

Toolbox Talks

By Dr. Sally

*Tips and Tools
to Improve
Your Emotional
Well-Being*



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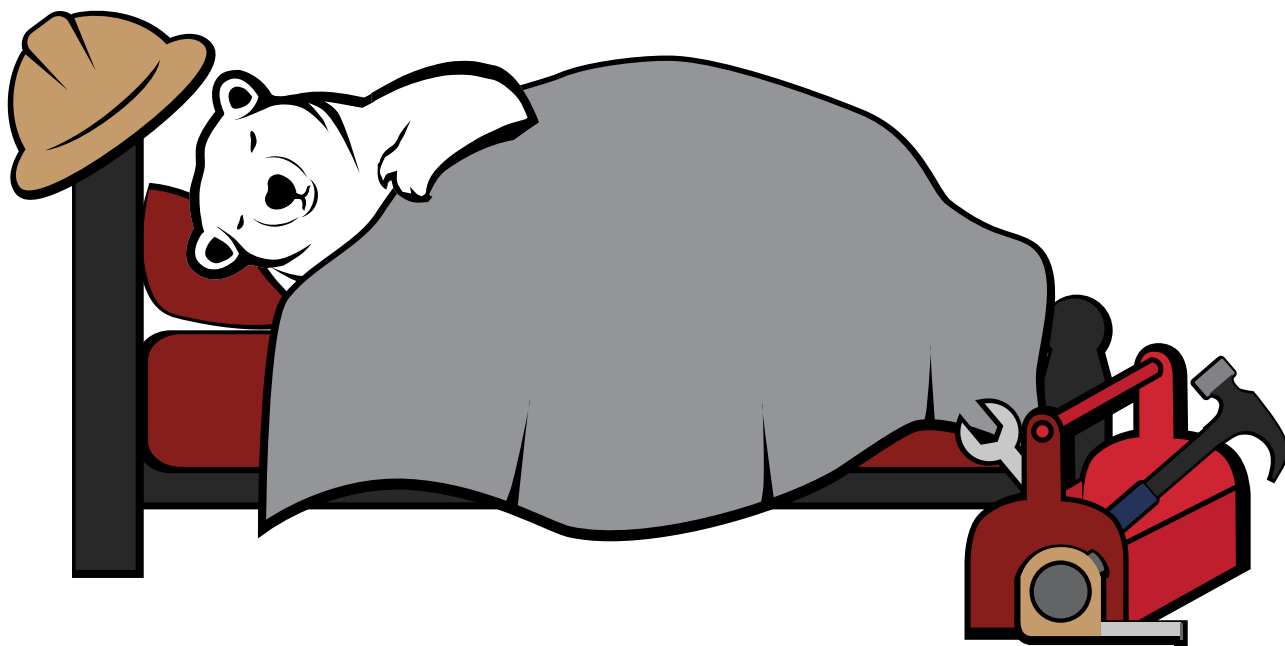
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Why We Need to Prioritize Sleep



Similar to how your body needs water, your brain needs sleep which can be especially difficult to get when you are under toxic stress. Lack of sleep will increase unpleasant experiences such as confusion, moodiness and irritability.

The impacts of poor sleep in the short- and long-term:

- Decreased cognitive performance and decision-making skills
- Increased risk for anxiety, depression, suicide and Alzheimer's Disease
- Increased irritability and moodiness
- Decreased ability to tolerate stress
- Increased risk of injury and illness





Landing the Plane of Sleep— Build a Sleep Routine.

When it's time to sleep, wind down like you are landing a plane; your brain is not a light switch. In other words, create a sleep routine so that your brain anticipates shutting down.

1. STEP ONE:

Stop activating activity at least one hour before bedtime.

- Turn off gaming and television
- Close computer and phones

2. STEP TWO:

Engage in calming rituals

- Stretch
- Read, journal or meditate

3. STEP THREE:

Relax the Body

- Count deep belly breaths and start back at one if you lose count
- Starting with your feet and working toward your head, focus on imaging the muscles melting into the bed until you have relaxed your body to sleep.



