

# WHY TALK ABOUT GRIEF?

- CHANGE HAPPENS!
- TO LIVE IS TO EXPERIENCE LOSS
- “LITTLE DEATHS”
- “CHANGE IS INEVITABLE – GROWTH IS OPTIONAL.”  
WALT DISNEY

# FACTS ABOUT GRIEF

Trying to ignore your pain or keep it from surfacing will only make it worse in the long run.

Feeling sad, frightened, or lonely is a normal reaction to loss. Showing your true feelings can help you and others deal with the grief.

Crying is a normal response to sadness, but its not the only one.

There is no right or wrong time frame for grieving.

# GRIEF... WHAT IS IT?

Grief is...

“deep or intense sorrow or distress, especially at the death of someone. It is something that causes keen distress or suffering as a response to a loss.”

# **GRIEF: A REACTION TO LOSS**

Grief is a continuing process with many changes.

Grief is a natural reaction.

Grief is a reaction to the experience of many kinds of losses, not just death alone.

# VARIOUS LOSSES

- Loss of a spouse through death or divorce
- Loss of a parent or child through death or divorce   Loss of a family member or friend
- Miscarriage or Abortion
- Loss of a beloved pet   Loss of a relationship

# VARIOUS LOSSES, CONTINUED

Loss of functioning through disability  
Loss of sense of identity

Loss of sense of security

Loss of childhood through abuse or  
neglect Loss of a job or financial  
stability

Loss of health

## *The Nature of Grief*

Grief is different for everyone.

Support systems will vary.

Resources are not always known or available.

Everyone has different coping styles.

There are gender differences related to grief.

Grief reflects cultural and religious differences.

Grief depends on what else is going on in a person's life.



# TYPES OF GRIEF

Anticipatory – experienced before the loss; associated with diagnosis, acute, chronic & terminal illnesses

Uncomplicated – often called “normal”; may include physical, emotional, cognitive, and behavioral responses to loss



# TYPES OF GRIEF, CONTINUED

- Disenfranchised - is a loss that cannot be openly acknowledged, socially validated, or publicly mourned. DG often include grief that is encountered when a loss is experienced, but can not be openly acknowledged or publicly shared (i.e. HIV clients, family of HIV patients and clients, mistresses/lovers, ex-spouses or partners, death from substance use/overdose, suicide, abortion, miscarriages, stillbirth, loss of a pet, chronic illness or disease, etc.).
- Complicated – often include chronic (grief that will not subside and continues over time), delayed (grief that are suppressed or postponed—avoiding the pain of the loss), exaggerated (grief that resorts to self-destructive behaviors), and masked grief (grief in which the individual is not aware that behaviors are interfering with normal functioning).

# WHEN GRIEF ISN'T HEALING

- Chronic grief
- Delayed grief reactions
- Avoiding grieving

# COMPLICATED GRIEF

Signs and symptoms of complicated grief may include:

Intense sorrow, pain and rumination over the loss of your loved one

Focus on little else but your loved one's death

Extreme focus on reminders of the loved one or excessive avoidance of reminders

Intense and persistent longing or pining for the deceased

Problems accepting the death

Numbness or detachment

Bitterness about your loss

Feeling that life holds no meaning or purpose

Lack of trust in others

Inability to enjoy life or think back on positive experiences with your loved one

# COMPLICATED GRIEF, CONTINUED

- Other signs and symptoms of complicated grief may include:
- Recurrent troubling thoughts about the death (e.g.: thinking over and over that someone could have done something different that would have prevented this death)
- Behaviors to try to block out the painful reality (leaving a room or possessions untouched, spending a lot of time daydreaming about being with the deceased person, protecting oneself from being reminded of them, trying to avoid people places or things that they used to do with the deceased person)
- Feelings like guilt or anger that are difficult to control

# COMPLICATED GRIEF CONTINUES WHEN SOMEONE...

- Has trouble carrying out normal routines
- Isolates from others and withdraws from social activities Is stuck
- Has health issues/health is jeopardized
- Experiences depression, deep sadness, guilt, or self-blame
- Believes they did something wrong or could have prevented the death Feels life isn't worth living without their loved one
- Wishes they had died along with their loved one

# RISK FACTORS OF COMPLICATED GRIEF

- Complicated grief occurs more often in females and with older age. Factors that may increase the risk of developing complicated grief include:
- Losing a loved one in a sudden or violent way/An unexpected or violent death, such as death from a car accident, or the murder or suicide of a loved one
- Death of a child
- Close or dependent relationship to the deceased person Social isolation or loss of a support system or friendships
- Individuals vulnerable to mood or anxiety disorder/Past history of depression, separation anxiety or post-traumatic stress disorder (PTSD) or other mental health disorders
- Traumatic childhood experiences, such as abuse or neglect
- Other major life stressors, such as major financial hardships, difficult relationships with
- parents growing up



# SUPPORT FOR COMPLICATED GRIEF

- Be present and available. Understand that the bereaved may feel abandoned and recognize that you could inadvertently contribute to these feelings.
- Take initiative in making contact. Don't expect reciprocity during acute grief. Try to understand that the bereaved person might not be able to meet expectations and demands during this time.
- Listen closely. Share knowledge and advice sensitively and honestly, if requested. Be willing to sit in silence, squeeze their hand or give them a hug.
- Encourage honest disclosure from the bereaved. Let the person know it's okay to cry and to feel scared or angry. Make it known that you won't judge them. Understand that a grieving person may feel the need to put up a front because they are worried that others can't deal with their emotions. Encourage the bereaved not to do this with you.

# SUPPORT FOR COMPLICATED GRIEF

- Provide help with problem solving in a spirit of partnership and not as an authority. Be honest when you are uncertain about what will be helpful; share this with the bereaved person in a respectful way.
- Let the bereaved person lean on you, especially in ways that are not so obvious.
- Be respectful of the mourning process and patient with its progress. Have faith in the bereaved person.
- Remember the deceased and talk about this person.
- Look for ways to promote positive feelings in the present and hope for the future. Don't feel discouraged by the natural sadness that infuses these feelings.

# SUPPORT FOR COMPLICATED GRIEF

- Show respect for the person's need for independence and solitude while making clear your strong commitment to being available and responsive.
- Let the bereaved know that you want to stay in touch for the long haul. Make it clear that you understand that there are days of the year that are especially difficult and that you want to help with those times.
- Be aware of your own feelings about what you want from the bereaved person that they can't give to you right now. Don't try to push these feelings away. Do try to find other ways to have your own needs met.
- Encourage the bereaved person to ask for help. Ask them what you can do and if they don't know, make suggestions. You might be able to help with errands, accompany them on a walk or drive them somewhere. You might just spend quiet time with the person.

# PHYSICAL RESPONSES TO GRIEF



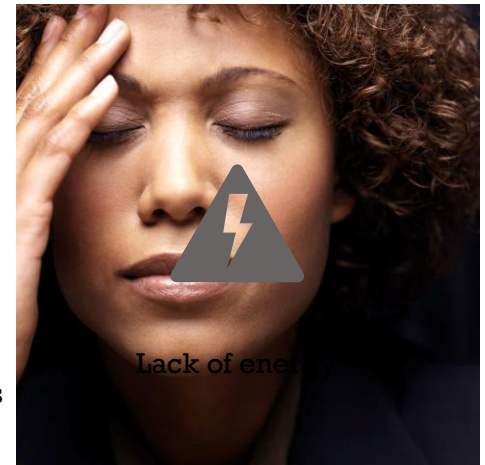
Tightness in throat or heaviness in the chest  
Empty feeling in the stomach; hollowness  
Loss of appetite/appetite change



Difficulty sleeping/sleep disturbances  
Crying at unexpected times



Change in mood (depression)  
Shortness of breath



Lack of energy

## *Cognitive Responses to Grief*

Confusion

Inability to concentrate

Preoccupation with thoughts and images of the deceased

Dreams of the deceased

Disbelief

Search for meaning in life and death



# BEHAVIORAL RESPONSES TO GRIEF

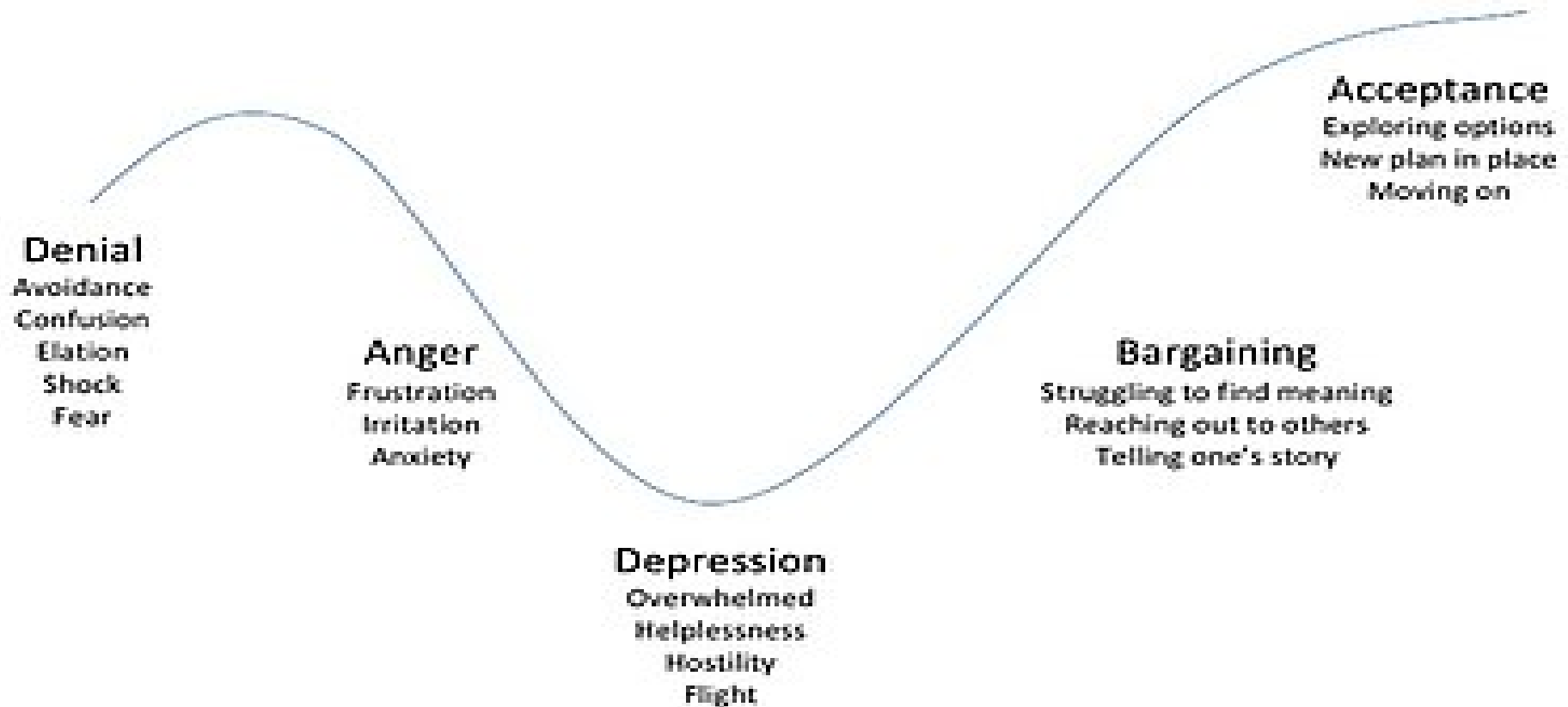
- Impaired work or school performance Crying
- Withdrawal
- Avoiding reminders of the deceased
- Seeking or carrying reminders of the deceased
- Over-reactivity
- Changed relationships
- Self-destructive behaviors (i.e. alcoholism, drug use, etc.)



