TRAUMA

PRESENTED BY:
FRANCINE STARK
REBECCA SARGENT BROWN
Trauma

OBJECTIVES:

Upon completion of this module participant will be able to:

- Participants will be able to identify signs and symptoms of post traumatic stress and how symptoms may present across the lifespan.
- Participants will have a basic understanding of the physiological effects of experiencing complex/chronic trauma and how this can affect behavior.
- Participants will have basic strategies for responding to clients who may be experiencing post traumatic reactions and symptoms.
- Participants will learn how clients with trauma backgrounds can be triggered and emotionally overwhelmed, and learn basic strategies to help de-escalate clients.
- Participants will be able to identify signs of vicarious trauma and examine ways to address it within themselves.
Strategies for Helping Clients Who Have Been Affected By Violence and Trauma

Rebecca Sargent Brown, LMSW-cc
The Children’s Initiative
Community Counseling Center

Goals and Objectives

• Goal: To increase knowledge and understanding of how violence and trauma affects clients and obtain strategies for responding to clients with histories of trauma.

  – Objectives:
    • Participants will be able to identify signs and symptoms of post traumatic stress and how symptoms may present across the lifespan.
    • Participants will have a basic understanding of the physiological effects of experiencing complex/chronic trauma and how this can affect behavior.
    • Participants will have basic strategies for responding to clients who may be experiencing post traumatic reactions and symptoms.
    • Participants will learn how clients with trauma backgrounds can be triggered and emotionally overwhelmed, and learn basic strategies to help de-escalate clients.
    • Participants will be able to identify signs of vicarious trauma and examine ways to address it within themselves.

Core Messages Related to Trauma

• Self Care
• Resiliency
• Coping and Strength
• Support and Supervision
What is Violence?

- A form of abuse including emotional, financial, psychological, physical, and sexual.
  - Domestic violence
  - Community violence
  - School/Workplace violence


What is Trauma?

- “An overwhelming demand placed upon the physiological human system that results in a profound sense of vulnerability and/or loss of control.” -Robert Macy, The Trauma Center- Boston
- An event when an individual experiences (subjectively) a threat to life, bodily integrity, or sanity. - Risking Connections, 1999
- An event that overwhelms a person’s ability to cope. -Risking Connections, 1999

Trauma usually involves...

- An overwhelming experience.
- A threat to our physical and/or mental wellbeing.
- A sense of vulnerability or a loss of control.
- A feeling of helplessness and/or fearfulness.
- Impact on relationships and belief systems.

Types of Trauma

• Simple/Acute: a one time event or single incident of trauma that can lead to an extreme stress response that inhibits a person’s ability to cope.

• Chronic/Complex: describes the impact of a person’s exposure to multiple or prolonged traumatic events at critical developmental stages.
  – Typically, complex trauma occurs within the primary care-giving system. These types of exposures can have immediate and long term effects on a person’s well being and can significantly impact neurobiological and psychosocial development.

Examples of Traumatic Events

• Car accidents or other accidents
• Natural Disasters
• Medical procedures
• Bullying
• War/Terrorism
• Refugee/Resettlement Trauma
• Dating/Domestic violence
• The unexpected death of a loved one
• Prolonged illness or death of a loved one
• Physical violence
• Sexual violence/abuse
• Neglect

The Scope of the Problem: Some Facts and Figures

• Research suggests that approximately 25% of American children will experience at least one traumatic event by the age of 16 (National Child Traumatic Stress Network, 2008).

• Lifetime prevalence of PTSD is estimated at 8% (with an additional 5-15% experiencing sub-clinical forms) (Kaplan & Saddock, 2003).