Improve Your Sleep Hygiene

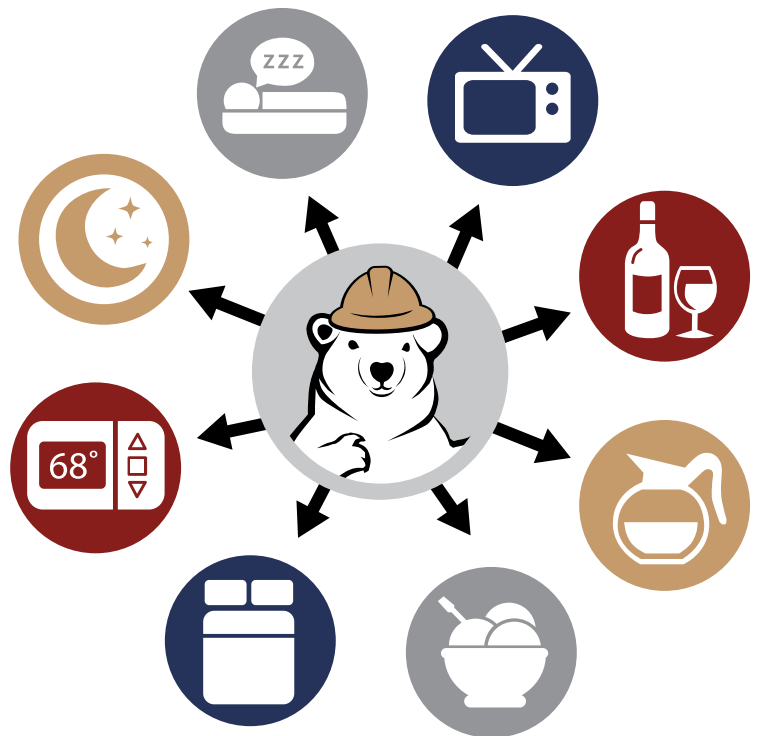
If you are having trouble falling asleep or staying asleep, do not rush toward sleeping pills but learn how to master your sleeping skills. Try these tips:

CONTROL THE SLEEP ENVIRONMENT:

- Comfortable bedding
- Cooler room temperature
- Eliminate as much light as possible
- Turn off TV and blue screens
- Limit bed for sleep or sex only

BE MINDFUL OF FOOD & DRINK INTAKE:

- Reduce caffeine intake especially after 2pm
- Don't eat a big meal before bedtime
- Reduce alcohol intake (too much can lead to waking up in the middle of the night)





Regulate Emotional Intensity: Mammalian Diving Reflex

Go soak your head for an emotional reset. Seriously.