# SPIRITUAL RESPONSES TO GRIEF

- Loss of faith in God Confusion about God Questioning God about the death/not understanding “why”
- Angry with God about the death Abandoning religious practices Not attending worship services
- Wondering about meaning and purpose.

# Kübler-Ross Grief Cycle



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Information and  
Communication

Emotional Support

Guidance and  
Direction

# FOUR TASKS OF MOURNING



To accept the reality of  
the loss



To work through &  
experience the pain of  
grief



To adjust to an  
environment in which  
the deceased is missing



To emotionally relocate  
the deceased and move  
on with life.

# WHAT CAN YOU SAY OR DO?

- “I am sorry for your loss”
- “I can’t imagine what you are going through” “I care”
- “I don’t know why”
- “I don’t know what to say, but I’ll be glad to listen” “What can I do to help?”
  - Give a hug or kiss
  - Hold the person’s hand
- OR      Be silent      Listen

# WARNING SIGNS THAT SOMEONE NEEDS HELP!

- No interest in regular activities Loss of capacity to love Physical distress
- Preoccupation with the image of the person Guilt
- Hostile reactions/Angry
- Withdrawal Hopelessness/Helplessness No will to live

# GRIEF WORK

- Grief therapy: goal is not about forgetting but remembering with less pain.
- Developing adaptive coping mechanisms.
- Finding meaning.



# HELPING SOMEONE WHO IS GRIEVING

- Listen
- Acknowledge the uniqueness of grief
- Offer practical help
- Make contact, write a personal note
- Be aware of holidays and anniversaries

# IF YOU ARE PROVIDING GRIEF SERVICES, PLEASE CONSIDER THESE GUIDELINES...

- Know when to use active listening (communicating empathy)  
Feeling comfortable with active listening comes with practice  
Don't give up too quickly
- Accept that active listening will feel artificial at first
- Try using other listening skills (i. e. door openers, no feedback)  
Avoid pushing or imposing active listening on others
- Don't expect people to accept your solution
- Listen to what is not being said

# GETTING SUPPORT WHEN YOU ARE GRIEVING

- Don't grieve alone
- Face your feelings
- Express your feelings in a tangible or creative way.
- Look after your physical health,
- Plan ahead for grief “triggers”.

# HELPING OTHERS THROUGH GRIEF

Assure the person that their feelings and emotions are normal

Allow person to cry

Be there: your presence

Initiate something to do (dinner, pick the person up, help with arrangements)

Listen attentively (esp. non-judgmentally)

Avoid clichés or quick answers

Be silent

Encourage people to express their feelings



# HELPING OTHERS THROUGH GRIEF

Anger may be a part of the grief

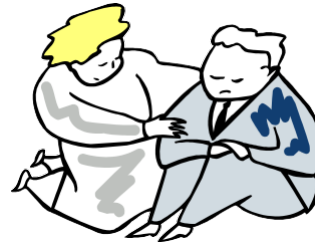
Do not ask questions about how the death happened

Offer opportunities for them to talk & remember

Allow people to grieve as long as needed/at their own pace

Help them find support, connect them to a grief counselor

Post-death syndrome (be aware of suicidal ideations, homicide, etc.)



# **SOME TECHNIQUES TO USE WITH CLIENTS...**

- Gestalt Technique/Empty Chair Journaling
- Writing letters to the deceased/Goodbye letters Homework Assignments
- Role Playing Bibliotherapy
- Rituals/Customs



## **WHEN WORKING WITH INDIVIDUALS WHO ARE GRIEVING, CONSIDER THIS: PATHWAYS TO SELF-CARE**

- Consider how you replenish your mind, body, heart, and spirit (How do you fill your emotional cup)?
- Access and nurture support (What are your sources of meaningful support)? Stay connected to meaning (What brings you joy as a helper)?
- Engage in reflective practice (How do you increase your self-awareness)?
- Be kind to yourself (In what ways are you kind and compassionate to yourself)?

# HELPING YOURSELF THROUGH GRIEF

- Accept your own grief  
Accept your feelings  
and learn about grief
- Find an outlet for your feelings/Express your grief through  
talking, journaling, etc.
- Focus on the grief and then pull back  
Find an outlet for your feelings
- Care for your whole being---body, soul, and spirit  
Draw on your resources (creativity, spirituality)

# HELPING YOURSELF THROUGH GRIEF

- Provide gentle self-care when grief is fresh Seek ongoing support
- Seek and accept ongoing support from others
- Manage the stress of change/adjust to those changes Embrace the memories
- Search for meaning
- Have fun and relax! Have HOPE

# WHEN IS GRIEVING OVER?

- When a person can think of what was lost without acute pain.
- When the tasks of mourning have been accomplished.
- When one can think of the what was lost without physical manifestations such as crying or feeling tightness in the chest.
- When one can reinvest his/her emotions into life and the living.
- When one can regain an interest in life, feel more hopeful, experience gratification again and adapt to new roles.
- Is there a time limit? 1 year? 4 seasons? 2 years? It depends...

# REMEMBER...

- “Grief is a normal and necessary process that is fundamentally a journey of the heart and soul.”

● ~Dr. Alan D. Wolfelt

# **SELF-CARE: 20 WAYS YOU CAN COPE WITH STRESS, ANXIETY, AND ISOLATION IN DIFFICULT TIMES**

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**June 17, 2020**

**Dr. Avis Garcia**



# WHY IS SELF-CARE IMPORTANT?

It's an essential part of mental health and wellness

It makes you more productive

It helps us cope with stress and gives us reserves for the hard times

It makes it easier to care for others

It builds resilience

If you don't care about yourself, who will?

# SOME REASONS THAT HELPERS DON'T GET HELP

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- We think we should not have problems
- It's easier to help others than to get help for ourselves
- We think we should know how to solve our problems
- We view our problems as signs of failure or inadequacy
- We intellectualize to distance ourselves from emotional impact
- We feel embarrassed to seek help from our peers
- We can sabotage our own treatment



# HOW IS THIS CRISIS DIFFERENT?

## Universality

We are all experiencing this together

We are experiencing the same thing our clients are

## Uncertainty

When will this end?

What will the world look like when this is over?



# HOW IS THIS CRISIS DIFFERENT?



## Grief

- Loss of freedom
- Loss of comfort
- Loss of normalcy
- Loss of safety
- Loss of connection - unable to grieve collectively
- Loss of physical touch

# HELPLESSNESS

## Resource Scarcity

### Being asked to do things counter to our training

- Unable to go to places we are used to feeling helpful
- New roles
- New responsibilities (e.g., keeping people isolated)

