

Staying well

February 2014

Aims for today

- Time to think about emotional and psychological resilience at work
- Discuss the risks to your emotional and psychological health at work
- Identify the factors that will help you be resilient as individuals and as a teams

Exercise

- In pairs, discuss a time when you felt really good about something in your work life and another when you felt challenged in your professional role.

Defining resilience

- **Resilience** is the positive capacity of people to cope with stress and catastrophe.
- Resilience is about the interplay between challenges people face and the resources they have to deal with them; the balance between protective and vulnerability factors

Resilient people

- What kind of things make someone resilient?

Resilient people

- **Personal factors:**

- The ability to cope with stress effectively and in a healthy manner
- Having good problem-solving skills
- Believing that there is something you can do to manage your feelings and cope
- Willingness to seek help
- Having an identity as a survivor as opposed to a victim
- Helping others
- Finding positive meaning in the trauma
- Spirituality

- **Interpersonal/social factors**

- Having social support
- Being connected with others, such as family or friends
- Being able to discuss the stress/trauma with loved ones

Resilience in the face of...

- Exposure to children / young people who have been neglected, abused and injured
- Exposure to the distress and anger of others
- Exposure to other people's cruelty
- Involvement in a process some children might find frightening
- Public scrutiny and criticism (limited evidence base)

Resilient FMEs

- Your identity as helpers - having an active and positive role in the face of trauma
- Being able to distance yourself – having a professional rather than personal involvement
- Expectation and readiness - preparation and training
- Sense of competence - knowing what your job is and feeling able to do it effectively
- Social support
- Feeling able to talk about it afterwards and having the opportunity to do so
- Knowing yourself well enough to spot if things aren't OK and being willing to seek help

Resilient teams

- Looking out for each other – professionally and personally
- Shared sense of purpose
- Mutual respect and trust
- Knowing what your roles are
- Being confident in the knowledge and skills of other team members
- Adequate resourcing and training
- Knowing each other
- Acceptance and tolerance of different personalities and coping styles
- Open communication
- Humour

Resilient Organisations

- Respected leadership
- Shared sense of purpose and clarity of role
- Good communication especially up + down the organisation
- Hard work is recognised and appreciated
- Staff feel valued (in and out of the organisation)
- Adequate resourcing
- Acceptance of the possibility of psychological injury and the provision of support when needed

