

O. Coping Skills

Basic

| | |
|--|-------------------------------|
| Knows what “stress” is, can explain/define it. | CS-1-4 |
| Knows what a “trigger” is | WRAP Book Chapter 3 pg. 16-18 |
| Knows what a “WRAP Plan” is | WRAP Book pg. 3-5 |
| Knows what to do if symptoms become unmanageable | CS-5-5a WRAP Plan |
| Feels good about oneself (self-esteem) | CS-6 |

Educational Handout #8:

Coping with Stress

"Exercise helps me elevate my mood. My writing is a great distraction and helps me get my mind off the pressures of work and life in general. My sculpture also helps me to escape. Believing that there is a God and that He doesn't hate me and that I can turn to Him also helps. I also like music and find listening to it helpful.

"What helps you? God? Medication? Therapy? Art? Exercise? TV? Music? Reading? What?"

David Kime, artist, writer, floral designer

CS-1

Introduction

This handout describes different ways of coping effectively with stress. In order to cope effectively, it is first important to know what situations you find stressful and what the experience of stress is like for you. Specific strategies for dealing with stress are suggested, such as using relaxation techniques, talking with others, exercising, and creative expression.

What is stress?

“Stress” is a term people often use to describe a feeling of pressure, strain, or tension. People often say that they are “under stress” or feel “stressed out” when they are dealing with challenging situations or events.

Everyone encounters stressful situations. Sometimes the stress comes from something positive (like a new job, new apartment, or new relationship) and sometimes from something negative (like being bored, having an argument with someone, or being the victim of crime).

Stress is the feeling of pressure, strain or tension that comes from dealing with challenging situations.

Question: What is it like when you experience stress?

CS-2

SOURCES OF STRESS

Stress in your life can come from a variety of sources including:

- Relationship problems
- Conflict between your goals and behaviors
- Self-imposed thoughts and behaviors like perfectionism and impatience
- Work overload
- Economic factors such as unemployment, poverty, and debt
- Threat of harm
- Increasing demands at home and in the workplace
- Divorce
- Noise and pollution
- Too many demands on your time

CS-3

PEOPLE WHO MANAGE STRESS WILL

- interpret the stress in their life accurately.
- anticipate and regulate stressors as much as possible.
- believe they can influence events and their reactions to events.
- maintain healthy habits (sleeping regularly, eating nutritiously, exercising) to build resistance and prevent stress.
- recognize the warning signs of physical and mental stress.
- regulate their thinking about stressful events.
- use constructive, rather than destructive, reactions to stress.
- maintain an ongoing sense of meaning in their lives.
- develop and utilize a strong support system.
- contribute to the wellness of other people, communities and organization.

CS-4

CHAPTER 3

Triggers

Triggers are external events or circumstances that, if they happen, may produce symptoms that are, or may be, very uncomfortable. These symptoms may make you feel like you are getting ill. These are normal reactions to events in our lives, but if we don't respond to them and deal with them in some way, they may actually cause a worsening in our symptoms. The awareness of this susceptibility and development of plans to deal with triggering events when they come up will increase our ability to cope, and to avoid the development of an acute onset of more severe symptoms. It is not important to project catastrophic things that might happen, such as war, natural disaster, or a huge personal loss. If those things were to occur, you would use the actions you describe in the triggers action plan more often and increase the length of time you use them. When listing your triggers, write those that are more possible or sure to occur, or which may already be occurring in your life.

On the next tab write "Triggers" and put in several sheets of binder paper.

On the first page, write down those things that, if they happened, might cause an increase in your symptoms. They may have triggered or increased symptoms in the past.

"If any of the following events or circumstances come up, I will do some of the activities listed on the next page to help keep my symptoms from increasing."

- anniversary dates of losses or trauma
- traumatic news events
- being very over-tired

- work stress
- family friction
- relationship ending
- spending too much time alone
- being judged or criticized
- being teased or put-down
- financial problems
- physical illness
- sexual harassment
- hateful outbursts by others
- aggressive-sounding noises (sustained)
- being the scapegoat
- being condemned/ shunned by other(s)
- being around an abuser, or someone who reminds me of a past abuser
- things that remind me of abandonment or deprivation
- intimacy
- excessive stress
- someone trying to tell me how to run my life
- self blame
- extreme guilt (from saying "No", etc.)
- substance abuse

On the next page, develop a plan of what you can do if your triggers come up to keep them from becoming more serious symptoms. Include things that have worked for you in the past and ideas you have learned from others as well as ideas from the appendix.