### Coping with the impact in our own lives



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# SLEEP AND COVID-19

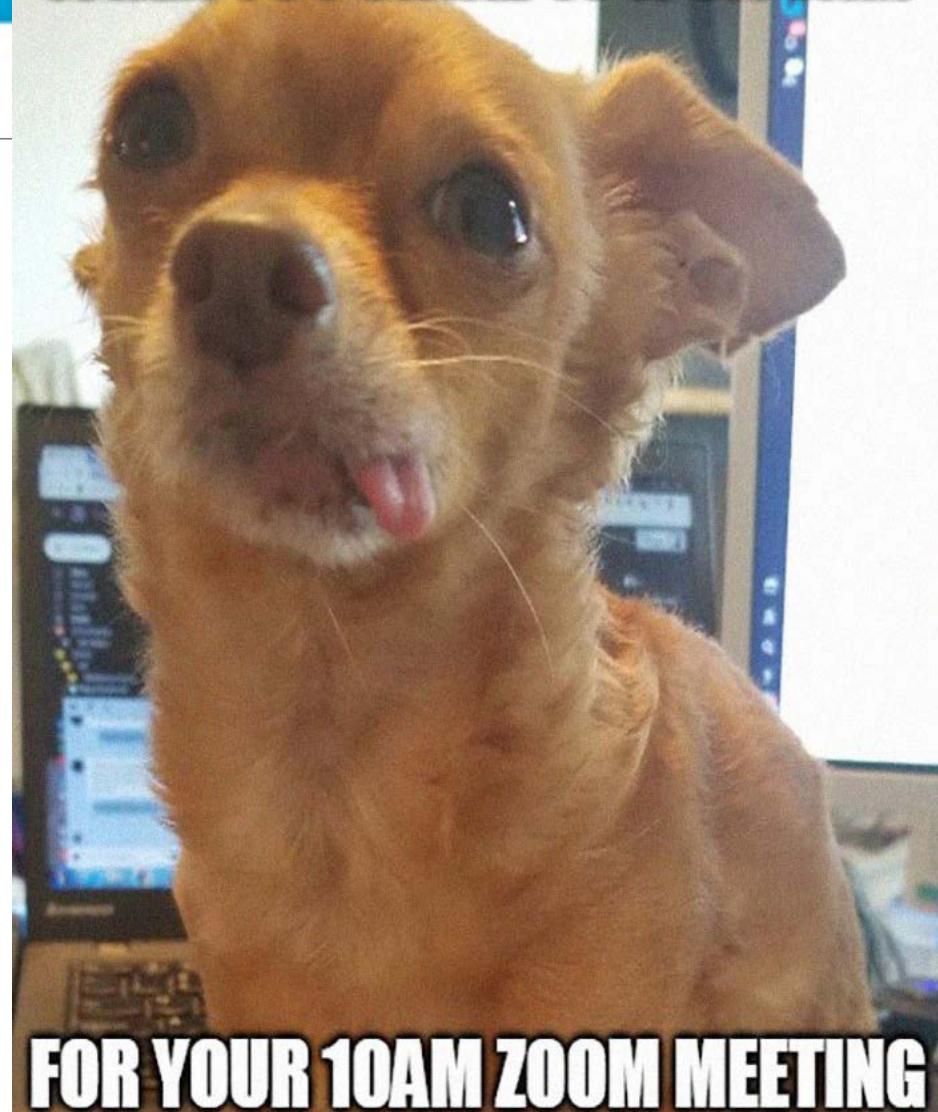
- Changes in dreams:
  - Bizarre
  - More vivid
  - Recurring
  - Better able to recall dreams
- Sleep
  - Parasomnia after REM
  - Broken sleep patterns



# VIRTUAL MEETING FATIGUE

- Zoom Fatigue
  - New slang term
  - Virtual interactions can be extremely hard on the brain
- Non-verbal cues are missing
  - Hand gestures and body language
  - Poor video quality affects facial expressions
- Continuous partial attention

**WHEN YOU WAKE UP AT 9:58AM**





# FLEXIBILITY AND RESILIENCE

A Personal Story





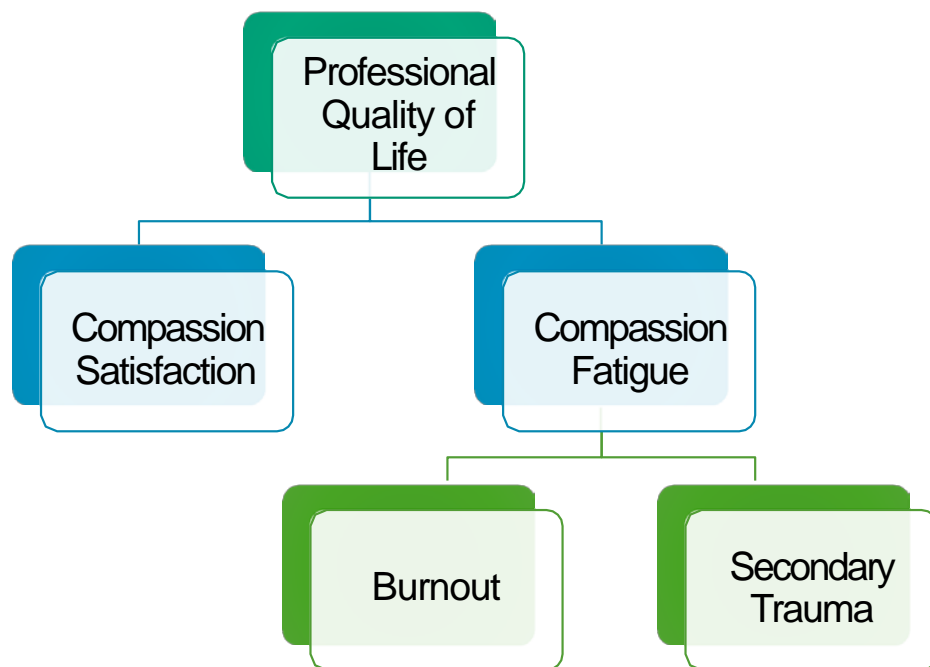
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# **ASSESS YOUR STRESS LEVEL**

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# PROFESSIONAL QUALITY OF LIFE SCALE



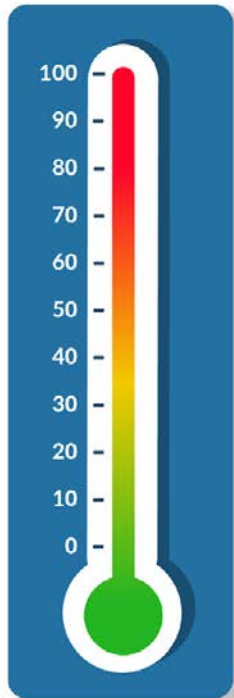
PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)				
COMPASSION SATISFACTION AND COMPASSION FATIGUE				
(PROQOL) VERSION 5 (2009)				
When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below 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 <u>last 30 days</u> .				
1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

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# SUBJECTIVE UNITS OF DISTRESS



- 100 Highest anxiety/distress that you have ever felt.
- 90 Extremely anxious/distressed.
- 80 Very anxious/distressed; can't concentrate. Physiological signs present.
- 70 Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60 Moderate-to-strong anxiety or distress.
- 50 Moderate anxiety/distress; uncomfortable, but can continue to function.
- 40 Mild-to-moderate anxiety or distress. ← Intervene here
- 30 Mild anxiety/distress; no interference with functioning.
- 20 Minimal anxiety/distress.
- 10 Alert and awake; concentrating well.
- 0 No distress; totally relaxed.

High Distress

Moderate Distress

Low Distress



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# **20 WAYS TO CARE FOR YOURSELF**

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# #1

## LIMIT EXPOSURE TO DISTRESSING CONTENT



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Watch no more than one hour of news daily

Watch less, read more

If you must watch, watch more pleasant things

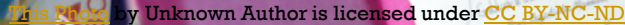
#2

## FOCUS ON WHAT YOU CAN CONTROL





# Start a Gratitude Journal



- Write 3 things you are grateful for every day for at least 21 days
- No repeats
- Good for the whole family!

#4

## ■ Limit Junk Food Intake

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■ Intake of  
Junk Food



■ Overall  
Feelings of  
Wellbeing

# FOCUS ON WHAT YOU CAN DO NOW

#5

What we have no control or  
influence over

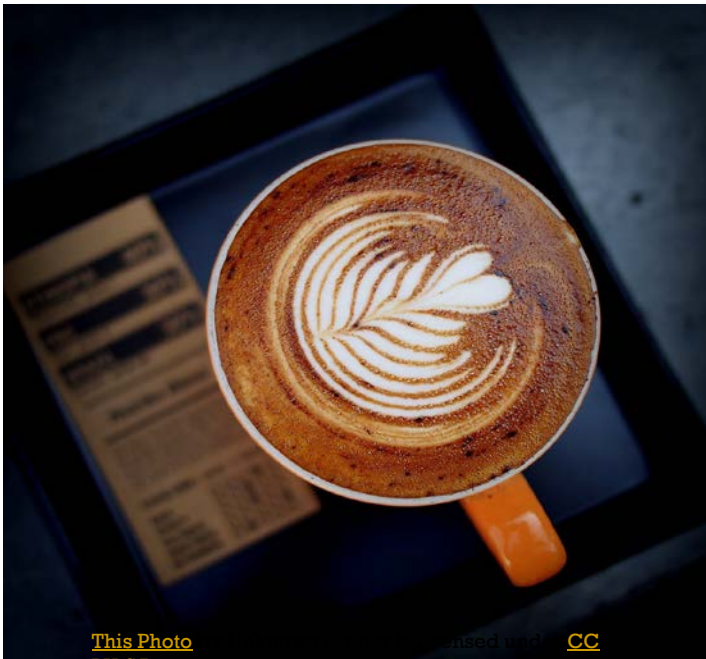
What we  
can influence

What we can control

Melissa Parks, PhD  
[www.intentionalexpatriat.com](http://www.intentionalexpatriat.com)

