



Best Minds Associates<sup>SM</sup>  
Focused Thinking for Life

Creators of:  
**MIND FOCUSED COACHING<sup>SM</sup>**  
&  
**MindfulChoice<sup>SM</sup>**  
Destination-Awareness-Choice



# Feel-Cared<sup>SM</sup> Training Companion

A free guide for Helpline Responders & Emergency Personal

Understanding helpline responders & Emergency Personal emotional wellbeing in times of crisis and stress. Together we focus on making patients feel at ease with genuine communication and empathy by learning to avoid Tunnel Vision Effect (TVE)

By Dr. Robert W. Lebovits, Ph.D. & Dr. Gerard S. Meyer, Ph.D.

# Introduction

## *MindfulChoice<sup>SM</sup>*

MindfulChoice<sup>SM</sup> was developed by Best Minds Associates Dr. Robert W. Lebovits and Dr. Gerard S. Meyer as a tool to bring about real change in the way people think, the way they feel and the way they live their lives. It is based upon six core principals: knowing one's self, objective observation and awareness of the environment, seeing choice coming from interactions with our world, clarity and purposeful mindset for choice, creating our own reality, and a constant learning and retooling. Research shows that 20% of our actions account for 80% of our problems, all of which stem from impulsivity and inattention; MindfulChoice<sup>SM</sup> can help you mediate your actions and resolve your problems. Over the course of this toolbox, these principles will come into play and with practice, the strategies outlined here will help you to effectively care for yourself and the people you serve. However it is important to understand that MindfulChoice<sup>SM</sup> focuses on solutions and is backed in positive psychology. The strategies explored in this toolset are aimed at garnering strengths to protect, and improve a worker's mental state by learning to recognize and prevent Tunnel Vision Effect (TVE). With this, the author would like to pose the following caveat: if you or anyone you know is experiencing difficulties of any kind (physical or mental) please reach out for appropriate help.

## *Feel-Cared<sup>SM</sup>*

Feel-Cared<sup>SM</sup> is an extension of MindfulChoice<sup>SM</sup> that focuses on the helping professions. Feel-Cared<sup>SM</sup> focuses both on improving how you perform your job, but also how you process the difficult stress associated with helping professions. This toolbox is meant to be a companion to the training you are receiving at work. It may serve as a discussion point among colleagues, a reference in difficult times, or simply a learning tool.

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# Risks of the Job

Helping people in their most vulnerable state is as much a taxing experience as it is a rewarding one. Increased awareness of the potential effects of working at the hospital or helpline may help you to understand or identify areas where the MindfulChoice<sup>SM</sup> strategies can be effective.

## ***Freeze, Flight, Fight, Fright***

Ethologists (scientists who study animal behavior) have agreed on four primal responses. The first, freezing, is associated with hyper vigilance as it allows individuals to assess the situation. (This reaction evolved because predators are keener to detect moving objects.) The second and third responses are to flee and then to fight. If none of these responses have been effective, the final response is ‘fright’ or tonic immobility. Although medical professionals often see this sequence of reactions in the victims they work with, it is important to remember that stress is defined as “an elevation in a person’s state of arousal or readiness, caused by some stimulus or demand.” The stimulus of a person’s voice, words, or emotions may be enough to trigger this reaction in the hotline responder by eliciting fear. Fear is known to directly impact decision making, memory, objectivity, and more.

## ***Tunnel Vision Effect (TVE)***

Defined as “visual perceptual narrowing” (Godnig, 2003), tunnel vision effect occurs as a neurological, biochemical, hormonal, and behavioral reaction to extreme stress or traumatic experience (PTSD). It is likened to looking through a cylindrical tube--the individual is blind to everything that is not in their direct line of vision. However, researchers are investigating a similar effect on general cognition, insinuating that trauma may impact an individual’s ability to comprehend multiple pieces of information. Known to happen with crisis workers ranging from firefighters to police officers, this dangerous perceptual change impacts decision making. In accordance with Daniel Kahneman’s landmark finding that “What you see is all that is there,” individuals experiencing tunnel vision do not have the capacity to see beyond the immediate moment. Just as a firefighter’s tunnel vision is triggered by the fight, flight or freeze reaction, you may experience the same effects. This means that the nurse or doctor who is experiencing high stress and tunnel vision may be unable to see alternative solutions to a problem. When the worker leaves his or her shift, the tunnel vision may continue, leading to issues in his or her personal life.