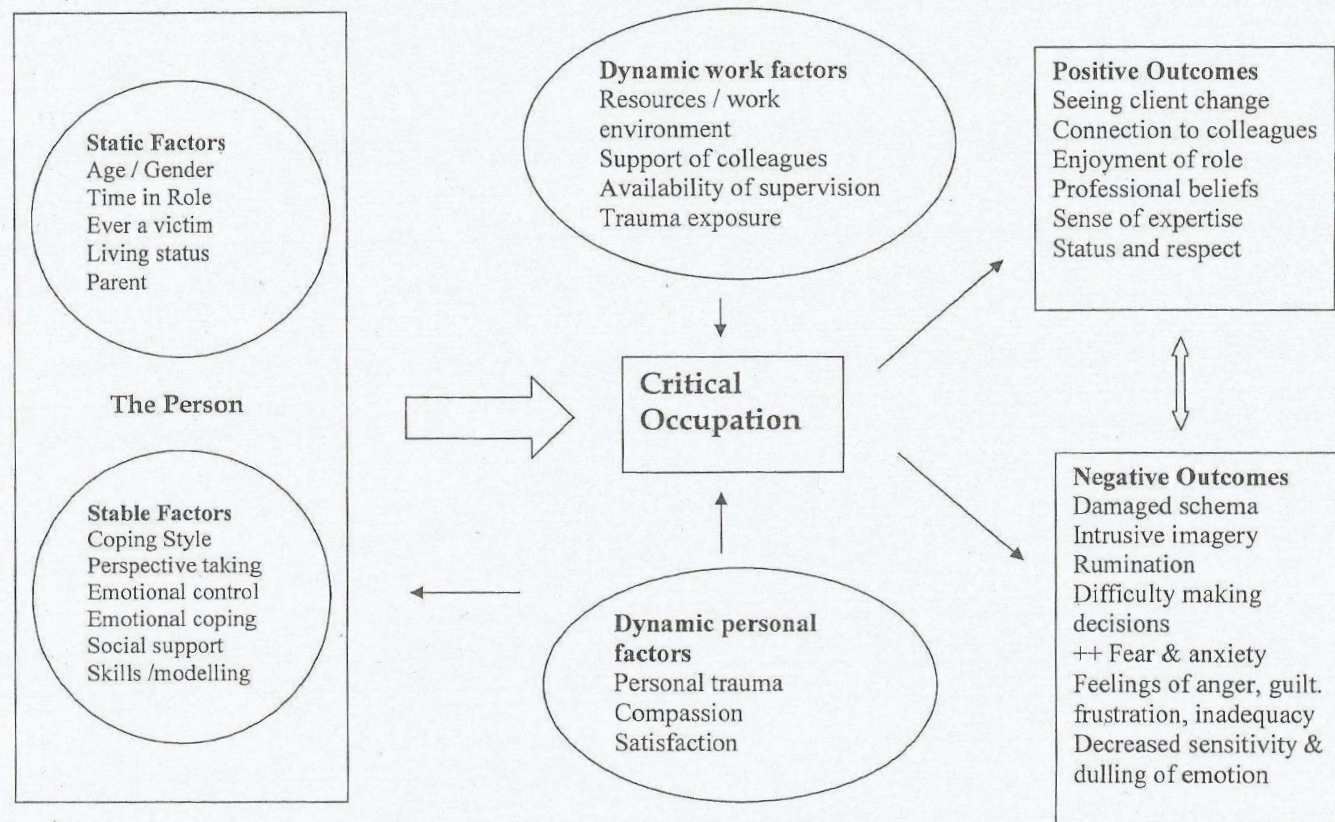
Absence of the protective factors

- When you can't detach
- When you're isolated / unsupported
- When you can't talk about it (toxic burden)
- When normal coping is not possible
- When it intrudes into your personal life (e.g. on call)
- When physical resilience is overwhelmed
- If you're blamed / undermined
- When things go wrong and you feel mistakes were made
- When you or colleagues are threatened or in danger

Organisational threats

- Poor resourcing
 - Low morale
 - Poor management
 - Bullying
 - Culture that prevents help-seeking
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- Organisational stress has the potential to compromise your resilience for coping with role-related stress

MODEL OF DYNAMIC ADAPTATION (Clarke, 2004)



Reacting to threat

- Physiological arousal – fight, flight or fright response
- -> physiological changes (triggered by surge of adrenalin)
- Hyper-sensitivity to sensory information
- Instinctive &/or rehearsed responses
- Strong emotions or numbness

Reacting to trauma

- Narrowing of focus onto the perceived threat
 - less flexible thinking
 - little or no “processing” at the time
- Processing of the experience (memory-making, learning) takes place afterwards when threat has passed

Physical effects of getting stuck in “alarm mode”

- Heart beats faster -> **palpitations / arrhythmia, high blood pressure**
- Muscles tense -> **muscular aches & pains**
- Breathing increases -> **breathlessness / hyperventilation**
- Void impulse / digestion switching off -> **IBS, diarrhoea, indigestion, reflux**
- Pupils dilating -> **headaches**
- Blood away from skin -> **pins & needles**
- Sweating

- Heightened awareness -> **hyper-vigilance, sleep problems**
- Focus on threat -> **poor problem-solving**
- Instinct brain -> **poor concentration, memory difficulties, impaired decision-making**
- Numbing or analgesia responses -> **things feel unreal, you feel detached -> dissociation**
- **Exhaustion**