# #6

## Be Kind to Yourself



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Practice self-compassion

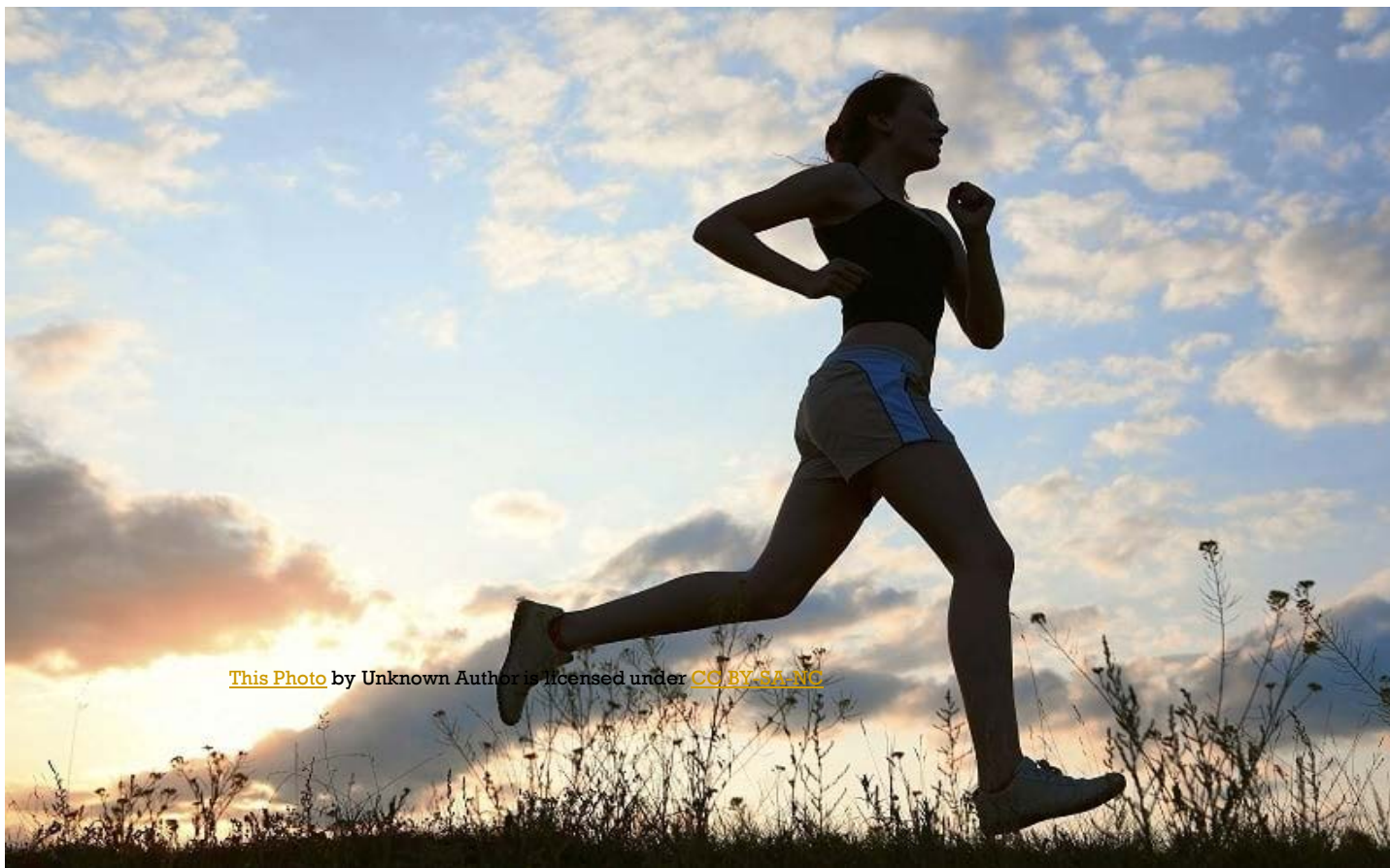
Immerse yourself in  
simple comforts

Remind yourself that  
you are doing the best  
that you can



# EXERCISE 3-4 HOURS A

## #7 WEEK



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# #8

## PRACTICE MINDFULNESS MEDITATION



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## THE BENEFITS OF MINDFULNESS

### Physical

- ✓ Boost energy levels
- ✓ Improves sleep
- ✓ Reduces chronic pain
- ✓ Improves heart function
- ✓ Helps with digestive problems

### Mental

- ✓ Relieves stress
- ✓ Reduces anxiety
- ✓ Improves mood and happiness
- ✓ Boosts concentration and focus
- ✓ Improves self-esteem

#9

# Plan at Least One Pleasant Activity Every Day

Hiking

Family Time

Books

Game Nights

Crafts

Dancing

Long Walks

Baking

Sunsets

Music

Drawing

Laughter



# #10

## Self-Soothe

### (Comforting Yourself through Your 5 Senses)

5 - things you can see

4 - things you can feel

3 - things you can hear

2 - things you can smell

1 - thing you can taste

[www.drSarahallen.com](http://www.drSarahallen.com)

**Touch** stuffed animal, stress ball, cozy blanket, stretch

**Hear** music, guided meditation, nature

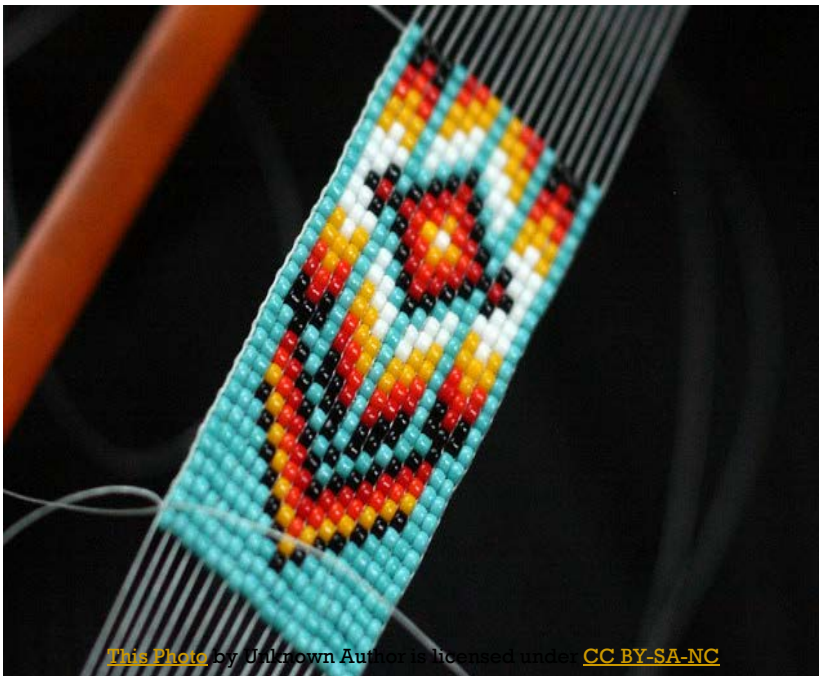
**See** snow globe, pictures, videos

**Taste** mints, tea, sour candy, chocolate

**Smell** lotion, candles, perfume

# #11

## ENGAGE IN A SOLO HOBBY



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Something that:

- isn't related to work
- doesn't involve another person

#12

GO OUTSIDE



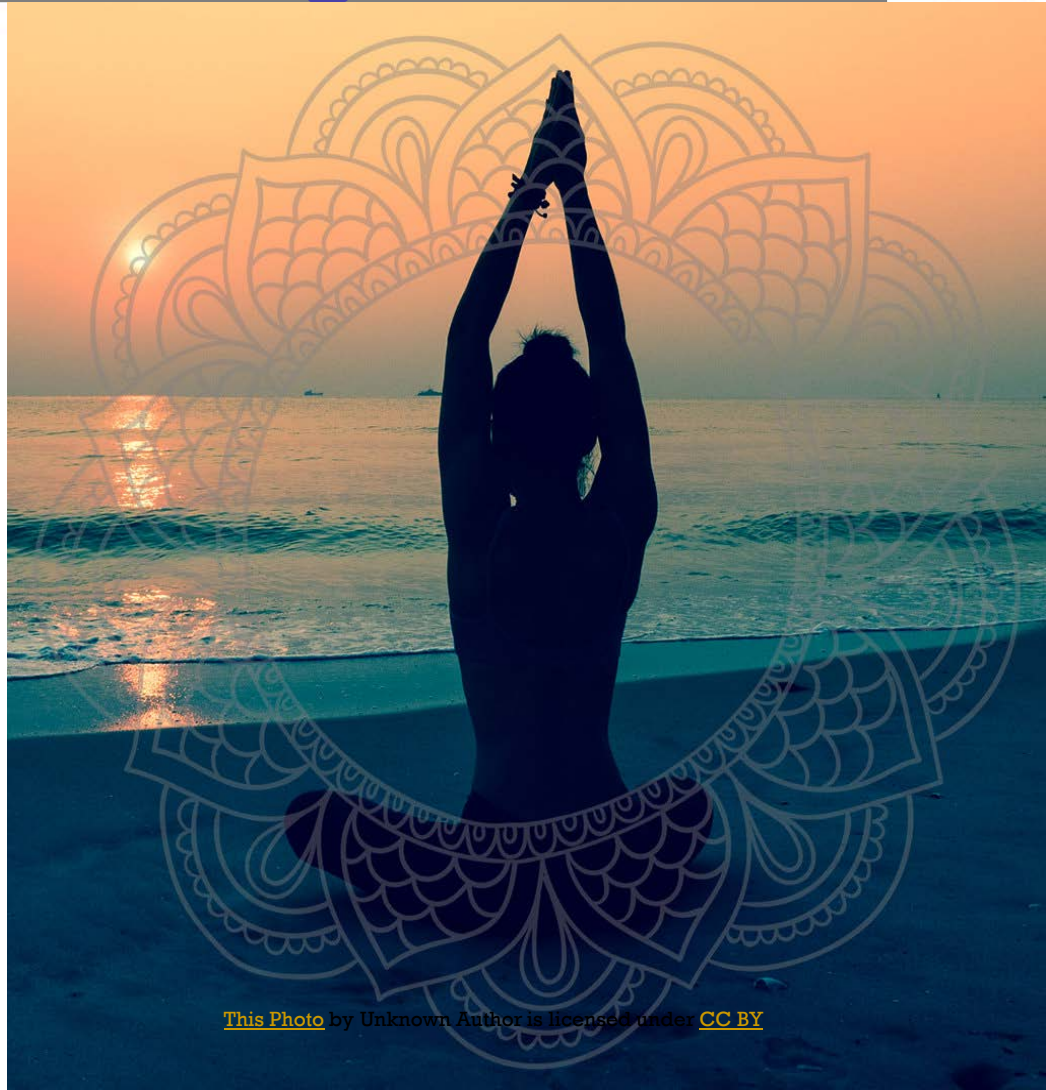


# #13

## Practice Yoga

### Mental Health Benefits:

- Decreases stress & anxiety
- Helps you focus
- Creates mindfulness
- Increases self-esteem
- Boosts confidence
- Increases awareness
- Encourages self-care
- Improves meditation
- Increases happiness
- Promotes wellbeing