## ***Vicarious Trauma***

Vicarious trauma is the damaging effects a worker experiences after exposure to traumatic material from a client. Psychologists recognize that vicarious trauma can impair the workers’ sense of self and ‘could result in ongoing symptoms of posttraumatic stress disorder (PTSD), feelings of anger, grief, rage, and terror’ (Michalopoulos and Aparicio,

2012). This results from interference with the worker's "feelings, cognitive schemas and worldview, memories, self-efficacy, and/or sense of safety" (Hernandez-Wolfe, Killian, Engstrom, Gangsei, 2015). Similar terms such as empathetic strain, compassion fatigue, and secondary traumatic stress all indicate negative consequences that arise from working with traumatized individuals (Hernandez-Wolfe, Killian, Engstrom, Gangsei, 2015).

# MindfulChoice Principles and Definitions

The MindfulChoice<sup>SM</sup> philosophy has many applications to what you do on a daily basis but before delving into those applications it is important to have a basic understanding of the philosophy and its terms.

*What Not Why:* Over the course of your shifts, you may have thought any variety of these questions” ‘Why am I feeling this way?’ ‘Why does a strangers’ condition concern me so much?’ ‘Why can’t I get back to my day?’ While these questions are seemingly healthy and normal, they may not be effective. The *What Not Why* paradigm shifts questions to a quantifiable measure. Asking ‘What am I feeling?’ allows for the individual to identify the impact of the problem and, without fixating on causes and responsibility, generate an array of solutions. Therefore, this method is ‘data-based’ and does not use the past as a basis for the future, a fault that often occurs in human judgment.

*Think Things Through (3 T rule):* MindfulChoice<sup>SM</sup> relies on a backwards design. This means that the strategies in this toolbox will work with a solution (the hopeful destination) in mind.

*Mindful:* One distinction that the associates working in MindfulChoice<sup>SM</sup> make is between that of mindful and mindfulness. Mindful, an adjective, is to be aware and attentive, while mindfulness, a noun, is a state of being related to mental awareness of the present moment. While achieving a state of mindfulness may be effective in personal pleasure, functioning in high stress situations requires a different mindset.

*Metacognition:* Metacognition is “knowing about knowing.” Essentially, this toolbox will aim to change the way you think by circumnavigating counterproductive thoughts and remediating dysfunctional behavioral patterns arising from impulsivity, inattention, and biased thinking.

*Choice:* MindfulChoice<sup>SM</sup> believes that the most effective decisions arise when choices are between two options. In this toolbox, the authors will demonstrate how to break down choices in a way that creates two choices and prioritizes goals.

# The Day to Day MindfulChoice<sup>SM</sup>

As evinced by the risks of the job, anxiety and impaired decision-making are some of the most common effects experienced working in the hospital or on the helpline. While it is normal for an individual to experience these dysfunctions in the face of a crisis, it is also possible for individuals to train themselves to respond adaptively in these times of crisis. The guidelines of MindfulChoice<sup>SM</sup> will be effective, however, only with practice. It works best when integrated into the everyday practice of the individual; to do that, we will demonstrate how MindfulChoice<sup>SM</sup> works in a simple mundane situation.

## ***Buying A T.V***

Step into your local Best Buy or Electronic Store and the television section is enormous. With thousands of options in every size, definition, and capacity. Weighing the options based off of a budget, needs, and desires can be a daunting task. After all, when placed with so many options and infinitely more influences, it's easy to be swayed to the more expensive allusive television. I know this all too well as my father spent extra on a 3D television without realizing that 2/5 of the family cannot see with 3D glasses. It turned out to be a waste of money. By utilizing MindfulChoice, my Dad could have made a much more informed and effective choice.

1. **Recognition:** This stage requires you understand two things: 1) Identifying an occurrence that must be addressed and that its outcomes have consequences. In this case, you would identify that you need to choose a TV that fits your needs but you do not know which TV. 2) Remembering similarities or differences that this situation has with past experiences. Have you looked at TVs before? Maybe you recently bought a Refrigerator. It is critical that you be attentive (mindful) to everything around you and not impulse to a decision before completing the rest of the process.
2. **Awareness:** Once acknowledging that you have a decision to make, you need to pool your resources. This would be when you read the descriptions of the TVs, talk to the salesman, and consult any outside resources. Based off of this information, which is the 'what,' you decide where and how you *can* go. In the case of our example, you would make a list of all the TVs you are considering (these are your parameters) and then mindfully think about how they match with your needs. In this awareness stage, you must also make sure you take note of all of your needs and figure out what is most and least important to you.
3. **Choice:** Although choice seems like a simple process, a mindful choice is not merely pointing to one TV out of a dozen and claiming it as your own. Based off of the previous two steps, you know that your decision is complicated (with needs, desires,

impulses, and past experiences) and you know that there are many options. The MindfulChoice<sup>SM</sup> philosophy dictates that simple binary choices are easier to mentally process with rapidity and efficiency, like a computer. Therefore, in order to work towards making your final decision you have to break down your previous options based on the factors that are important to you. In MindfulChoice<sup>SM</sup> we call this primary vs. secondary. For any one consumer the combination of primary vs secondary can vary. For instance, a budgeting consumer could have a primary concern of price and a secondary of size, definition, brand, or warrantee. Thus the MindfulChoice<sup>SM</sup> process requires you to first consider what is most important to you, eliminate based off of that alone, and *then* move onto your secondary considerations.