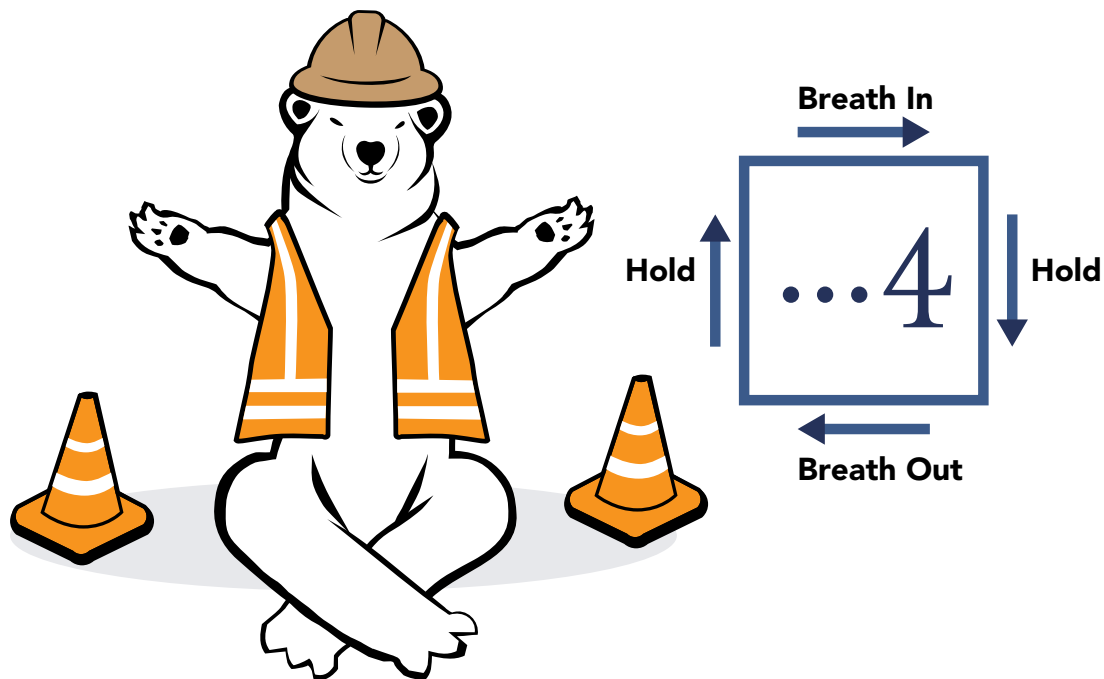


It turns out mammals have a primitive reflex designed to prevent us from drowning called the "Mammalian Diving Reflex." When our face is submerged in cold water our bodies immediately kick in a part of our nervous system that slows everything down. If you are feeling panic or intense overwhelm or anxiety:

1. **Step 1:** Fill a bowl with ice water or turn on a cold shower.
2. **Step 2:** Submerge your face in the cold water for at least 15 seconds.
3. **Step 3:** Watch your heart rate go down. Rinse and repeat if necessary.



Reboot Your Brain: Box Breathing



Finding it hard to motivate? Difficult to organize your tasks? Forgetting what you are about to say?

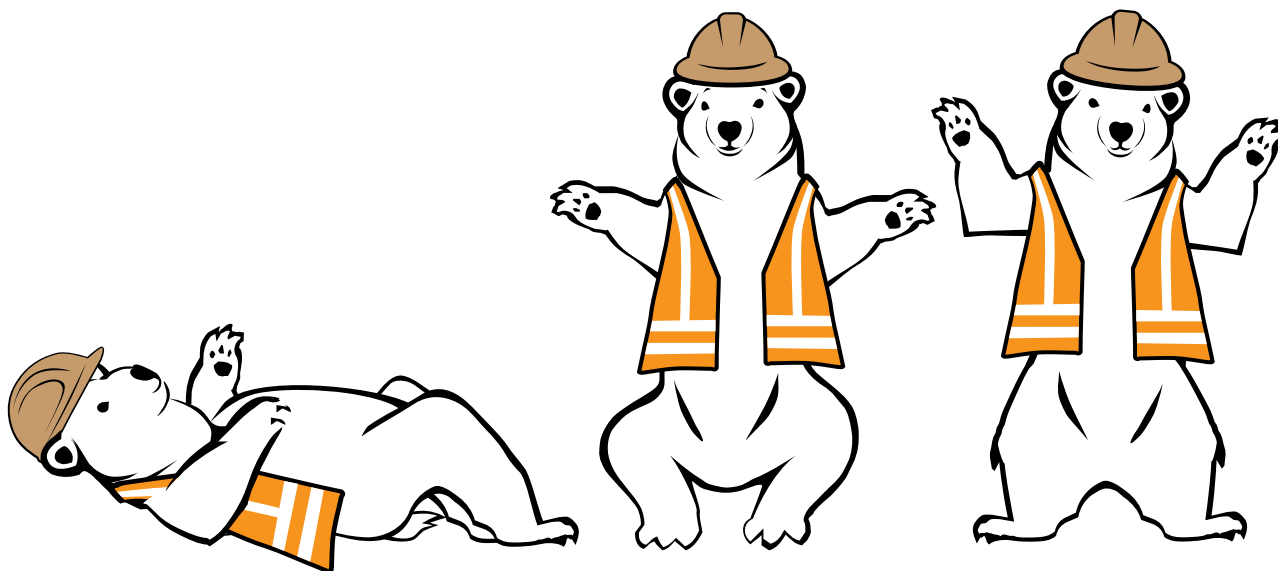
It is very common for people to experience these challenges when they are under high levels of distress. Similar to when your operating system is overloaded, we need to close some mental tabs. Here's a simple exercise to reboot your brain.