Sample Plan

If any of my triggers come up, I will do the following:

- make sure I do everything on my daily maintenance program
- call a support person and ask them to listen while I talk through the situation
- do some deep breathing exercises
- remember that it's okay to take care of myself
- work on changing negative thoughts to positive

- get validation from someone I feel close to
- some form of spiritual communication—prayer or meditation

In addition, some of the following activities might help:

- journaling
- going for a walk
- focusing exercises
- peer counseling
- seeing or talking to my counselor, case manager or sponsor
- time-out in a comfortable place
- enjoying a structured play time
- playing my musical instrument
- singing or dancing
- going to community activity
- vigorous exercise

CHAPTER 4

Early Warning Signs

Early warning signs are internal and may be unrelated to reactions to stressful situations. In spite of our best efforts at reducing symptoms, we may begin to experience early warning signs, subtle signs of change that indicate we may need to take some further action.

Reviewing early warning signs regularly helps us to become more aware of them, allowing us to take action before they worsen.

On the next tab write “Early Warning Signs.” Follow that tab with several sheets of lined paper. On the first page make a list of early warning signs you have noticed.

Some early warning signs that others have reported include:

- anxiety
- nervousness
- forgetfulness
- inability to experience pleasure
- lack of motivation
- feeling slowed down or speeded up
- avoiding doing things on daily maintenance list
- being uncaring
- avoiding others or isolating
- being obsessed with something that doesn't really matter
- beginning irrational thought patterns
- feeling unconnected to my body
- increased irritability
- increased negativity
- increase in smoking
- not keeping appointments

Through this process of networking recovery information, I have uncovered ideas and strategies that, while often very simple and very safe, have the capacity to create major life change. I continue to search for these strategies, share them with others, and now I am teaching others to be mental health educators.

A group I was working with in Bradford, Vermont complained that the wellness process was all too confusing. Through their prodding and hard work, and the efforts of a very skilled mental health worker, we have come up with a system that people are finding works for them.

This system has been so enthusiastically received that I decided to publish and distribute it so that it would be widely available. While I specifically developed it to be used by people who experience psychiatric symptoms, people with all kinds of health conditions, and even some who have no significant complaints but want to stay healthy, have found this system to be valuable. An optional new section, Post Crisis Planning, is included here. The need for the addition of an optional new section, Post Recovery Planning, to the Wellness Recovery Action Plan, was brought to my attention by Richard Hart, a Mental Health Recovery Facilitator from West Virginia.

I use my WRAP plan consistently myself. It works very well for me. When things are starting to "go down the drain," my partner says, "Where's your WRAP?"

Overall Description

The Wellness Recovery Action Program is a structured system for monitoring uncomfortable and distressing symptoms and, through planned responses, reducing, modifying or eliminating those symptoms. It also includes plans for responses from others when your symptoms have made it impossible for you to continue to make decisions, take care of yourself and keep yourself safe. Anecdotal reporting from people who are using this system indicates that, by helping them feel prepared, it is working for them by helping them to feel better more often and by improving the overall quality of their life.

This system was developed by people who have been dealing with a variety of psychiatric symptoms for many years and are working hard to feel better and get on with their lives. I have shared it with people with other illnesses and they feel that it can be easily adapted for use with other disorders.

Using a three ring binder, a set of tabs or dividers, and lined three ring paper, a Wellness Toolbox and six part monitoring and response system is developed by the person who experiences the symptoms. This person may be assisted in this process by the supporters and health care professionals of *their choice*.

Section 1 is a daily maintenance plan. Part 1 is a description of how you feel when you feel well. Part 2 is a list of everything you need to do every day to maintain your wellness. Part 3 is a list of things you might need to consider doing that day.

Section 2 deals with triggers. Part 1 identifies those events or situations which, if they occur, might cause uncomfortable symptoms to begin. Part 2 is a plan of what to do if any of these triggers occur.

Wellness Recovery Action Plan

Section 3 deals with early warning signs. Part 1 involves identification of those subtle signs that may indicate the situation is beginning to worsen. Part 2 is a plan of what to do if any of these early warning signs are noticed.