4. **Self Assessment:** After you have made your decision and executed it, it is important to evaluate not how good the decision was, but *how* you came to that decision (the process more than the occurrence). Recognizing areas of strengths and weaknesses is important to self growth.

In this example, an everyday process was broken down into seemingly detailed steps. In reality, your decision takes place in less than a second and usually relies on ‘intuition.’ However, recognition is the first step of MindfulChoice for a reason; many people feel trapped in their situation because they cannot see a choice. Simply recognizing that there is a situation with a variety of options you can control, is critically important to your success. I recognize however, that working at a hospital is nothing like buying a TV, but the decisions you make and the thought processes you use are essentially the same. The decisions you make exist in two dimensions: the responder and the victim. You as the responder make decisions that appear to only impact you: eating breakfast, taking a nap, socializing with friends. You also make decisions that impact the victim: the words you choose, resources you send, and support you give. Surprisingly, these two decision sets are intricately related. Understanding this correlation is the next step to incorporating MindfulChoice into your life and work.

Practicing the MindfulChoice method at home helps to teach you the thought process behind making logical decisions. One way you can immediately integrate MFC is by being mindful of your health and wellbeing. Working in a high stress environment can directly impact your health and your health can impact your reaction to that environment. It is important that you consider the following:

- Routine Sleep Schedule
- Balanced Diet
- Routine Exercise
- Perception of Quality of life

While this program focuses on your mind, your mind cannot function correctly if you do not take care of your body.

# Training for the Risks

Now that you understand the way MindfulChoice<sup>SM</sup> works in a simple situation and the impact your body can have on your mind, we can now explore the concrete ways that MindfulChoice<sup>SM</sup> can help you combat the risks on your job. Training both your body and your mind may be one of the only effective ways to alleviate the effects of a stressful workplace and it is important that you try to incorporate these strategies into your daily routine.

## *The Fear Response*

Earlier we described what the fear response included: Freeze, Flight, Fight, and Fright. This is a very natural response and is almost impossible to override. Dr. Joseph Ledoux has done extensive research on the neuro-anatomy of fear responses and he has found that there is a dual processing system to fearful stimuli. When you first sense something scary like a shadow or a sound, your sensory neurons send that information first to the amygdala, one of the oldest parts of the brain. This is the part of the brain that triggers the initial fear reaction. Simultaneously, the stimulus is also being interpreted by the sensory cortex, where the brain realizes that it was a harmless shadow or sound. The cortex then sends signals to the amygdala, telling it to stop the fear response. While it may be impossible to stop being afraid of shadows, it is possible to become more aware of your fear response and engage in the critical thinking that is necessary to ameliorate it. First, let's review the steps of a fear reaction:

1. The amygdala sends a distress signal to the hypothalamus
2. The hypothalamus activates the sympathetic nervous system
3. The adrenal glands release epinephrine (adrenaline) which has the following effects:
  - a. Increased heart beat
  - b. Increased blood pressure
  - c. Increased breathing
  - d. Opening of lung airways
  - e. Senses increase in clarity (pupil dilation, raised hairs)
4. If the brain continues to perceive a threat the HPA axis which will activate the pituitary and adrenal glands to continue releasing cortisol. This reaction is slower, and many people struggle to stop the continued activation of the fear response. It may be that it is the interaction of the sensory cortex that impacts how you can stop the continued stress response and activate the parasympathetic nervous system, which calms the body down to a normal level.

It is highly likely that in the high pressure situations that you deal with on a regular basis, your fear response is triggered despite you being in no immediate danger. The stress of non-physical dangers such as struggling patients, problems with co-workers, long hours, or any other variety, are not easily resolved and the body cannot figure out when to stop the stress response. Therefore it is critically important to participate in the MindfulChoice<sup>SM</sup> strategies to stop the response.

**Step One:** By reviewing the signs of a fear response, you have already increased your awareness of this natural occurrence. While we recognize that in the midst of a life or death situation with patients, it may seem like there not be time to carry out the following strategies, but with teamwork and an open mind, we believe you can use MindFulChoice in all situations.