• 2/3 of adults with PTSD have at least two other mental health disorders. Co-morbid disorders make individuals more vulnerable to developing PTSD following a traumatic event (Kaplan & Saddock, 2003).
Post Traumatic Stress Disorder

- The person has been exposed to a traumatic event.
  - Re-experiencing
    - Distressing memories or dreams
    - Feeling as if the event were recurring
    - Intense distress at reminders
  - Avoidance
    - Efforts to avoid reminders
    - Detachment or estrangement from others
    - Restricted affect
  - Increased arousal
    - Sleep difficulties
    - Irritability or anger
    - Hypervigilance


The Biology of Exposure to Violence and Trauma

- Experiencing trauma, especially complex or early trauma, can affect neurobiological development in a variety of ways.
- Experiencing childhood trauma can impact developing neural systems and brain structures such as the...
  - Hypothalamus/Pituitary/Adrenal Axis (HPA)
  - Hippocampus
  - Amygdala
  - Prefrontal Cortex

Brain Structures and Functions

- HPA: physiological regulation (appetite, sleep, emotions)
- Amygdala: emotion regulation
- Hippocampus: forms and stores memories and is involved in learning
- Pre-frontal cortex: Reasoning, planning, judgment, impulse control, problem solving, emotion regulation
Trauma and Threat Response

- The brain has difficulty relaxing and is more sensitive to both real and perceived threats.
- The brain is always on alert and its ability to distinguish between real or perceived threats is limited.
- When triggered by a trauma reminder or threat, the “thinking brain” shuts down and the “doing brain” takes over.

Source: Kinniburgh and Blaustein, 2005.

The Window of Tolerance

- Hyperarousal: Increased sensation, emotional reactivity, hypervigilance, intrusive imagery, disorganized cognitive processing, physical survival systems activated
- Hypoarousal: Relative absence of sensation, numbing of emotions, disabled cognitive processing, reduced physical movement, physical systems slow/shut down


Understanding Triggers and Internal Stimuli

- You can’t avoid these, but you can be aware and sensitive to individual cues.
  - Touch
  - Isolation
  - Tone of voice
  - Being asked or told to do something
  - Anniversaries and Trauma Reminders
The Effects of Exposure to Trauma

- Childhood traumatic experiences, including exposure to violence, often impacts fundamental psycho-social development including:
  - Attachment
  - Emotion regulation
  - Impulse control
  - Integration of self
  - Socialization

Common Reactions in Infants and Preschoolers

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to understand the situation</td>
<td>Feeling of helplessness</td>
<td>Trouble sleeping</td>
<td></td>
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<tr>
<td>Self-blame</td>
<td>General fear</td>
<td>Trouble eating</td>
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<tr>
<td>Loss of some speech skills</td>
<td>Difficulties describing the event with words</td>
<td>Aggression</td>
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<tr>
<td></td>
<td>Sadness, worry, fear/anxiety</td>
<td>Yelling, irritability</td>
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<tr>
<td></td>
<td>Attachment needs not met</td>
<td>Being fussy</td>
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<td></td>
<td></td>
<td>Loss of previous toilet training</td>
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Common Reactions in School Age Children

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
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</thead>
<tbody>
<tr>
<td>Self-blame</td>
<td>Poor peer relationships</td>
<td>Nightmares</td>
<td></td>
</tr>
<tr>
<td>Distracted, inattentive</td>
<td>Poor academic performance</td>
<td>Aggression</td>
<td></td>
</tr>
<tr>
<td>Poor academic performance</td>
<td>Pro-violent attitude</td>
<td>Physical complaints</td>
<td></td>
</tr>
<tr>
<td>Poor memory</td>
<td>Decrease IQ</td>
<td>Disobedience</td>
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<tr>
<td>Decrease IQ</td>
<td>Poor memory</td>
<td>Regressive behaviors</td>
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<tr>
<td>Poor memory</td>
<td>Poor memory</td>
<td>Reckless behavior</td>
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<tr>
<td></td>
<td></td>
<td>Protective behavior</td>
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<td></td>
<td></td>
<td>Low self-esteem</td>
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<td></td>
<td></td>
<td>Persistent concern over safety</td>
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<tr>
<td></td>
<td></td>
<td>Fear/Anxiety</td>
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<td></td>
<td></td>
<td>PTSD</td>
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<td></td>
<td></td>
<td>Numbing</td>
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<tr>
<td></td>
<td></td>
<td>Shame</td>
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<tr>
<td></td>
<td></td>
<td>Loss of self-esteem</td>
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<td></td>
<td></td>
<td>Fear of being labeled “abnormal”</td>
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Common Reactions in Adolescents