# #14

## Everyone Needs ONE Person

in 100 words

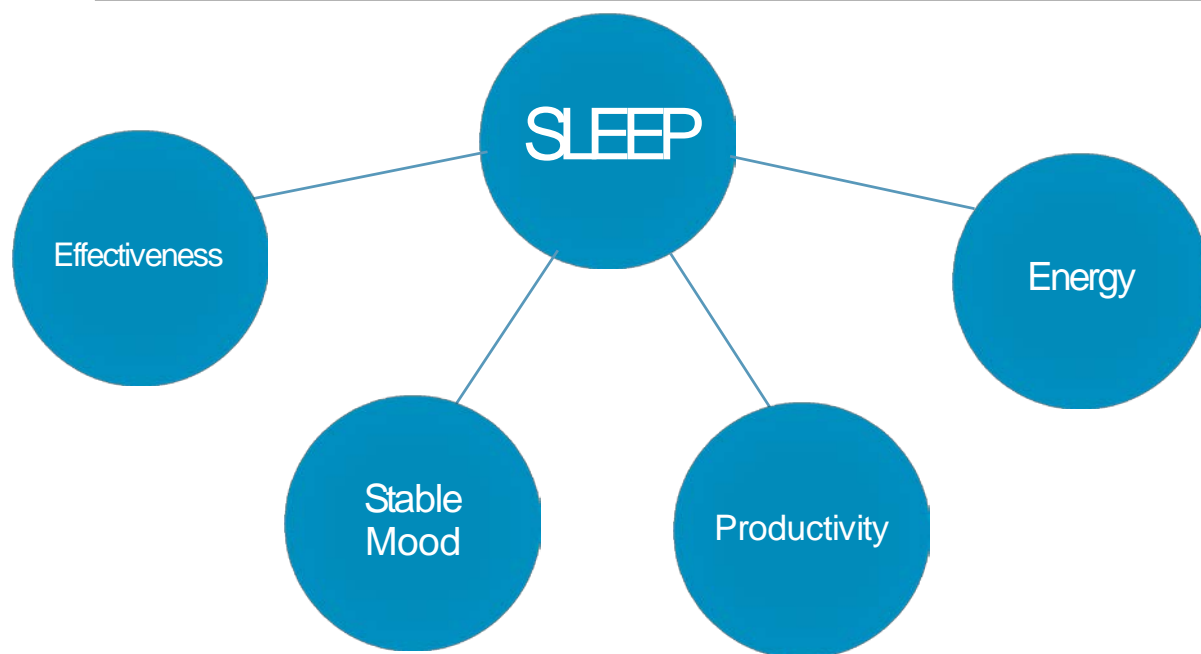


Family member  
Friend  
Minister  
Priest  
Rabbi  
Therapist  
Mentor  
Clinician



#15

## Sleep 6.5-7.5 Hours a Night



Follow good sleep hygiene practices

Allow adequate time for sleep

If these things don't work, seek help from a professional

# #16

## ASK YOURSELF TWO QUESTIONS:



1. What gives your life meaning?
2. What gives you joy?

DO MORE OF THOSE THINGS!!!

# #17

## Connect with Other People Daily

- Eat virtual meals with friends
- Have a social distance picnic
- Call friends and family
- Play games virtually
- Reconnect with someone you haven't talked with recently
- Watch movies simultaneously and text with friends
- Talk with your neighbors

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# #18 THINGS

## DO HOPEFUL



Connect with young children in your family

Plant a garden

Dream about the future

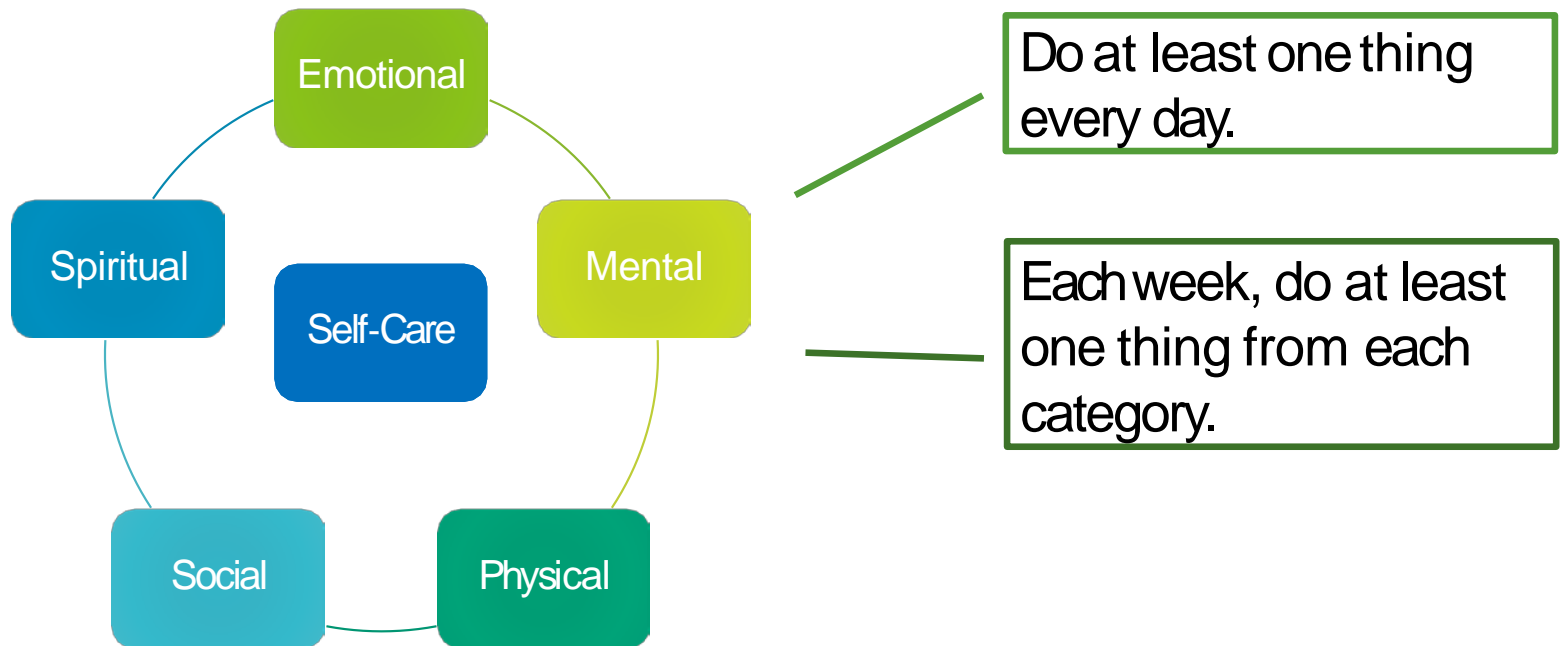
Plan a vacation

Watch a hopeful movie or read a hopeful book

Carry something that inspires you

# #19

## Develop a Self-Care Action Plan



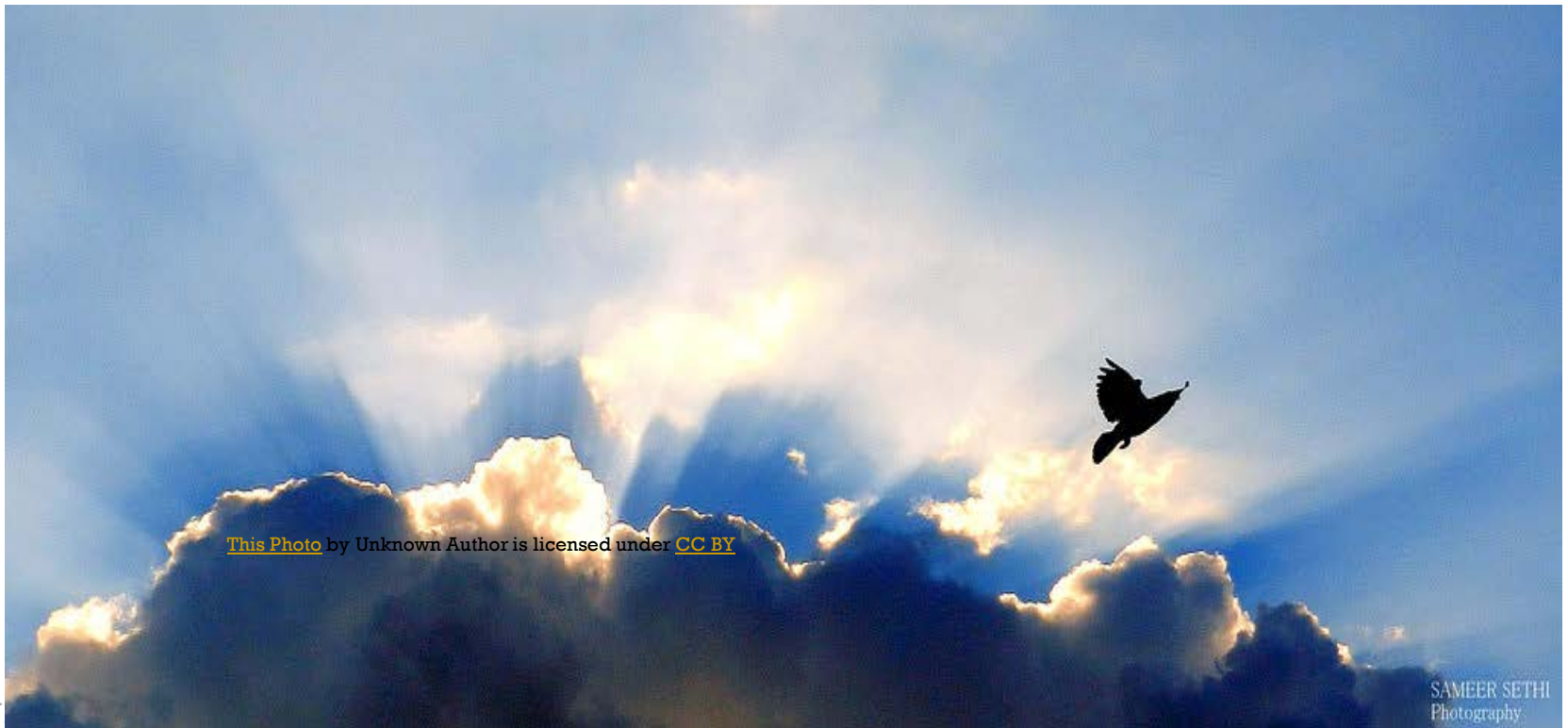


# #20

## Look for Silver Linings

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Find the good that's all around us...