**Step Two:** Once you know that you are experiencing a fear response, become aware of the signs your body is giving you. This is incorporating the **WHAT vs WHY** paradigm. What are you experiencing? Shaking hands, difficulty breathing, and difficulty seeing? Make sure that you assess your current safety as well, are you alone? Do you have the necessary equipment available? Have you eaten recently? Some of the following questions might also be useful in detecting the real amount of danger:

- How real and imminent is this threat?
- Is it avoidable?
- Is it coming my way or am I going to it?
- How close (near) in space and time is it to happen?
- If it is necessary to act, what options are available?
- What can and cannot be mitigated?
- What are the likely effects and consequences of that danger?
- How damaging will it be for me and others?
- Where am I--What is my cognitive and physiological state at this moment?

**Step Three:** Now that you have assessed the situation both internally and externally, it is time for you to make your decisions. FeelCared believes that in addition to making the right choices for your patient, you must also make the right decision for yourself. In the heat of the moment, this may be as simple as deciding to take ten deep breaths before acting on the issue at hand. It could also be communicating with peers instead of experiencing the crisis alone. More often than not however, resolving the feelings of stress occurs after the incident. Therefore, the choice occurs: do I take the time to care for myself after my shift or do I ignore the feelings inside? While we understand the complexity of time management at the workplace and at home, here are a few options to decrease the fear response:

- deep breathing
- focusing on a soothing word
- visualization of tranquil scenes
- calming memories
- meditation or repetitive prayer
- yoga
- tai chi
- Physical activity
- Interacting with friends and family

**Step Four:** After you have made the decision of how you are going to react to the fear response, it is time to evaluate the success of your decision. Remember to look at both in the moment and outside of the moment. Did you find a way to calm down? Did you alleviate the remaining cortisol after you left work? Keep track of what works for you and talk to coworkers. You are all experiencing the same symptoms and can be valuable resources to each other.

### ***Tunnel Vision Effect (TVE)***

In addition to the narrowing of visual perception, the tunnel vision effect is a known cognitive bias that leaves individuals unable to pursue alternative options. This is the result of underlying factors such as confirmation bias, hindsight bias, or outcome bias. There are many types of solutions to this problem and they will be more thoroughly discussed in the training.

Aggravating Factors are those that trigger the tunnel vision effect. With practice, you can sense these factors from afar and prepare yourself to combat them appropriately:

- Mental Overload
- Multitasking
- Fatigue/Inadequate Sleep
- Depression
- Anxiety
- Irritability
- Aggressiveness
- Pains and Aches
- Alcohol/Drugs

Essentially anything that negatively impacts your ability to function optimally or ‘focus’ can act as a trigger to the tunnel vision effect. When you notice some of these signs, it may be helpful to engage in some of the practices below. . Tunnel vision effect is unfortunately unnoticeable by the person experiencing it, therefore it is important to recognize that these strategies will only work if you can also recognize the triggers of tunnel vision effect.

For groups working to solve a problem, such as the effective diagnosis or treatment of a patient, it is often easy to establish groupthink, a form of tunnel vision in which the group latches onto the idea of the leader of the group. When dealing with the lives of patients, it is dangerous to assume that one person can directly decide the outcome of a patient’s care. This is the same issue that investigators in criminal justice experience when they seek to solve a crime. Some programs have found success in enlisting contrarians, or individuals specifically hired to be a sort of devil’s advocate, are responsible for conducting a critical review of the investigation. Research into this strategy suggests that an outsider view may help a team to overcome the tunnel vision effect.

Individuals who recognize that they often experience the tunnel vision effect when in a high pressure situation should practice breathing techniques and step-by-step planning. In the event of a critical incident, cooperation with colleagues is important as talking through a plan can reduce focusing on one outcome only. Staying in contact with the group can also help the individual to maintain the big picture or adjust when the situation changes. Training yourself to counteract the fear response will also help to slow or alleviate the effects of tunnel vision.

Most experts consider tunnel vision difficult to stop once it has started. Therefore it is important to constantly evaluate your personal performance and identify if tunnel vision has occurred. Once you realize that it has, engage in the four step process to practice eliminating it.

### *Vicarious Trauma*

Vicarious trauma is a common response to working with individuals who are coping with intense stress and crisis. The following tips were taken from a summary of Schenk 2004's article "You cannot touch a trauma without being touched by it: Managing vicarious trauma."

- Remember to feel gratitude for the ability to work with clients on a deep and profound level, and to appreciate that this has resulted in a positive transformation in your life
- Recognize that being impacted by your clients is an expected part of the work
- Maintain a solid commitment to managing the impact of exposure to your client's trauma material in your own life. It is your professional right and responsibility.
- Work from a strengths perspective, not a disease perspective.
- Assume as much control over your own work schedule as possible. Schedule breaks and lunches with colleagues.

Therefore we can use the same four step approach to incorporate these suggestions in order to maintain a work-life balance in which vicarious trauma does not invade your life.