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defensive</td>
<td>Dating violence</td>
<td>Feeling of helplessness</td>
<td>Substance use</td>
</tr>
<tr>
<td>Short attention</td>
<td>(victim or offender)</td>
<td>Rage/Shame</td>
<td>Alcohol use</td>
</tr>
<tr>
<td>span</td>
<td>Increased risk of pregnancy</td>
<td>Numb</td>
<td>Early Sexual Activity</td>
</tr>
<tr>
<td>Pro-violent</td>
<td>Withdrawal from</td>
<td>Depression</td>
<td>Self-Harming Behavior</td>
</tr>
<tr>
<td>attitude</td>
<td>family and friends</td>
<td>Anxiety</td>
<td>Running Away</td>
</tr>
<tr>
<td>Poor academic</td>
<td>-Less empathy for others</td>
<td>PTSD</td>
<td>Aggression</td>
</tr>
<tr>
<td>performance</td>
<td></td>
<td>General fear</td>
<td>Truancy</td>
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<tr>
<td>Fantasy of</td>
<td></td>
<td>Suicidal Thoughts and/or</td>
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<td>retribution or</td>
<td></td>
<td>Attempts</td>
<td></td>
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<tr>
<td>revenge</td>
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<tr>
<td>Poor memory</td>
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Common Reactions in Adults

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short attention</td>
<td>Dating violence</td>
<td>Grief/denial</td>
<td>Substance use/abuse</td>
</tr>
<tr>
<td>span</td>
<td>(victim or offender)</td>
<td>Feelings of detachment</td>
<td>Risky sexual activity</td>
</tr>
<tr>
<td>Difficulty</td>
<td>Increased risk of pregnancy</td>
<td>Emotional grief</td>
<td>Self-Harming Behavior</td>
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<tr>
<td>concentrating</td>
<td>Withdrawal from</td>
<td>swelling</td>
<td>Eating Disorders</td>
</tr>
<tr>
<td>Poor academic/work</td>
<td>family and friends</td>
<td></td>
<td>Social Withdrawal</td>
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<tr>
<td>performance</td>
<td>-Less empathy for others</td>
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<tr>
<td>Nightmares</td>
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<tr>
<td>Distressing</td>
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<tr>
<td>thoughts</td>
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<td></td>
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<tr>
<td>Poor memory</td>
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<tr>
<td>Flashbacks</td>
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Cultural Note

- While the physical and psychological effects of exposure to violence are common to the human experience, different cultural groups define and respond to violence and trauma differently.

- Always take direction from the individual when trying to determine his/her definition and the meaning of the experience.
Interacting with Individuals Experiencing Traumatic Stress

• Social support is a key mediating factor in determining adaptation to victimization.
  – Believe and validate the individual’s experience.
  – Tolerate the individual’s affect.
  – Manage your own emotional response.
  – Encourage Self-Regulation

LOW and SLOW

• To be used when an individual is in distress or escalating. Helps to avoid power struggles and helps the individual return to a less aroused or activated state. It helps us remain calm and in control of our own emotions.

LOW
  – Lower the volume and pitch of your voice.
  – Keep a matter of fact tone regardless of the situation.
  – Speak in short sentences without a lot of questions.
  – Don’t preach—this is about talking with the person, not at the person.

SLOW
  – Slow your self down by slowing down your heart rate. Take slow, deep breaths.
  – Slow down your rate of speech and make sure to pause between sentences.
  – Slow down your body movements.
  – Slow down your agenda and take your time.

Emphasis on Safety

- **Objective:**
  - Clients understand your role in keeping them safe and that they are not alone in their experience.

- **Strategies:**
  - Clarifying your role with the client.
  - Establish yourself as a safe individual.
  - Talk about safety and what steps you will take to help the client be safe.
  - Connect the client to the appropriate resources/people.
  - Message: You are not alone.

When talking to children...

- Talk to children about safety and do everything you can to make their environment and interactions with you safe.
- Reassure children that they are not responsible.
- Keep a routine.
- Let children express their emotions (verbally and through play), but don’t force them to talk if they’re not ready.
- Make simple statements to be reassuring.
- Give children extra comfort and support.
- Be patient.

When talking to parents...

- Ask about children; do not accept that they were unaware of the situation.
- Express concern for children. This helps parents think about them too.
- Provide parents with information about safety and legal issues so children can remain safely in non-abusing parent’s care.
- Know your resources.
- Mandated reporting.
When talking to adults...