Section 4 deals with symptoms that occur when the situation has gotten much worse but has not yet reached a crisis, where you can still take action in your own behalf. Part 2 is a plan of what to do if any of these symptoms occur.

Section 5 is the crisis plan. It identifies those symptoms that indicate you can no longer continue to make decisions, take care of yourself and keep yourself safe. It is for use by supporters and health care professionals on your behalf as the person who developed the plan.

The planning process begins by developing a Wellness Toolbox, a listing of skills and strategies that you have used or want to use to keep yourself well and to help yourself feel better when you do not feel well.

Part 1 is information that defines what you are like when you are well. Part 2 identifies those symptoms that indicate others need to take over responsibility for your care. Part 3 names those supporters and identifies their roles. Part 4 identifies those medications which, if necessary, are alright with you, those which are not, and the reasons why. Part 5 gives you the option of developing a home, community care or respite center plan to use, if possible, instead lieu of hospitalization. Part 6 identifies the treatment facilities which, if necessary, are alright with you, those which are not, and the reasons why. Part 7 identifies the treatments which, if necessary, are alright with you, those which are not, and the reasons why. Part 8 is an intensive description of what is wanted from supporters — and what is not wanted — when symptoms become this intense. Part 9 gives information for supporters to use in determining when you no longer need to use your crisis plan.

Overall Description

Section 6, Post Crisis Planning is a more recent addition to the plan. It is different from other sections of your Wellness Recovery Action Plan in that it is constantly changing as you heal. For instance, it is anticipated that two weeks after the crisis you will be feeling much better than you did after one week and therefore your daily activities would be different. The post crisis form leads you through the process of outlining your own post crisis plan.

HELP:

I. PURPOSE:

To develop a directory of supports and resources for those who may need help.

II. GENERAL COMMENTS:

When feeling down and out, it is often difficult to reach out to others and give others an opportunity to help. During a perceived emergency, panic, anxiety, fear and confusion may impair one's capacity to think clearly. A visual list of available supports can be a handy resource and source of comfort when confronted with a problem where immediate assistance might be required.

III. POSSIBLE ACTIVITIES:

A. NOTE: It is suggested to confer with librarian/information specialist to reserve library time or assistance in collecting directories required to complete this activity.

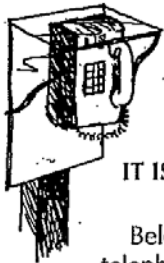
1. Distribute handouts and local phone books.
2. Explain concept to class, instruct students to divide themselves into pairs. Encourage each pair to look up and record all of the numbers of the agencies listed on handout, skipping any personal or confidential information. Those spaces can be completed in privacy with their parents/guardians.
3. Go around the room asking one student from each pair to state the telephone number found (to make sure that everyone found the correct number). If students are from different communities, allow extra time to list everyone's correct number.
4. Distribute an additional copy of the handout to each student, instructing class to recopy information neatly and accurately. Request that students complete any confidential sections of the handout with information provided by their parents/guardians.
5. Review the purpose or function for each person/agency listed.
6. Problem solve where students can place the completed handouts in home situations.
- B. 1. Provide a 5" x 8" index card for each member of the class. Write the following words on a flip chart or board: depressed, isolated, withdrawn, lonely, hopeless, panicked, frustrated, defenseless, powerless and helpless.
2. Open a discussion of what it feels like to experience these strong emotions. Encourage a further discussion of awareness of possible community resources available, which can assist in times of panic or crisis.
3. Distribute handouts and index cards. Instruct students to write the following on each card:
Name of agency _____
Address _____
Phone (____) _____
Contact person _____
General resources available _____

Steps to follow if you need resources personally: _____

Steps to follow if the resources are needed for a family member or friend: _____

4. Assign one community resource listed on the handout to each student to research by the next session. To avoid confusion, divide class geographically if students are from different communities, or provide the names of additional local agencies, which might be beneficial. Provide instruction to students on how to use local phone directories, the Internet or other community directories to locate information. Tell the students that in order to complete each index card, it is possible that they will be required to call the agency on their own and interview support personnel. Provide address of school. Instruct students to request that any additional information or literature from agency is sent to the class as part of a resource file for future reference if needed. Ask class to be prepared to present a one-minute presentation to the class describing assigned agency.
5. Reconvene as a class during next session. Ask students to provide descriptions and details about these services and the benefits one might derive from them. Class should complete appropriate sections on handout using information from presentations.
6. Ask students, "What is the best place in your home to post the handout where the information can be easily found in a time of need?"
7. As a follow-up activity, collect index cards and create a classroom resource file along with any additional literature provided by community agencies.