Step One: Recognize that there is an issue at hand that you are struggling with how to deal with what you are experiencing. Think about what you have done in the past to resolve these situations. Consider what the consequences are if you leave this unaddressed.

Step Two: Become aware of what is actually happening. What are you reacting to? What are you feeling? What is going on around you? What are your options?

Step Three: Choose what you are going to do. How are you going to help yourself? Remember to consider it as a simple binary choice. (Ex. You can call a friend or not, you can go to the gym or not.)

Step Four: Evaluate how effective your method was in helping you to remove the feelings of vicarious trauma. Remember to seek help if you feel that the trauma is not being corrected after your efforts.

# Stress, Fatigue and Poor Sleep

## Stress

The word stress is an indication of pressure or tension. Originally, it was describing a physical constraint that mechanical piece can endure like a cable or an arch for a bridge. Today, stress is more used to describe our modern life style. There are two reasons for that:

- **The complexity of our existence**, our present life style is more complex than older times. Today, we must process more in formations (bank codes, social security, door access code, telephone, fax numbers and internet address numbers). The environment itself is more complex than before. For example, to navigate from an industrial park around a big metropolitan city, with all the cloverleaves access ramps, the indication panels and the intense traffic of other vehicles during rush hours. Actually, further the loss of feeling to be in control over the environment increases the level of stress dramatically.
- **The frequent changes at rapid pace**, our lives are marked with a multitude of changes with higher frequency and more rapid rhythms. Change of job, change of residency, and changes of colleagues, friends and family. Today, we know well that the stress level is totally correlated with the quantity of changes imposed to the persons.

Now days, stress and the adaptation to our environment are linked, adapting to the change is totally part of the definition of stress.

## **Stress and Performance**

In 1906, two American researchers, Yerkes and Dodson, have pointed out the evident well-known phenomenon today. The relation between the degree of activation, and the success to perform a task (at that time stress was not yet in usage). They demonstrated a Double Inverted Curve of Stress Versus Performance.

It is like what happens for the car: you must avoid under run or overrun of the engine, the optimal performances for a given person are located in a medial zone of stimulation. The curve is automatically shaping to fit identically to the task to be performed either simply or in a more complex way. But in case of complex task, the best result is obtained with a lower level of stress

## **Stress, anxiety and depression**

Generally, there are confusions in regard of those three different situations. Stress is not a sickness, whereas anxiety or depression is pathological. An easy way to look at it:

A person is stressed when the signs that are complained about, appears only in presence of stressors. If the work is stressing, one will feel better during weekends and holidays that means when the person will be at distance of the stressor.

Anxiety is appropriated term when the symptoms are persisting without the presence of the stressor. If long after or before to be exposed to the stressor, the person complains of different occurrence of tension or anxious matters, it is not any longer stress but rather anxiety. In this example. The person still persists to be concern with the job despite the

vacations or the weekend. The person has internalized the stress and can produce alone its own stress at distance of the stressor.

Sometime, what a patient indicates to the doctor as stress is in fact depression. The person become incapable to take any action, everything seems difficult and insurmountable, a feeling of acute tense, frustration, sadness, discouragement.

As much the stressed or anxious persons are still in action and capable of efforts to adapt, as much the depressed person renounce tot all efforts to fight and to think that any attempt to regain some control over the environment is unnecessary.

It is possible that those three phases can succeed one each other for a same person: exposed to too many important and repeated stressors, the person will first be stressed, then anxious and later might end up depressed.

### **Selye General Syndrome of Adaptation**

After exposure to an acute stressor, the human organism first receive the blow, the time to mobilize resources (alarm phase), then enter in a phase of resistance where all the physiological reactions are turned against the aggression, to then later drawn in power shortage when the energetic reserves are exhausted.

### **Economic Distress**

In a 1993 study produced in Geneva, Swiss, by the Bureau International of Travail (B.I.T): "Stress became one of the most important problem in today's society, stress can endangers the physical and mental health of the persons, and furthermore, stress can cost a high price to the companies and national economies."

In the United States only, the cost of stress for industry is estimated already over 200 Billions of Dollars per year, in absenteeism, loss of productivity, health insurance and direct medical costs. In Great Britain, it is considered to approach 10 per cent of the Gross National Product.

### **Stress Management**

We all are doing some kind of stress management without paying any attention to it: by walking few minutes to relax after a day's work, by sharing confidences with a friend,

### **Learning to react and deal with stressful situations**

By being better prepare to what to expect, people can learn to improve how to cope with stress. Stress managers and consultants have developed many stress management programs.

Reacting to stress is an essential function of our organism, as essential that breathing or eating, an excessive stress will trigger negative consequences. It is important to manage stress efficiently.