1. **Step 1:** Breath in through your nose for the count of 4
2. **Step 2:** Hold your breath in for the count of 4
3. **Step 3:** Breathe out through your mouth for the count of 4
4. **Step 4:** Hold for the count of 4
5. **Step 5:** Repeat as needed for desired results.





Distraction: Physical Movement 20/20/20



Your body and brain are in constant communication and oftentimes distress becomes a downward spiral. Rather than engage in numbing activities like substance use, one way to interrupt that spiral is through physical movement. Research has shown that running for 15 minutes a day can reduce depression and that any movement helps. If you need a quick pick me up, maybe you are feeling anxious and need to expel energy OR if you need an energy pick-me-up because you are getting drowsy when you need to be awake try 20/20/20*:

- 20 **CRUNCHES:** inhaling as you lean back and exhaling as you go forward
- 20 **SQUATS:** slow and notice the muscles working
- 20 **JUMPING JACKS:** get your heart rate up a bit

**If these movements are not physically possible, substitute with other repetitive, brief and intense movements that you can do.*





Understanding Trauma: Obvious Trauma and Less-Obvious Trauma

Usually when people refer to “trauma” we think about obvious traumas like living through or witnessing combat, rape, natural disasters or car crashes. But not all traumas need to be life-threatening to have a significant impact on well-being. Less-obvious traumas like bullying, break-ups, major transitions, and the death of a loved one or repeated exposure to trauma in childhood like physical abuse, psychological abuse, or community violence can perpetuate trauma symptoms.



Trauma related symptoms include:

- Recurring, involuntary, and intrusive thoughts or dreams
- Heightened physiological reactions (startle response, anxiety, fear) to thoughts or environments that symbolize the traumatic experience
- Conscious or unconscious avoidance of thoughts or environments that symbolize the traumatic experience
- Changes in thinking and affect associated with the traumatic event in the form of persistent negative mood, detachment and isolation, and exaggerated negative beliefs about oneself

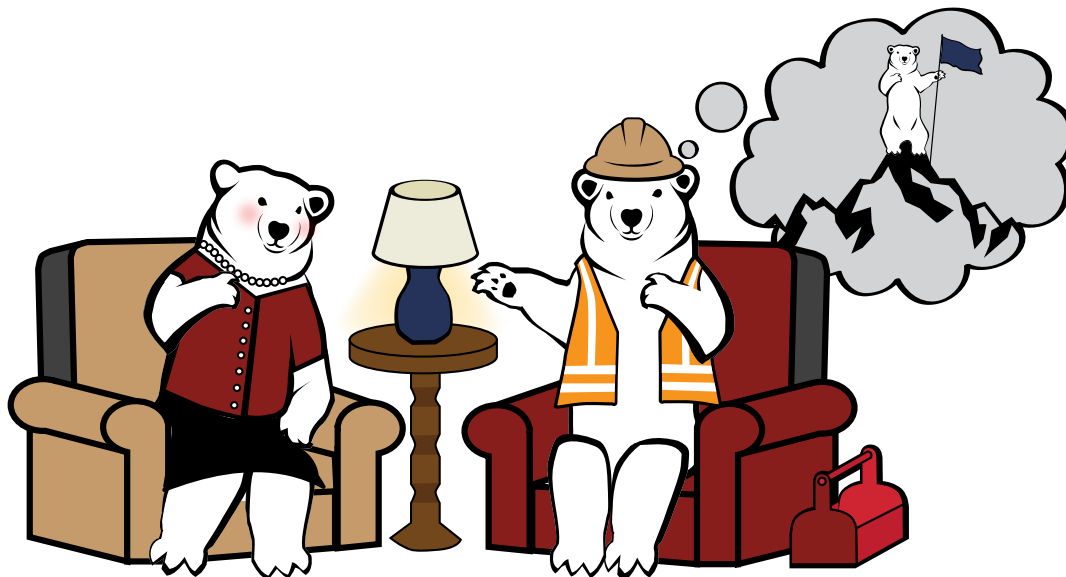
Trauma reflects the IMPACT of the experience.

