics irrelevant to include? If so, why?
   - No

3. Is the order of information presented in a logical manner?
   - Yes

4. Is the presentation of the material visually pleasing?
   - Mostly, although as a person who can struggle with dense material in a large volume I do find it a bit overwhelming as a package. For me personally this would work better as a web resource where I could access applicable pieces one at a time.

5. Are the explanations of the subject matter easy to understand?
   - Again, mostly yes. There are a list of great resources in here. But a lot of it feels like more of a facilitators manual than an “end user” product.

6. Are the attached worksheets supplemental for the information included?
   - Yes
Workplace Wellness Manual Evaluation Survey

The contents of the manual includes information about:
- Cognitive Behavioural Therapy (CBT)
- Negative and positive thinking habits
- Different perspectives
- Critical incident stress
- Employee Assistance Program (EAP)
- Stress
- Brain and body reactions to stress
- Coping strategies for stress
- Trauma and the brain
- Post Traumatic Stress Disorder (PTSD)
- Coping with flashbacks
- Relaxation
- Mindfulness
- Sleep
- Imagery
- Substance misuse
- Positive mental health
- Self-care coping strategies
- Self-care assessments

1. Are there any areas of information that have not been included that would be beneficial to include for someone experiencing workplace stress, vicarious trauma, or PTSD? If so, what are these areas?
   - No. Information seems comprehensive.

2. Are any of these topics irrelevant to include? If so, why?
   - No

3. Is the order of information presented in a logical manner?
   - Yes

4. Is the presentation of the material visually pleasing?
   - Yes

5. Are the explanations of the subject matter easy to understand?
   - Yes

6. Are the attached worksheets supplemental for the information included?
   - Yes
Workplace Wellness Manual Evaluation Survey

The contents of the manual includes information about:
- Cognitive Behavioural Therapy (CBT)
- Negative and positive thinking habits
- Different perspectives
- Critical incident stress
- Employee Assistance Program (EAP)
- Stress
- Brain and body reactions to stress
- Coping strategies for stress
- Trauma and the brain
- Post Traumatic Stress Disorder (PTSD)
- Coping with flashbacks
- Relaxation
- Mindfulness
- Sleep
- Imagery
- Substance misuse
- Positive mental health
- Self-care coping strategies
- Self-care assessments

1. Are there any areas of information that have not been included that would be beneficial to include for someone experiencing workplace stress, vicarious trauma, or PTSD? If so, what are these areas?
   - Not sure. Maybe 211 or a local PTSD service? EAP is probably efficient.

2. Are any of these topics irrelevant to include? If so, why?
   - All great and comprehensive

3. Is the order of information presented in a logical manner?
   - Yes

4. Is the presentation of the material visually pleasing?
   - Yes, very readable. Graphics keep the attention of the eyes but not cluttered.

5. Are the explanations of the subject matter easy to understand?
   - Yes

6. Are the attached worksheets supplemental for the information included?
   - Yes
Workplace Wellness Manual Evaluation Survey

The contents of the manual includes information about:
- Cognitive Behavioural Therapy (CBT)
- Negative and positive thinking habits
- Different perspectives
- Critical incident stress
- Employee Assistance Program (EAP)
- Stress
- Brain and body reactions to stress
- Coping strategies for stress
- Trauma and the brain
- Post Traumatic Stress Disorder (PTSD)
- Coping with flashbacks
- Relaxation
- Mindfulness
- Sleep
- Imagery
- Substance misuse
- Positive mental health
- Self-care coping strategies
- Self-care assessments

1. Are there any areas of information that have not been included that would be beneficial to include for someone experiencing workplace stress, vicarious trauma, or PTSD? If so, what are these areas?
   - Stigma

2. Are any of these topics irrelevant to include? If so, why?
   - All topics are relevant

3. Is the order of information presented in a logical manner?
   - Yes

4. Is the presentation of the material visually pleasing?
   - Yes

5. Are the explanations of the subject matter easy to understand?
   - Yes

6. Are the attached worksheets supplemental for the information included?
   - Yes
Workplace Wellness Manual Evaluation Survey

The contents of the manual includes information about:
- Cognitive Behavioural Therapy (CBT)
- Negative and positive thinking habits
- Different perspectives
- Critical incident stress
- Employee Assistance Program (EAP)
- Stress
- Brain and body reactions to stress
- Coping strategies for stress
- Trauma and the brain
- Post Traumatic Stress Disorder (PTSD)
- Coping with flashbacks
- Relaxation
- Mindfulness
- Sleep
- Imagery
- Substance misuse
- Positive mental health
- Self-care coping strategies
- Self-care assessments

1. Are there any areas of information that have not been included that would be beneficial to include for someone experiencing workplace stress, vicarious trauma, or PTSD? If so, what are these areas?
   - Include possibly a list of outside community agencies who could provide assistance and information in addition to services available through work

2. Are any of these topics irrelevant to include? If so, why?
   - No

3. Is the order of information presented in a logical manner?
   - Great idea to start with explanation of CBT – many folks don’t understand it. Example is great too. I want to use the parrot in class!
   - Perhaps more the explanation of STOPP before the section the reader sees it for the first time.

4. Is the presentation of the material visually pleasing?
   - Great use of visuals. The variety is wonderful too. Layout overall is interesting and easy to read.

5. Are the explanations of the subject matter easy to understand?
- I would suggest a “dumbed down” version of different perspectives section. It’s long and may be overly complex for the non-human studies related employee. Same with brain’s stress response section.

6. Are the attached worksheets supplemental for the information included?
   - Wonderful job! And thank you for creating this for us!
Workplace Wellness Manual Evaluation Survey

The contents of the manual includes information about:
- Cognitive Behavioural Therapy (CBT)
- Negative and positive thinking habits
- Different perspectives
- Critical incident stress
- Employee Assistance Program (EAP)
- Stress
- Brain and body reactions to stress
- Coping strategies for stress
- Trauma and the brain
- Post Traumatic Stress Disorder (PTSD)
- Coping with flashbacks
- Relaxation
- Mindfulness
- Sleep
- Imagery
- Substance misuse
- Positive mental health
- Self-care coping strategies
- Self-care assessments

1. Are there any areas of information that have not been included that would be beneficial to include for someone experiencing workplace stress, vicarious trauma, or PTSD? If so, what are these areas?
   - This is excellent – no obvious holes to my knowledge – in fact also had new ideas - mental crusher is great.

2. Are any of these topics irrelevant to include? If so, why?
   - Pg 31 and 33 – these pages are really similar

3. Is the order of information presented in a logical manner?
   - Pg 21 – brain stress response – page is a little busy or maybe just feels a little out of no where
   - Might fit more smoothly around pg 28… when there’s more explanation of trauma and the brain

4. Is the presentation of the material visually pleasing?
   - Amazing – love the little relevant pictures throughout
   - Agree with your thoughts of losing the black squares over a few diagrams
   - Pg 23 colour of vicious cycle of stress a little hard to read…but that’s just being picky!

5. Are the explanations of the subject matter easy to understand?
- Love the scenarios described i.e. through poisoned parrot, different perspectives, google earth/helicopter view
- Yes very straight forward.

6. Are the attached worksheets supplemental for the information included?
   - Pg 23 comments about “print off a blank cogs PDF” initially my comment was to provide more direction where to find blank copy…. But it’s on pg 36 (would maybe put these closer together?)
   - To consider poisoned parrot – pg 9… multiple issues with the “” throughout page
   - Really enjoyed reading through this Amanda – it’s great!! And several areas I’d be interested in, re-read… and/or sharing with others.
   - I think this is useful and relevant – and easy/straightforward to read! Great work!