### **Focusing on Health**

Comparing stress and nutrition is pertinent: to eat is necessary, but too much or improper eating habit can trigger health problems and shorten life expectancy.

It is better to contain our reactions to stress, as well as for our eating patterns, within non-damageable limits for our body. In short, managing stress is good for health.

### **Focusing on Efficiency**

There is an optimal individual threshold in order for a person to be in peak performance and at best motivated. Therefore, it is interesting to mention the diversity of stress management programs focusing on sport or occupational specifics.

### **Action centered on the stressor**

Find a way to either not to be exposed to the stressor or reduce at least your exposure if you cannot eliminate the cause of the stress.

### **Action centered on the reaction to the stress:**

With this strategy, you manage your stress by engaging in an action not on the stressor, but directly on your own reaction to stress.

### **Increasing stress resistance:**

In this third approach, you neither act upon the stressor nor your reaction to stress. Your goal is here to minimize your overall stress resistance, to recover a better health by increasing your resilience to stress.

- Perhaps you realize that the stressor is only added to your being already tense because of over load at work, or any other concerning personal or family matters.
- You might decide to get better organized in life, to get a nice walk, to do a sport and get in better shape, to keep available time for your family and friends.

### **Different approaches:**

In order to implement the above three different stress management strategies, you can use one or several approaches individually or mixed together

- Relaxation various methods.
- Diaphragmic Breathing to benefit from Vagal Nervous System
- Behavioral approach.
- Cognitive approach.
- Stress moderators.

A stress management program can be composed with different ingredients: rather than “The” perfect stress management program, there is many different programs each to each person depending of his or her stressor, of their sign of stress and the specific character (likewise a diet must always be adjusted to the concerned person). Anyway, it is imperative that the program contains only approach that has been validated scientifically.

### **Relaxation is the opposite of stress**

This peaceful stage called “relaxing response” can be described as the opposite to “stress reaction”.

Indeed, with a person in a relaxation phase, we can notice different parameters at the opposite of the reaction to stress.

- Reduced cardiac and respiratory responses.

- Lower muscular tonus.
- Warmer extremities due to deeper skin dilatation.
- Lower artery pressure.
- Lower circulating catecholamine levels (adrenalin, no adrenalin).
- Reduced activity of the limbic system (all the cerebral nucleus involved for the process of emotions and preservation of the organism)

### **Relaxation Specifics**

- All the above phenomenon are equally observed with sleep, but during the phase of relaxation, the person stay awake, and can voluntarily interrupt at any time the process
- Opposite of stress reaction, the relaxation reaction can be differentiated with two major characteristics.
- Relaxation is voluntary and must be decided by the person, as the reaction to stress is spontaneous and involuntary.
- Relaxation must be learned as reactions to stress are ingrained.

In stress management, relaxation appears the most direct path to control stress reaction, by inverting the physiological discomforting reactions to excessive stress.

## **I) Cognitive versus behavioral psychology to teach and learn**

Cognition has for origin the Latin expression *cognosco* (I know). Psychologists label cognition all mental content representations from the person (image, internal discourse, judgment, anticipation). In common language, “Thought” is a good synonym for cognition. Many authors have researched for methods to control or modify the cognitive process particularly under conditions of stress, including in situation of learning to assist the person to think differently in order to manage better in regard of difficult situations.

### **Different thinking**

When “thinking differently”, a stressed person can attempt to control the reaction to stress, it is the strategy of coping centered on emotions for controlling stress conditions.

### **Different Training**

Training to a cognitive path is a method to expose a person to different difficult or dangerous situations in a well control environment, and to demonstrate ways to avoid difficulties and danger under proper procedure.

The cognitive path is to make the brain of the person to have an immediate fearless response as “been there, done that”, “ I know that can do it, because I succeeded to do it before”. After all you can only recognize what you have been exposed to before. How can you remember what you do not know?. For example

how can you recognize, or imagine the scent of the passion fruit if you never tasted it beforehand.

The more we can train a person to be expose to master difficult situations in a safe educational environment, the more we train them to recognize danger swiftly, and the procedure to prevent further disastrous situations.

For example, we have demonstrated on a hydraulic skid pad facility that we can train a driver to avoid a loss of control of vehicle. With a proper technique focusing on a central vision rather than peripheral vision, the person can avoid skidding by looking only toward the escape path rather than locking-on to the dangerous obstacle. Well train, the driver will not panic, recognize early signs of danger, and adjust properly the right maneuver within few milliseconds to maintain the right the trajectory.

### **The behavioral approach**

In situation of danger, or situations of discomfort, or simply feeling estranged to new stressful situations, a person will be alarmed, concerned and eventually afraid. This is a normal behavior under those circumstances.