• Be reassuring- give hope.
• Identify strengths and coping resources.
• Be aware of your own judgments, thoughts, and feelings about the situation.
• Be clear about roles- professional and paraprofessional.

How to support adults...

• Connect the individual and affected family members with Advocacy Agency and Resources.
• Connect the individual and affected family members to qualified mental health professionals
• Be patient.
• Be supportive

When to seek additional help...

• The person doesn’t seem like him/herself or is acting different than usual.
• The person’s reaction to stress is interfering with their ability to go to school, work, interact with friends, sleep through the night, or eat.
• The person’s behaviors are becoming more risky and less predictable.
• The person may seem sad, depressed, hopeless, or withdrawn from activities they used to love.
• The person begins talking about death or dying and/or the child is engaging in self injurious behaviors.
PTSD Treatment

- CBT (Cognitive Behavioral Therapy)
- EMDR (Eye Movement Desensitization and Reprocessing)
- DBT (Dialectical Behavioral Therapy)
- Medication: Anti-anxiety, anti-depressants, adrenergic


Choosing a Provider…

- What is your formal training?
- What specific training have you had in the area of trauma?
- What is your treatment philosophy and approach (methods, evidenced based)?
- How will we know when we are finished?

Secondary Traumatic Stress

“There is a cost to caring.”

- Sometimes the vivid recounting of trauma by a trauma survivor causes trauma reactions in the helping person. The person is exposed indirectly to the trauma through hearing about the firsthand trauma experience of others. This is referred to as secondary traumatic stress (SES), “compassion fatigue,” or vicarious trauma.
Signs of STS

- Increased irritability or impatience with clients.
- Intense feelings and intrusive thoughts about the client’s trauma (including nightmares).
- Changes in how you experience yourself or others.
- Persistent anger or sadness.
- Increased fatigue or illness.
- Disconnection from co-workers and/or loved ones.

Practice Self-Care

- Be aware of the signs.
- Don’t go at it alone.
- Recognize STS as an occupational hazard, not as a sign of weakness or incompetence. Use supervision and co-workers.
- Seek help with your own traumas.
- If you see signs, talk to a professional.
- Attend to self-care - find that work/life balance.
- Identify and use coping strategies.

Next Steps

- Use a “trauma lens” when interacting with your clients.
- Consider how to integrate this information into your work and interactions with clients.
- Refer clients to appropriate services when needed.
- Take care of yourself.
Questions???

• Trauma is complex and trying to understand its complexities can be challenging.
• You are an expert on the clients you know and interact with. Trust your instincts.
• Don’t be afraid to ask for help.
• Seek supervision.

Resources

• The Trauma Center:
  www.traumacenter.org
• National Center for PTSD:
  www.ptsd.va.gov
• www.hprt-cambridge.org (refugee trauma information)

Contact Us

Rebecca Sargent Brown LMSW-cc
Community Counseling Center
www.commcc.org
207-874-1030
brownr11@commcc.org
Compassion Fatigue
There is a cost to caring. Sometimes the vivid recounting of trauma by a trauma survivor causes trauma reactions in the helping person. The person is exposed indirectly to the trauma through hearing about the firsthand trauma experience of others. This is referred to as secondary traumatic stress, “compassion fatigue,” or vicarious trauma. Compassion fatigue is often experienced in combination with compassion satisfaction.

Signs of Compassion Fatigue
- Increased irritability or impatience with clients
- Intense feelings and intrusive thoughts about the client’s trauma (including nightmares)
- Changes in how you experience yourself or others
- Persistent anger or sadness
- Increased fatigue or illness
- Disconnection from colleagues and/or loved ones

Practice Self-Care
- Be aware of the signs
- Don’t go at it alone
- Recognize compassion fatigue as an occupational hazard, not as a sign of weakness or incompetence. Use team leader/manager and colleagues for support
- Seek help with your own traumas
- If you see signs, talk to a professional
- Attend to self-care - find work/life balance
- Identify and use coping strategies

Resilience
Resilience is the ability to rebound from stressful incidents and develop immunity to the negative reactions associated with these incidents. It is the positive capacity to cope and build cumulative protective factors (psychological body armor- G. Everly).