Warning signs to look out for

- Difficulty falling or staying asleep
- Low energy
- Loss of interest in activities you used to enjoy
- Loss of motivation for basic tasks
- Difficulties concentrating or focusing attention
- Muscle aches or pains
- Changes in eating habits (more or less)
- Sad or irritable mood
- Racing thoughts / excessive worry
- Restlessness / agitation
- Increase in physical complaints / problems
- Thoughts about death or dying

Knowing yourself

- *What's your risk profile?*

Rumination (R)

- **Rumination** measures the tendency to ruminate about emotionally upsetting events that have occurred in the past or might occur in the future. This type of rehearsing has the effect of maintaining physiological arousal, so that levels of hormones such as cortisol and adrenaline remain high; hence the lower the score the better.

- The **Rumination** measure is quite stable over time, and therefore represents a consistent and habitual way of responding. However, a high score does not consign you to a life of stress – it is simply a reflection of a long-standing habit and like all habits, can be changed.

Emotional Inhibition (EI)

- **Emotional Inhibition (EI)** measures the tendency to inhibit the expression of emotional experiences. It is not a measure of how emotional you are, rather the extent to which you bottle it up. It is independent of Rumination, so that you can have a high score on one and a low score on the other, but the combined effect of inhibiting emotion and persistently ruminating over emotional upset is particularly damaging.

- Low scores are preferable for Emotional Inhibition, although the expression of emotion needs to take account of time and place. EI is closely related to social support, since this is generally where emotion is expressed and there is a gender difference, with women tending to be more emotionally expressive than men.

Sensitivity (SENS)

- **Sensitivity** (SENS) describes the ability to perceive and understand other people's emotions, and is a classic two-edged sword. Being able to respond accurately to others' emotional feelings can be immensely beneficial, in fact it is integral to many high risk jobs. However, unless we can keep the emotional upset in perspective, we might ourselves become subject to it.
- High scores are indicative of sensitivity: low scores indicate a more egocentric concern with one's own emotional state.

Perspective Taking (PT)

- **Perspective Taking (PT)** one of the 4 dimensions of empathy, considers “other-oriented” reactions to the distress of others. It recognises more cognitive aspects of empathy, unlike Sensitivity which is more affective in nature.
- Higher levels of PT have been associated with lower levels of work related distress, possibly because putting things into perspective removes the potential for more personal reactions to events, and therefore higher scores are preferable.

Detachment (DET)

- **Detachment** describes a strategy for disengaging oneself from the crippling emotion associated with the problem – in other words being able to see it in perspective. High scores indicate greater detachment and are preferable. Low scores represent the tendency to become overwhelmed by negative emotion.

- It's important to recognise that Detachment is not at all like avoidance – it does not involve suppression or denial of emotion. Neither does it imply being cold or unemotional. It's about seeing things for what they really are, without the attachment to them.

Less helpful combinations:

- High Rumination + high Emotional Inhibition
- High Rumination + low Detachment
- Low Perspective Taking + High Sensitivity
- Low Detachment + High Sensitivity

Resilience – the key factors

- Safety
- Physical health and adequate care
- Emotion management / distress tolerance skills
 - Empathy / detachment
- Cognitive flexibility
 - Rumination / perspective taking
 - Sense of purpose & meaning / cynicism
 - Optimism / pessimism
- Social support / self-sufficiency

A psychological first aid kit

- Some factors are static – temperament / personality / genes
- Others dynamic – context, circumstance
- Either way can learn to manage risky ones and can develop new skills

Managing rumination

“Some of the worst things in my life
never happened.”