NOT the SEVERITY OR CAUSE of the experience.





Traumatic Memories: How Therapy Can Help



Think of each of your traumatic memories as pieces of paper. Your mind is like a basket that stores all of these pieces of paper. Imagine that most memories are flat pieces of paper the slide nicely into the basket. Traumatic memories, however, are more like crumpled up pieces of paper that take up a lot more space than a regular piece of paper. If you have too many of these crumpled up pieces of paper, or some really large crumpled up papers, the basket will start to overflow and fall all around you. When you go to sleep, it these crumpled up papers can fall out of the basket and spill into your dreams.

Evidence-based trauma-focused treatments take many forms, but—returning to our trash can analogy—they tend to work like this... When you talk to your mental health care provider about your trauma experience, it's like you are taking each crumpled piece of paper out of the bin and pressing it flat, so you can see it clearly. Then you fold the papers up neatly and place them back in the bottom of the basket can in a more organized way. When you're done, the memories no longer fall out the top, and you have more room in your head to think about different things. For more information on treatment ask a mental health professional.



Helping Others Through Trauma: Why Predictability, Control, and Safety Matter



The hallmarks of a traumatic experience are Unpredictability, Powerlessness and Threat. If someone you care about has been traumatized, the best way that we can assist is to help create the opposite: Predictability, Safety and Control.

1. **Step 1: Predictability** – Help the person you are trying to help find predictability and routine in their life. Familiar patterns can be grounding.
2. **Step 2: Safety** – Safety is a basic human need that must be met before other goals can be reached. Traumatic experiences shatter our sense of safety. As a support person you can help rebuild psychological safety by building trust, offering reassurance, and letting them know it's okay to set boundaries.
3. **Step 3: Control** – When people experience trauma, they often feel that their sense of personal agency has been taken away. Whenever possible, empower them by offering choices that help them regain a sense of control.

REMEMBER: Safety, Predictability and Control are the antidotes for Unpredictability, Powerlessness and Threat.





Lean In and Listen Fully



When people you care about are distressed and overwhelmed, one of the best things you can do is give them your whole attention and listen.

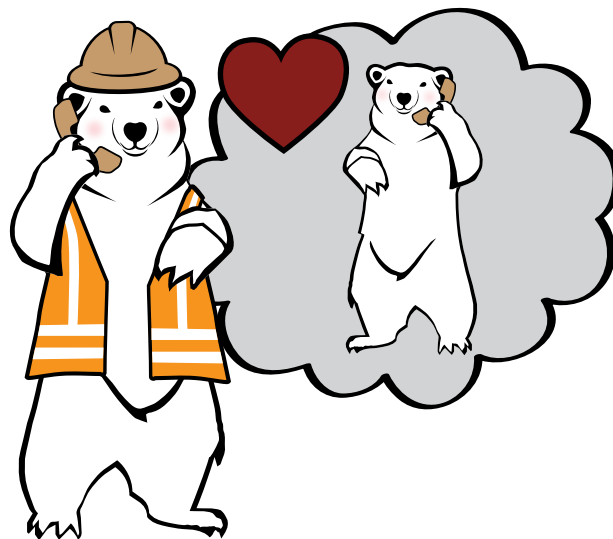
Here are some best practices in "active listening."

- Create a physical space that offers privacy and comfort or take a walk side by side.
- Position your body so it communicates openness (e.g., get on their level, unfold your arms and legs, lean in, make eye contact)
- Ask "open ended" questions that invite the other person to tell you stories or more elaborate descriptions (e.g., "Can you tell me more about what you are going through? Describe your experience to me so I understand.")
- Suspend judgment and problem-solving. **DO NOT GIVE ADVICE.**
- Reflect back feelings you notice (e.g., "That sounds very frustrating." "You seem very sad about this.")
- Summarize key phrases and points. (e.g., "Let me see if I've heard you correctly. First XYZ happened, then XYZ, and now XYZ. Did I get it right?"