Activity handout and facilitator's information originally submitted for Life Management Skills V by Trish Breedlove, OTR/L, Canton, OH. Trish graduated with her OT degree in 1984 and presently works full time as an occupational therapist. She's a single mother of Bryan and truly enjoys creating and finding solutions that work!



HELP



IT IS VERY IMPORTANT TO KNOW THAT WE ARE NOT ALONE AND THAT THERE IS HELP OUT THERE IF WE NEED IT.

Below are some ideas on people to call or go to for help. Look in your local telephone directory and find the numbers of the people or services listed below:

1. Parents or guardians work:

Name: _____
() _____ - _____ ext. _____

Name: _____
() _____ - _____ ext. _____

2. Grandparents:

Name: _____
() _____ - _____ ext. _____

Name: _____
() _____ - _____ ext. _____

3. Emergency Fire or EMS

() _____ - _____ ext. _____

Non-Emergency Fire or EMS

() _____ - _____ ext. _____

4. Police/Sheriff

() _____ - _____ ext. _____

5. Poison control

() _____ - _____ ext. _____

6. Juvenile Protective Services Agency

() _____ - _____ ext. _____

7. Local Crisis Center

() _____ - _____ ext. _____

8. Suicide Prevention

() _____ - _____ ext. _____

9. Your Doctor

() _____ - _____ ext. _____

10. Your Dentist

() _____ - _____ ext. _____

11. Free Clinic

() _____ - _____ ext. _____

12. Your Counselor, Therapist, Case Worker, Mentor, "Big Brother or Big Sister"

Name: _____
() _____ - _____ ext. _____

Name: _____
() _____ - _____ ext. _____

13. Two friends or relatives

Name: _____
() _____ - _____ ext. _____

Name: _____
() _____ - _____ ext. _____

14. Clergy, Pastor, Youth Leader

() _____ - _____ ext. _____

15. Local Domestic Violence Shelter

() _____ - _____ ext. _____

16. Local support group

() _____ - _____ ext. _____

17. Legal Aid

() _____ - _____ ext. _____

18. To stop harassing or obscene phone calls

() _____ - _____ ext. _____

19. Gas, electric or/and phone companies

() _____ - _____ ext. _____

() _____ - _____ ext. _____

() _____ - _____ ext. _____

20. Time and weather

() _____ - _____ ext. _____

21. Hearing Impaired TTY

(EMS, Fire, Police or Sheriff)

() _____ - _____ ext. _____

22. Juvenile Justice contact person

() _____ - _____ ext. _____

23. School

Name: _____
() _____ - _____ ext. _____

24. Other

Name: _____
() _____ - _____ ext. _____

Name: _____
() _____ - _____ ext. _____

THE SELF-ESTEEM PROGRAM: Self-Esteem Module

SELF-ESTEEM SCALE

| | | | |
|--|----------|-----------|-------------|
| 1. Most things don't bother me | True (A) | False (B) | Score _____ |
| 2. I like to talk in front of other people | True (A) | False (B) | Score _____ |
| 3. I would not change anything about myself | True (A) | False (B) | Score _____ |
| 4. I am a good decision maker | True (A) | False (B) | Score _____ |
| 5. I often feel like a failure | True (B) | False (A) | Score _____ |
| 6. I give in to other people very quickly | True (B) | False (A) | Score _____ |
| 7. I blame others for what has happened to me | True (B) | False (A) | Score _____ |
| 8. I often wish I had the things other people have | True (B) | False (A) | Score _____ |
| 9. I make excuses when I make mistakes | True (B) | False (A) | Score _____ |
| 10. I believe it is useless to worry about things | True (A) | False (B) | Score _____ |
| 11. I see no value in myself | True (B) | False (A) | Score _____ |
| 12. I often say "I should have..." | True (B) | False (A) | Score _____ |
| 13. I am able to evaluate what is good about myself | True (A) | False (B) | Score _____ |
| 14. I rarely know what to say to people | True (B) | False (A) | Score _____ |
| 15. I have a high opinion of myself | True (A) | False (B) | Score _____ |
| 16. I am able to evaluate how I need to improve | True (A) | False (B) | Score _____ |
| 17. I rarely accept the consequences of my actions | True (B) | False (A) | Score _____ |
| 18. I often exaggerate the truth in order to maintain my image | True (B) | False (A) | Score _____ |
| 19. I often feel inadequate in a new situation | True (B) | False (A) | Score _____ |
| 20. I am very critical of others | True (B) | False (A) | Score _____ |

Go to the next page.