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SAMEER SETHI  
Photography

# Stress Management

## Endings



We let go of something stable, known, dependable

## Neutral Zone



- We are fully in transition
- No orientation to the past or the future

## Beginnings

Plunge headlong into something unknown and unknowable; our own future.

# WHAT IS STRESS?



Stress is a natural and manageable part of life.



We react physically, mentally, and/or emotionally to various conditions, changes and demands of life.



The stress we experience is rooted in the “fight or flight” response.



Constant demands of work or personal life can lead to stress overload.



# WHAT IS EUSTRESS?

“Eustress” means stress with a positive effect. It was coined by psychologist

Richard Lazarus in 1974. How can stress be positive, you ask? Think of the emotional strain caused by these positive events:

- Winning a race
- Being a new parent
- Riding a rollercoaster
- Watching a scary movie
- Planning and preparing to go home for a holiday, moving to new job.

# CREATING A STRESS-REDUCING LIFESTYLE



Proper Nutrition



Exercising Regularly



Sleeping Well

# UNDERSTANDING THE TRIPLE A APPROACH

In this workshop, we will give you three main ways to approach stress. It is

important to remember that you have a choice! You can choose to:

- Alter the situation or your approach to it.
- Avoid the situation.
- Accept the situation.

Before we explore this approach, however, let's look at the foundation of a low-stress lifestyle.

# ALTER MY ATTITUDE

- The first A
- Identifying Appropriate Actions
- Creating Effective Actions

## **With Transition I MUST:**

- Give up something to get something. I gave up old familiar desktop. I will...
- Unlearn what I knew about familiar programs, and adjust to things that are very different. But I will...
- Temporarily give up my cushion of comfort, and I will ...

# AVOID THE STRESS THAT COMES WITH TRANSITION

Stress and anxiety are close companions that often trigger each other. Stress comes from that certain circumstances should not be happening.

Anxiety stems from the feeling that something should be happening, which is not. In both stress and anxiety, our inner experience is that we want to be somewhere other than where we are.

As we grieve for what we are letting go of...it's our birthright to transform our thinking to what serves us best and let go of what no longer serves us.

## **Adapting and Overcoming the Fear**

- Change your perspective
- Put the past behind you
- Have realistic expectations
- Mindfully adjust your attitude
- Get more information
- Be part of the change

**ACCEPT**

**Transition to  
Change**





# THE TRIPLE “A” APPROACH

## Alter

Help Attune our attitude regarding the Transition

## Avoid

”Stress Overload” by Acknowledging what raising our stress levels & Create the plan that keeps us from walking through the Entryway.

## Accept

The transition by using the coping skills and making the effort to change behavior.

## RECOGNIZING STRESS OVERLOAD

These are some of the questions you can ask yourself in order to identify your level of stress overload.

What are some possible signs of stress overload?

How has this isolation affected your normal routine/daily living?

Have you noticed a change in your physical or emotional well being?

What coping skills/techniques are you using in order to minimize your anxiety?

How are you able to maintain the isolation and social connection?

# USING ROUTINES TO REDUCE STRESS



Planning Meals



Organizing Chores



Using a To-Do List

# PHYSICAL SIGNS

---

Headaches, muscle tension, neck or back pain

---

Upset stomach

---

Dry mouth

---

Chest pains, rapid heartbeat

---

Difficulty falling or staying asleep

---

Fatigue

---

Loss of appetite or overeating “comfort foods”

---

Increased frequency of colds

# MORE SIGNS...

---

**Lack of concentration or focus**

---

**Memory problems or forgetfulness**

---

**Jitters**

---

**Irritability**

---

**Short temper**

---

**Anxiety**



# PHYSICAL RELAXATION TECHNIQUES

---

**Soothing Stretches**

---

**Deep Breathing**

---

**Tensing and Relaxing**

---

**Butterfly Hugs a/k/a Tapping**

---

**Meditation**

# **COPING WITH MAJOR EVENTS**

---

## **Establish a Support System**

---

## **Creating a Plan**

---

## **Knowing When to Seek Help**

# HEALTHY SLUMBER TIPS



Set a regular bedtime: aim for 7 to 8 hours for sleep



Switch off electronics 2 hours before bedtime



Plan your morning



Pamper yourself: chamomile tea, aromatherapy (lavender)



Stretch your body and get comfortable

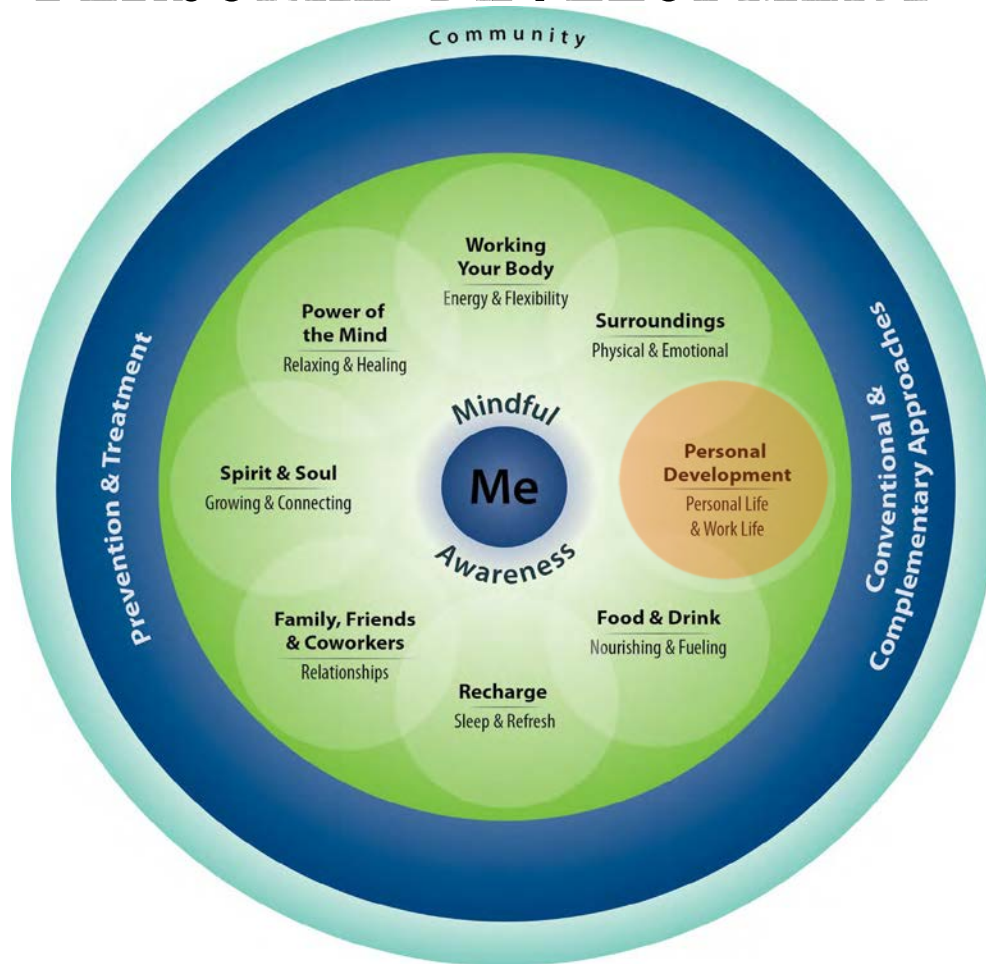


Journal your thoughts/ sleep diary – write down worries



Read a book

# SELF CARE: RESILIENCE IS LINKED TO PERSONAL DEVELOPMENT



Life isn't about finding yourself. It is about creating yourself.

-George Bernard Shaw

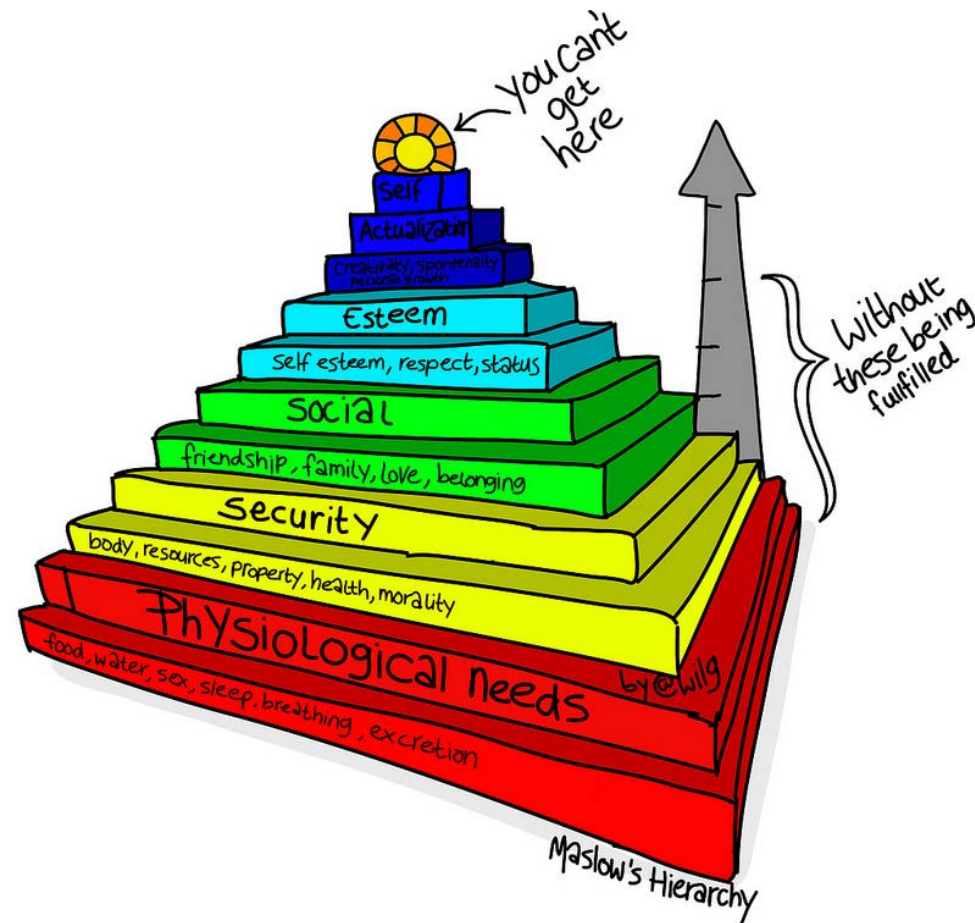
# PERSONAL DEVELOPMENT

A broad term encompassing:

- Awareness and identity
- Talents and potential
- Volunteering
- Positive emotions
- Lifelong learning
- Creativity, skills, hobbies
- Education
- Realization of dreams and aspirations



# MASLOW AND SELF-ACTUALIZATION



- Abraham Maslow
- “Hierarchy of needs” – need to meet more basic needs so you eventually meet others
- Not to say that people struggling in one area can't have a lot of successes in other areas
- Goal is to reach “self actualization”

# POSITIVE PSYCHOLOGY

Defined as those “conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions.”

It is concerned with positive human experiences, including:

- Gratitude
- Hope and optimism
- Values and meaning
- Forgiveness
- Positive relationships

Duckworth,

Ann Rev Clin Psychol, 2005;1:629-51.

# EMPLOYMENT

## Unemployment associated with:

- Chronic disease incidence
- Impaired mental health
- Increased risk of suicide
- Increased mortality



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dreams

# ENGAGING DREAMS FOR THE FUTURE

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# WONDER AND AMAZEMENT



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# CREATIVITY AND IMAGINATION



Logic will get you from A to Z;  
imagination will get you  
everywhere.

— Albert Einstein

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# EDUCATION

There is an inverse relationship between all-cause mortality and years of education.

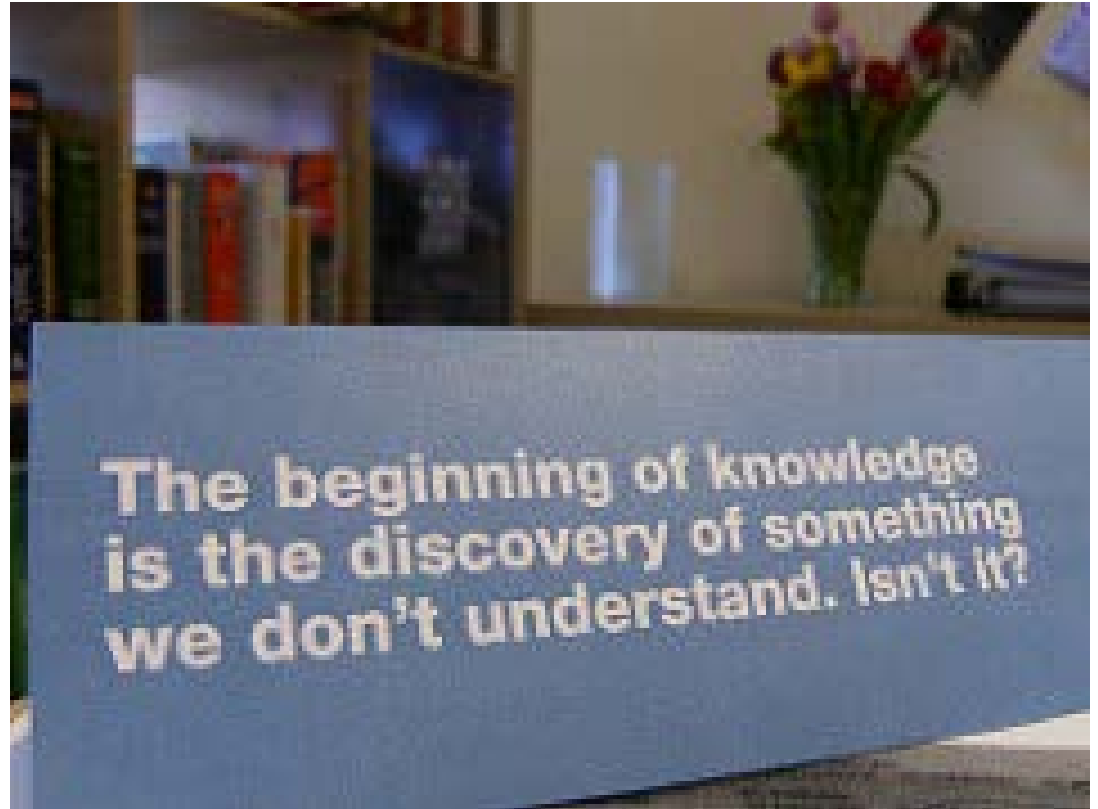


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# LEARNING — EXPANDING THE COMFORT



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# Gratitude

To be of benefit,  
it must be expressed.

**GRATITUDE**

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Benefits the volunteer  
and the recipient  
of the volunteering.

# VOLUNTEER



# ALTRUISM, RELATIONSHIPS & GIVING



## ■ Mother Teresa study

- Neutral movie of Mother Teresa helping others
- Watching act of compassion improved immunity

McClelland, Psychol Health, 1988  
2:31-52.

## ■ Tecumseh Study

- Followed 3,000 volunteers for 9-12 years
- Volunteers 2 ½ times less likely to die during study period

House, Science, 1988, 241:540-45.

# BURNOUT

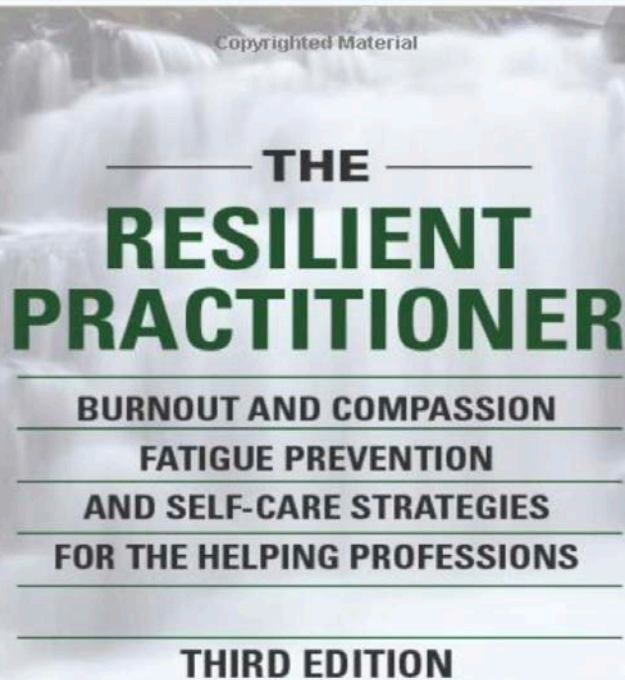


Photo: Foter.com





# INDICATORS OF CLINICIAN BURNOUT



Burnout effects half of physicians, and even more nurses.

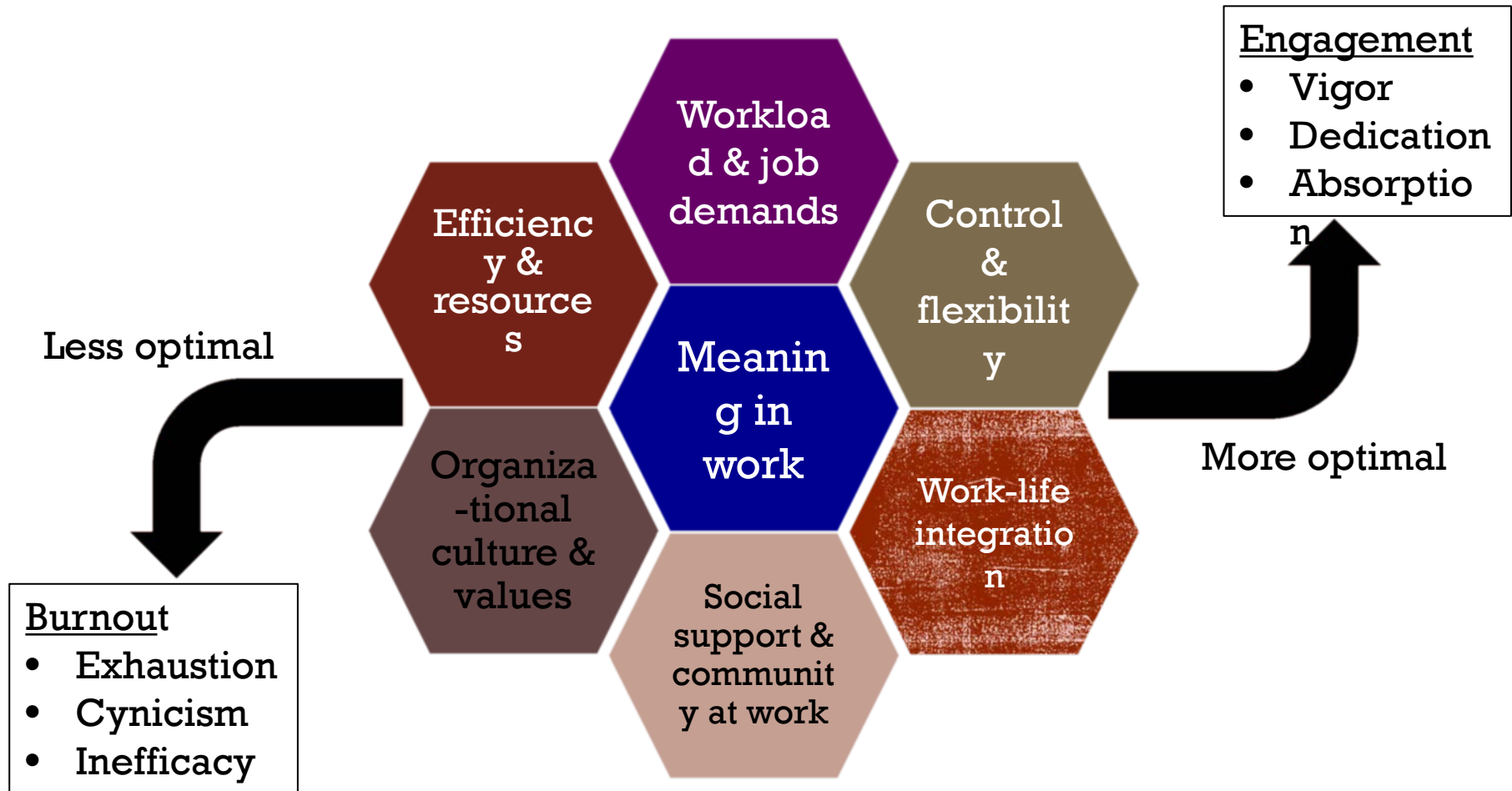
Key indicators of burnout include:  
(the shadow side of resilience)