- Adapt and be resourceful
- Utilize support system
- Have compassion without detachment
- Have a conviction of one’s right to survive
- Able to invoke and remember images of good
- Capable of being in touch with affect during difficult situations
COMMON RESPONSES TO TRAUMA – AND COPING STRATEGIES

After a trauma, people may go through a wide range of normal responses. Such reactions may be experienced not only by people who experienced the trauma first-hand, but by those who have witnessed or heard about the trauma, or been involved with those immediately affected. Many reactions can be triggered by persons, places, or things associated with the trauma. Some reactions may appear totally unrelated.

Here is a list of common physical and emotional reactions to trauma, as well as a list of helpful coping strategies. These are NORMAL reactions to ABNORMAL events.

PHYSICAL REACTIONS

- aches and pains like headaches, backaches, stomach aches
- sudden sweating and/or heart palpitations (fluttering)
- changes in sleep patterns, appetite, interest in sex
- constipation or diarrhea
- easily startled by noises or unexpected touch
- more susceptible to colds and illnesses
- increased use of alcohol or drugs and/or overeating

EMOTIONAL REACTIONS

- shock and disbelief
- fear and/or anxiety
- grief, disorientation, denial
- hyper-alertness or hypervigilance
- irritability, restlessness, outbursts of anger or rage
- emotional swings – like crying and then laughing
- worrying or ruminating – intrusive thoughts of the trauma
- nightmares
- flashbacks – feeling like the trauma is happening now
- feelings of helplessness, panic, feeling out of control
- increased need to control everyday experiences
- minimizing the experience
- attempts to avoid anything associated with trauma
- tendency to isolate oneself
- feelings of detachment
- concern over burdening others with problems
- emotional numbing or restricted range of feelings
- difficulty trusting and/or feelings of betrayal
- difficulty concentrating or remembering
- feelings of self-blame and/or survivor guilt
- shame
- diminished interest in everyday activities or depression
- unpleasant past memories resurfacing
- loss of a sense of order or fairness in the world; expectation of doom and fear of the future
HELPFUL COPING STRATEGIES

- mobilize a support system – reach out and connect with others, especially those who may have shared the stressful event
- talk about the traumatic experience with empathic listeners
- cry
- hard exercise like jogging, aerobics, bicycling, walking
- relaxation exercise like yoga, stretching, massage; listening to relaxing guided imagery;
- progressive deep muscle relaxation
- humor
- prayer and/or meditation
- hot baths
- music and art
- maintain balanced diet and sleep cycle as much as possible
- avoid over-using stimulants like caffeine, sugar, or nicotine
- commitment to something personally meaningful and important every day
- hug those you love, pets included
- eat warm turkey, boiled onions, baked potatoes, cream-based soups – these are tryptophane activators, which help you feel tired but good (like after Thanksgiving dinner)
- proactive responses toward personal and community safety – organize or do something socially active
- write about your experience – in detail, just for yourself or to share with others

People are usually surprised that reactions to trauma can last longer than they expected. It may take weeks, months, and in some cases, many years to fully regain equilibrium. Many people will get through this period with the help and support of family and friends. But sometimes friends and family may push people to "get over it" before they're ready. Let them know that such responses are not helpful for you right now, though you appreciate that they are trying to help. Many people find that individual, group, or family counseling are helpful, and in particular, EMDR (Eye Movement Desensitization and Reprocessing) is a phenomenally rapid and wonderful therapeutic method. Either way, the key word is CONNECTION – ask for help, support, understanding, and opportunities to talk.

The Chinese character for crisis is a combination of two words – danger and opportunity. People who fully engage in recovery from trauma discover unexpected benefits. As they gradually heal their wounds, survivors find that they are also developing inner strength, compassion for others, increasing self-awareness, and often the most surprising – a greater ability to experience joy and serenity than ever before.