C.S-6

SELF-ESTEEM SCALE

PAGE 2

| | | | |
|--|----------|-----------|-------------|
| 21. I normally feel friendly and comfortable with new people | True (A) | False (B) | Score _____ |
| 22. The only person I try to please is myself | True (A) | False (B) | Score _____ |
| 23. I openly voice my opinions | True (A) | False (B) | Score _____ |
| 24. I need constant approval and recognition | True (B) | False (A) | Score _____ |
| 25. I am confident in new and different situations | True (A) | False (B) | Score _____ |
| 26. I am often embarrassed by the actions of others | True (B) | False (A) | Score _____ |
| 27. I am concerned about what others think of me | True (B) | False (A) | Score _____ |
| 28. I am hurt by the opinions and comments of others | True (B) | False (A) | Score _____ |
| 29. I don't like to be with other people | True (B) | False (A) | Score _____ |
| 30. Even if I don't want to, I often go along with the crowd | True (B) | False (A) | Score _____ |
| 31. I often brag about myself and my accomplishments | True (A) | False (B) | Score _____ |
| 32. I am shy when I am with other people | True (B) | False (A) | Score _____ |
| 33. I don't feel ashamed of myself | True (A) | False (B) | Score _____ |
| 34. I have specific goals that I work toward | True (A) | False (B) | Score _____ |
| 35. I have many friends | True (A) | False (B) | Score _____ |
| 36. I feel that I look as good as most people | True (A) | False (B) | Score _____ |
| 37. I have trouble meeting new people | True (B) | False (A) | Score _____ |
| 38. I often don't speak my mind, even if I think I'm right | True (B) | False (A) | Score _____ |
| 39. I am proud of the work I do | True (A) | False (B) | Score _____ |
| 40. Others often see me as a failure | True (B) | False (A) | Score _____ |
| TOTAL = | | | _____ |

Go to the scoring directions on the next page.

CS-6

THE SELF-ESTEEM PROGRAM: Self-Esteem Module

SCORING

The Self-Esteem Scale (SES) is designed to help you to better understand your level of self-esteem. The SES will assist you in getting to know yourself better and provide you with insights into self-perceptions. People with high self-esteem consider themselves worthy and view themselves as equal to others. They do not think they are perfect, but they recognize their limitations and continually strive to grow and improve.

TO SCORE THE SES:

Look at the 40 items you just completed. Focus on the "A" and "B" after each choice, rather than the "True" or "False." In the space marked "Score" for each item, award yourself ONE (1) point for every answer you circled with an "A" next to it and ZERO (0) points for every answer you circled with a "B" next to it. Then total your score on all 40 items and write that number in the blank below:

Self-Esteem Total _____

PROFILE INTERPRETATION

Scores from 0 to 13 are low and may indicate that you have a low opinion of yourself. You probably consider yourself less worthy than others and may have difficulty reaching your personal and future goals. You tend to have a negative attitude toward yourself in academic, social, family and personal areas of experience. It may be difficult for you to recognize your weaknesses and, as a result, you may have difficulty improving and growing. People with low self-esteem generally compare themselves to others. They generally experience rejection, have little confidence in their abilities and are dissatisfied with themselves.

Scores from 14 to 26 are average and may indicate that you have a level of self-esteem similar to that of most other people. Average scores suggest that you tend to believe you have control over your own destiny, but at times you feel like you have no control.

Scores from 27 to 40 are high and may indicate that you respect yourself, consider yourself worthy, and are able to move directly and realistically toward your personal and future goals. You do not consider yourself better than other people, but you probably have a positive attitude toward yourself in academic, social, family and personal areas of experience. You do not feel you are perfect, but recognize your limitations and make a conscious effort to improve and grow.

The higher your score on the SES, the more positive your level of self-esteem.

Exercises that follow are designed to help you to increase your understanding of your level of self-esteem.

CS-6