Mark Twain

Managing rumination

- Recognising the interaction between thoughts, emotions, physiology and behaviour
- Thoughts not facts
- Self compassion (*what would you say to a friend?*)

Managing intrusions

- Distress tolerance rather than chasing emotions away
- Grounding techniques
 - Orienting in the present
 - Recognition of current safety

Avoiding avoidance

- *What we resist persists*
- Tolerating and allowing natural processing
- Recognising unhelpful avoidance (including self-medication)
- Doing something positive about it

Managing your stress response



Managing stress - **exercise**

- Compensating for the effects of staying in alarm mode (hyperarousal)
- Importance of regular exercise to use up the adrenalin
 - Be careful with high adrenalin exercise
- Can also help to interrupt rumination

Managing stress - **relaxation**

- Relaxation techniques (to interrupt the production of adrenalin)
 - Controlled breathing
 - Progressive muscular relaxation
 - Visualisation – safe place

Food and stress

- Adrenalin switches digestion off / nor-adrenalin switches it back on
- Queasiness, diarrhoea, indigestion, acid reflux - common side effects of stress
- >> people eat less..
-
- **Maintaining good diet and eating regular meals essential**

Maximising your chance of a good sleep

- Try to have a routine
 - Bed at the same time each night
 - Relaxing / self-soothing activities
- Calming environment (dark / uncluttered)
- Avoid over-stimulation before sleep
 - Minimise computers and bright lights after 9pm
 - Limit aerobic exercise
- Limit alcohol intake

Watch out for alcohol...

- Depressant
- Blocks cognitive and emotional processing

Peer and social support

- Developing and maintaining significant interpersonal relationships
- Work / life balance and boundaries
- Who do you talk to when you're distressed about work?
- Role of formal and informal peer support (supervision, coffee breaks)

Resilient people

- Ability to recognise and tolerate distressing emotions
- Cognitive flexibility (about self / others / world)
- Availability and willingness to use social support & connections

Optimism, curiosity & creativity

- Pragmatic / tragic optimism
- ◆ Paying attention to positive emotion
- Knowing what makes you happy
- Happiness = $\frac{\text{Wanting what you have}}{\text{Having what you want}}$

Stress management / self care

- Knowing what makes you feel happy and relaxed
- Exercise and relaxation
- Spending time with (and talking to) friends and family
- Managing work / life boundaries
- Taking your holidays
- Good food and sleep routines
- Monitoring your alcohol intake

Resilient teams

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Resources

- Online CBT (Living Life to the Full) @ www.lltf.com
- Cantopher: Depression – Curse of the Strong
- Herbert & Wetmore – Overcoming Traumatic Stress

www.getsomeheadspace.com



My Calm Beat app

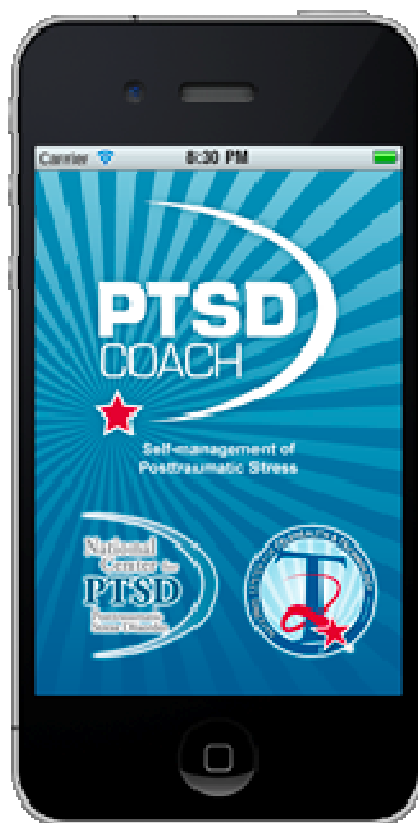


Stay resilient

- Most of you most of the time will cope well with the stressors you face
- Make sure you know what it is that keeps you well
- And if you find that you're not coping, seek help so that you recover as quickly as possible

PTSD Coach

<http://www.ptsd.va.gov/public/pages/ptsdcoach.asp>



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