1. Emotional exhaustion
2. Depersonalization & decreased empathy
3. Lack of personal accomplishment

# WHAT CONTRIBUTES TO BURNOUT?

1. Perfectionism
2. Lack of coping skills for stress
3. Personal bad habits (smoking, drug use)
4. Lack of control over office processes
5. Lack of control over schedule
6. Lack of time for self care
7. Difficult and complicated patients
8. Not enough time in the day
9. Excessive paperwork
10. Regret over chosen career
11. Poor relationships with colleagues

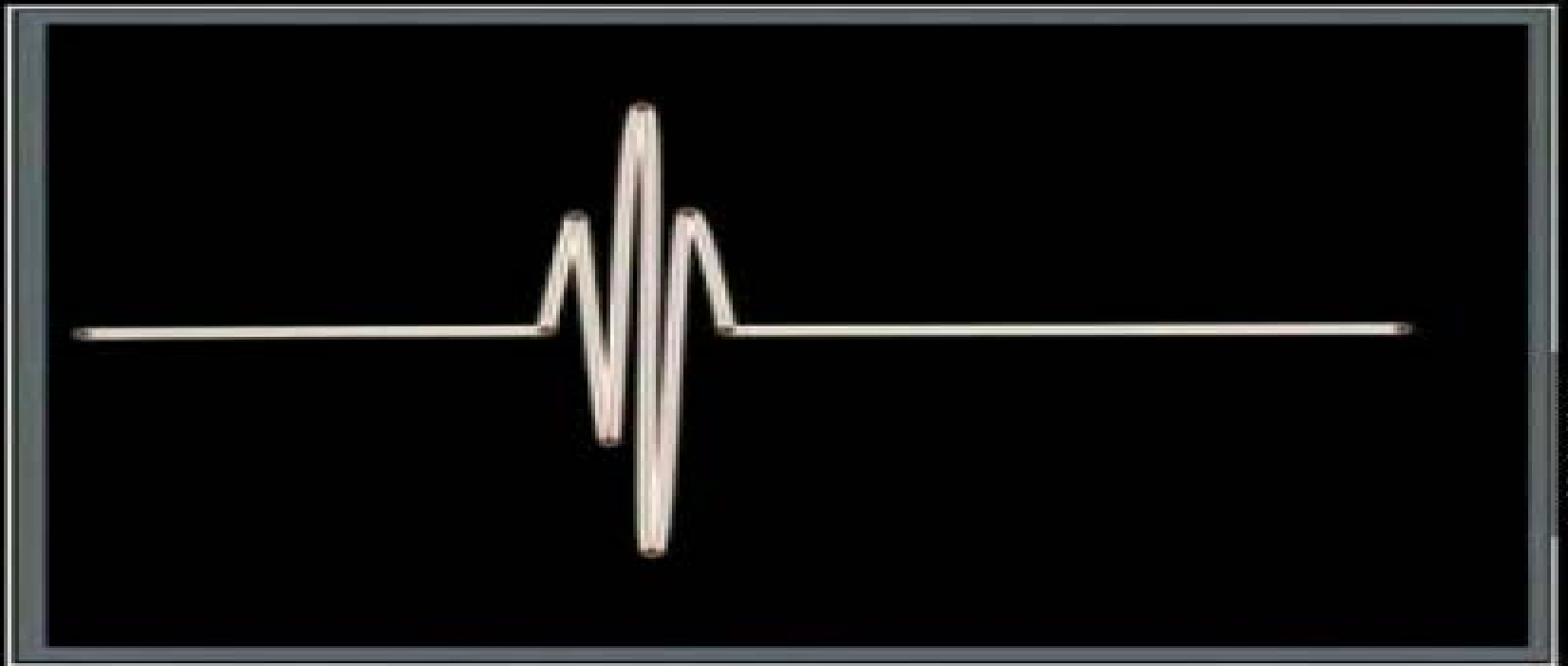
# KEY DRIVERS OF BURNOUT



# THE *QUADRUPLE* AIM

1. Improve the health of populations
2. Enhance the patient experience
3. Reduce cost
4. *Improve the work life of health care clinicians and staff*

# RESILIENCE

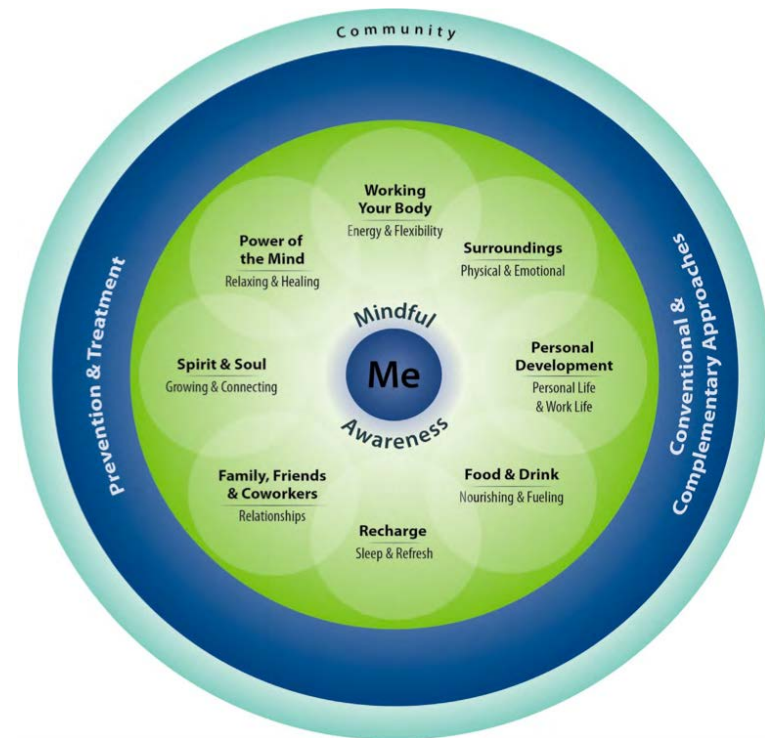


VIA 9GAG.COM

If there are no ups and downs in your life  
It means you are dead

# BURNOUT → RESILIENCE: WHAT HELPS?

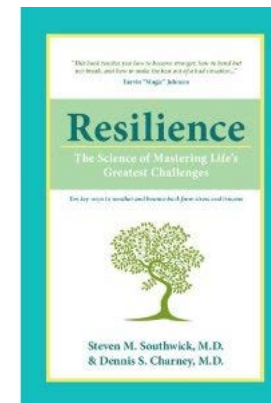
- Self-Care
- Meditation, relaxation, massage
- Support group for clinicians
- Talking about feelings
- Professional counseling
- Sense of control over one's schedule
- Time Management





# RESILIENCE CAN BE LEARNED!

1. Positive attitude
2. Cognitive flexibility
3. Moral compass
4. Role model
5. Face fears
6. Develop active coping skills
7. Social support
8. Physical well-being
9. Train regularly
10. Recognize and foster signature strengths



*Can also do a web search for  
"The Resilience Prescription"  
for a summary*

# INCREASED MENTAL RESILIENCE

Mindfully watch for these thought patterns and counter them with more helpful thoughts:

- All-or-nothing thinking (it's black or white)  
*Think the opposite thought and find the middle ground, develop flexible thinking*
- Personalizing blame (it's all my fault)  
*Remember that you choose how you respond*
- Selective perception (watching for the negative)  
*Seek out the positives in yourself and others*

# THE CIRCLE OF RESILIENCE



# SMALL GROUP DISCUSSION – AT YOUR TABLE

- Give each person a minute or two to share. Discuss one or more of the following:
  1. Think of someone who you admire for their resilience. What made you think of them?
  2. Describe a situation in your own life when you noticed strength and resilience. How? What helped you feel/be this way?
  3. How can you cultivate resilience in your life?
  4. Share an example of when a patient or colleague demonstrated strength and resilience. How did this impact their plan of care?
  5. How can you enhance resilience in your workplace?

# EXERCISE: YOUR OWN ASSESSMENT

- Complete the self-assessment
- [http://www.oprah.com/inspiration/turnout-quiz-assessment-test-fried-book\\_1](http://www.oprah.com/inspiration/turnout-quiz-assessment-test-fried-book_1)
- Take ~5 minutes
- You will be discussing the inventory throughout the rest of the course