We can venture to explain that the behavioral approach is to say that people react in such particular way when exposed to such specific situations.

Under pressure, under fatigue, under stress, under influence of alcohol, under misinformation, under insufficient training: people will act inappropriately and therefore unintentionally but surely dangerously for themselves and others!

Behavioral psychology supplies a lot of in formations about **how** people react when exposed to certain situations in life, it exemplify the relation of the cause from effect. But Cognitive psychology can explain **what** is the process to perceive or to feel in regard of different situations, it exemplify the relation of the effect from the cause.

Under proper training, we can educate a person to react because well informed differently and subsequently modify the effect that the cause would have had if not well prepared.

By teaching the symptoms of problems, stress, accident, danger, we train to avoid disastrous consequences, independently of the cause of potential difficult situations one can be expose in a constantly changing environment of our modern life.

## **II) What motivation is behind people to make a change**

It is easy to reengineer a product, it is more difficult to transform a company, and it is difficult to change a corporation policy, procedure and attitude. It is easy to create new products, new laws, a new society, but it is difficult to have the people to use it. Why? It is just because it is difficult to change over habits, attitudes, and usage by the people.

People have a tendency to play to keep for what they think they know, instead of changing for what they do not know.

What you do not know is naturally not of interest, therefore if you get better informed, educated, and expose to something new, you might well consider to look into it. Particularly, if it feels good or make sense, you might go for it now on.

Habits are resilient and strong, but change can be quick if people like the sampling test they can be eventually exposed to.

Health and safety campaigns are not much successful, because people are used to do it the “old way”. For example, protecting lives with safe sex education does only works (partially) after that people are heavily exposed to massive aid campaigns to protect them of the dangers to enter in relations with others.

This is the difficulty of rapidly trying to change behaviors in a modern quick paced society. We can explain the consequences and the cause of the problems, but we can find how to operate the transition to better situations. Particularly it is more difficult to transfer the concept of prevention and preventive maintenances. Why to bother before the problem becomes a serious concern!

Remember, you do not know what you have not experienced before. This is why we are advocating not teaching about pain and difficulties, but rather educating about well-being. It is difficult to make someone change his or her pattern if we cannot show him or her improvements in a preferably physical or at least realistic manner.

There is no progress without stress. To change, one needs first to recognize a problem or a need, and to dream about an improving solution to his or her personal specific situation. People have to imagine a better situation in order to project themselves into a “cool” sweeter outcome.

Show me the progress! , Show me the better feeling! , Show me a better life! The answer is difficult, because even if we show other persons example, he or her will not perceive how it relates to them personally.

The solution is motivation. Only motivated students can learn, only motivated teachers can educate. It takes motivated persons to be trained by motivated educators.

One more time, we believe that the secret is first to present an honest proposition, and to show the benefits with a cognitive process. By experiencing so to speak in the flesh, trough repetitive short hand-on sessions to be exposed to a new technique.

To well educate, we need good educators, to motivate, we need a more needed in demand of individuals: good motivators. Both, educators and trainers need to possess pedagogical skills in order to properly motivate by real applied examples to he or she who listen and practice.

We have been able to witness that the individual physical cognitive process can work rapidly by small steps but sure visible progress increments.

The key to motivation for change is to make it easily accessible and immediately understandable. It does work for me! Is it not the best and only testimonial to adhere durably to novelty and progress?

# Metacognition and Self Care

As discussed in the definitions, metacognition is the practice of thinking about thinking. The following section is intended to provide you with resources to assess how you evaluate your current thought process and condition.

This survey was modified from an assessment of self-care in child welfare workers. Answer the questions honestly as they relate to you as: A) Not at all B) Slight Extent C) Moderate Extent D) Great Extent E) Very Great Extent

1. I work with teams within my organization.
2. I request and expect regular supervision and supportive consultation.
3. I utilize peer support.
4. I attend regular safety training.
5. I balance my caseloads so that I am not dealing with too much.
6. I have sufficient release time and safe physical space to relax in.
7. I attend trainings on secondary trauma.
8. I seek continuing education on the effects of trauma on helping professionals.
9. I utilize agency resources such as employee assistant programs for intermittent support if needed.
10. I cultivate a workplace culture that normalizes (and does not stigmatize) getting help for mental health professionals.
11. I would consider therapy for unresolved trauma that my work may be activating.
12. I set realistic goals and expectations for myself.
13. I practice stress management through meditation, prayer, conscious relaxation, deep breathing, and exercise.
14. I have developed a written plan for myself that is focused on work–life balance.

What were your answers? If you find that a majority of your responses were not at all or slight extent you may need to engage in MindfulChoice<sup>SM</sup> to find a solution. This may require reaching out to your organization, friends, or family.