Other resources:
David Baldwin’s Trauma Pages: www.trauma-pages.com
The Trauma Center of Boston: www.traumacenter.org
Eye Movement Desensitization and Reprocessing International Assoc.: www.emdria.org
International Association for Traumatic Stress Studies: www.istss.org
patti@drpattilevin.com
www.drpattilevin.com
## Work/Life Balance Plan

<table>
<thead>
<tr>
<th>DAILY Activities You Do for Yourself</th>
<th>WEEKLY Activities You Do for Yourself</th>
<th>MONTHLY Activities You Do for Yourself</th>
<th>SPECIAL OCCASION Activities You Do for Yourself (Sad or Happy)</th>
</tr>
</thead>
<tbody>
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</table>

1. What prevents you from doing these activities?

2. What can you do to include more of these activities in your life?
**Self-Care Inventory**

Rate the following areas in frequency:

- **5** = Frequently
- **4** = Occasionally
- **3** = Rarely
- **2** = Never
- **1** = It never occurred to me

### Physical Self-Care

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat regularly (e.g. breakfast, lunch and dinner)</td>
<td></td>
</tr>
<tr>
<td>Eat healthy</td>
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<tr>
<td>Exercise consistently</td>
<td></td>
</tr>
<tr>
<td>Get regular medical care for prevention</td>
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<tr>
<td>Get medical care when necessary</td>
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<tr>
<td>Take time off when sick</td>
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<tr>
<td>Dance, swim, walk, run, play sports, sing or do some other physical activity that is enjoyable to self</td>
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<tr>
<td>Take time to be sexual</td>
<td></td>
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<tr>
<td>Get enough sleep</td>
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<tr>
<td>Take vacations</td>
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<tr>
<td>Wear clothes you like</td>
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<tr>
<td>Take day trips or mini-vacations</td>
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<tr>
<td>Make time away from telephones</td>
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</tr>
<tr>
<td>Other</td>
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### Psychological Self-Care

<table>
<thead>
<tr>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>Make time for self-reflection</td>
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<tr>
<td>Engage in personal psychotherapy</td>
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<tr>
<td>Write in a journal</td>
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<tr>
<td>Read literature that is unrelated to work</td>
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<tr>
<td>Do something in which you are not an expert or in charge</td>
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</tr>
<tr>
<td>Cope with stress in personal and/or work life</td>
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</tr>
<tr>
<td>Notice inner experience (e.g., listen to and recognize thoughts, judgments, beliefs, attitudes and feelings)</td>
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</tr>
<tr>
<td>Provide others with different aspects of self (e.g., communicate needs and wants)</td>
<td></td>
</tr>
<tr>
<td>Try new things</td>
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<tr>
<td>Practice receiving from others</td>
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<tr>
<td>Improve ability to say “no” to extra responsibilities</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### Emotional Self-Care

| Allow for quality time with others whose company you enjoy |
| Maintain contact with valued others |
| Give self affirmations and praise |
| Love self |
| Reread favorite book or review favorite movies |
| Identify and engage in comforting activities, objects, people, relationships and places |
| Allow for feeling expression (laugh, cry, etc...) |
| Other |

### Spiritual Self-Care

| Allow time for reflection |
| Spend time with nature |
| Participate in a spiritual community |
| Open to inspiration |
| Cherish own optimism and hope |
| Be aware of nonmaterial aspects of life |
| Cultivate ability to identify what is meaningful and its place in personal life |
| Meditate/pray |
| Contribute to causes in which you believe |
| Read inspirational literature (lectures, music etc...) |
**Workplace or Professional Self-Care**

<table>
<thead>
<tr>
<th>Allow for breaks during the workday</th>
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<tbody>
<tr>
<td>Engage with co-workers</td>
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<tr>
<td>Provide self quiet time/space to complete tasks</td>
</tr>
<tr>
<td>Participate in projects or tasks that are exciting and rewarding</td>
</tr>
<tr>
<td>Set limits/boundaries with clients and colleagues</td>
</tr>
<tr>
<td>Balance workload/cases</td>
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<tr>
<td>Arrange work space for comfort</td>
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<tr>
<td>Maintain regular supervision or consultation</td>
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<tr>
<td>Negotiate needs (benefits, bonuses, raise, etc…)</td>
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<tr>
<td>Participate in peer support group</td>
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<tr>
<td>Other</td>
</tr>
</tbody>
</table>

* Review assigned numbers. Appreciate areas of strengths while making positive changes in areas with significantly low scores to improve balance in life.

*Adapted by Mental Health Services for Homeless Persons, Inc. (MHS), Cleveland, OH. Used with permission. Original source: Unknown.*