Please feel free contacting us at: <https://mindfocusedcoaching.com>

## Bibliography

The following sources were used in the creation of this document.

Clavin, T. (2013, June 18). There Never Was Such a Thing as a Red Phone in the White House. Retrieved from <http://www.smithsonianmag.com/history/there-never-was-such-a-thing-as-a-red-phone-in-the-white-house-1129598/?page=2>

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. (2015). The role of self-care on compassion satisfaction, burnout and trauma among child welfare workers. *Children and Youth Services Review*, 49, 54–61.

<http://doi.org/http://dx.doi.org/10.1016/j.childyouth.2014.12.023>

<http://www.usatoday.com/story/news/nation/2014/08/14/suicide-hotline-calls-surge/14053415/>

Salet, R., & Terpstra, J. (2013). Critical Review in Criminal Investigation: Evaluation of a Measure to Prevent Tunnel Vision. *Policing*, 8(1), 43–50.

<http://doi.org/10.1093/police/pat039>

H. Stefan Bracha (2004). Freeze, Flight, Fight, Fright, Faint: Adaptationist Perspectives on the Acute Stress Response Spectrum. . *CNS Spectrums*, 9, pp 679-685 doi: 10.1017/S1092852900001954

Hale, D. (2015, February). Protecting Against the Hazards of Tunnel Vision. *Fire Engineering*.

<http://www.health.harvard.edu/staying-healthy/understanding-the-stress-response>

Short, S. M. (2012, spring). Vicarious traumatization and the call for universal precautions. *NENA Outlook*, 35(1), 6.

Reynolds, C. A., & Wagner, S. L. (2007). Stress and First Responders: The Need for a

Multidimensional Approach to Stress Management. *International Journal of Disability*

*Management*

Jaffe, S., & Schub, T. (2015, May 1). Post-Traumatic Stress Disorder. Cinahl Information Systems.

H. Stefan Bracha (2004). Freeze, Flight, Fight, Fright, Faint: Adaptationist Perspectives on the Acute Stress Response Spectrum. . *CNS Spectrums*, 9, pp 679-685 doi: 10.1017/S1092852900001954

U.S. Department of Health and Human Services. A Guide to Managing Stress in Crisis

Response Professions. DHHS Pub. No. SMA 4113. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005.

Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma, 17*(2), 114–122. <http://doi.org/10.1177/1460408614551978>

Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious Resilience, Vicarious Trauma, and Awareness of Equity in Trauma Work. *Journal of Humanistic Psychology, 55*(2), 153–172. <http://doi.org/10.1177/0022167814534322>

Wood, R., & Bandura, A. (1989). Impact of Conceptions on Self-Regulatory Mechanisms and Complex Decision Making. *Journal of Personality and Social Psychology, 56*(3), 407–415. <http://doi.org/0022.3514/89>

Bavol'ár, J., & Orosová, O. (2015). Decision-making styles and their associations with decision-making competencies and mental health. *Judgment and Decision Making, 10*(1), 115–122.

Weber, E. U., & Johnson, E. (2009). Mindful Judgment and Decision Making. *Annual Review of Psychology, 60*, 53–85. <http://doi.org/10.1146/annurev.psych.60.110707.163633>

Loewenstein, G., Hse, C. K., Weber, E. U., & Welch, N. (2001). Risks as Feelings. *Psychological Bulletin, 127*(2), 267–286. <http://doi.org/10.1037//0033-2909.127.2.267>

Cheek, N. N., Coe-Odess, S., & Schwartz, B. (2015). What have I just done? Anchoring, self-knowledge, and judgments of recent behavior. *Judgment and Decision Making, 10*(1), 76–85.

Dewberry, C., Juanchich, M., & Narendran, S. (2013). Decision-making competence in everyday life: The roles of general cognitive styles, decision-making styles and personality. *Personality and Individual Differences, 55*, 783–788. <http://doi.org/http://dx.doi.org/10.1016/j.paid.2013.06.012>

Armony, J. L., Servan-Schreiber, D., Cohen, J. D., & LeDoux, J. E. (1995). An anatomically-constrained neural network model of fear conditioning.

Kolling, N., Wittmann, M., & Rushworth, M. F. (2014). Multiple Neural Mechanisms of Decision Making and Their Competition under Changing Risk Pressure. *Neuron, 81*. <http://doi.org/http://dx.doi.org/10.1016/j.neuron.2014.01.033>

Godnig, E. C. (2003). Tunnel Vision: Its Causes & Treatment Strategies. *Journal of Behavioral Optometry, 14*(4), 95–99.

Peak Performance Body & Mind: How to Optimize the Use and Condition of Your Body, by Dr. Scott W. Donkin & Dr. Gerard Meyer