Inner Circle Psychological First Aid—*Daily Check In*



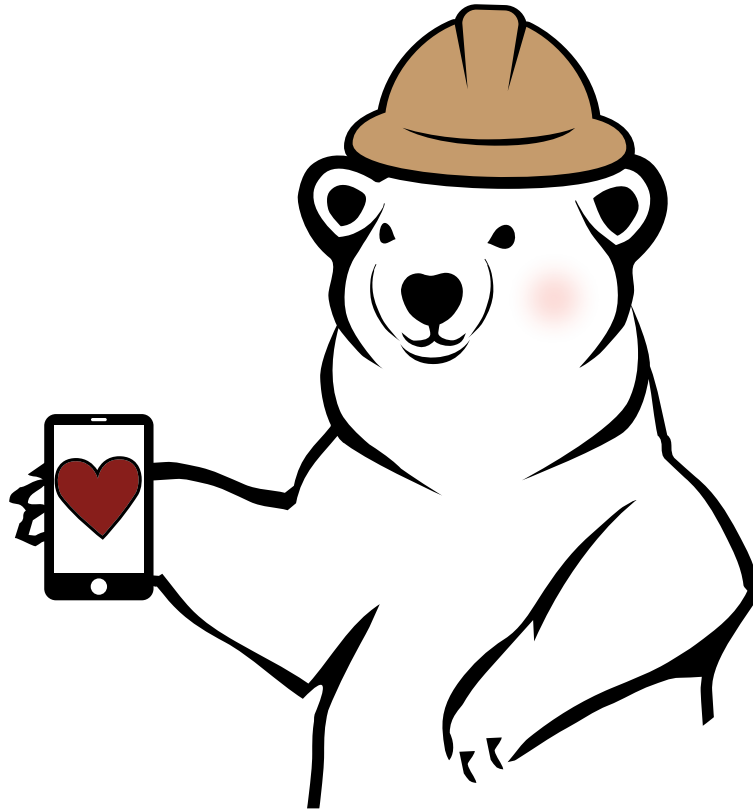
It is not uncommon to feel a sense of powerlessness during challenging times. Powerlessness exacerbates distress, which means that empowerment is the antidote. One of the things we can almost always do is check in on other people we care about. It's good for them, and it's good for us.

1. **Step 1:** Who in your life could use a call? Do you know someone who lives alone or is living with a serious illness? Do you have anyone that you care about who has struggled with mental health challenges? Do you have anyone who you just enjoy talking to or listening to?
2. **Step 2:** Reach out. Send a text message or make a call. Let them know that you are thinking of them.
3. **Step 3:** Model sharing by disclosing some of your joys and challenges of the day.
4. **Step 4:** Listen and connect.
5. **Step 5:** Express gratitude for having them in your life and one thing you are looking forward to that involves them.





Contagious Caring: Reciprocal Non-Demand Caring Contacts



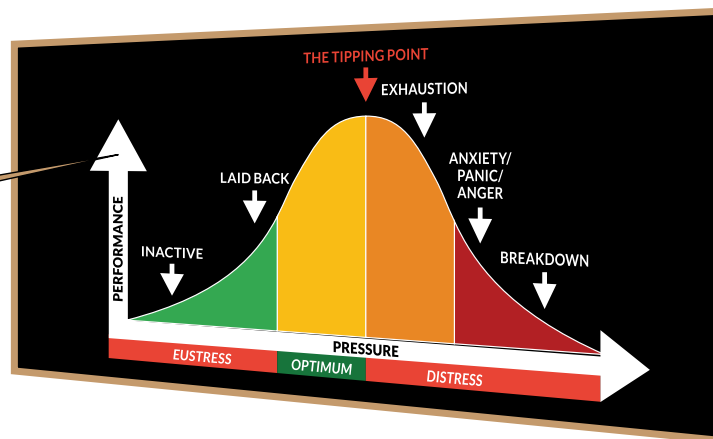
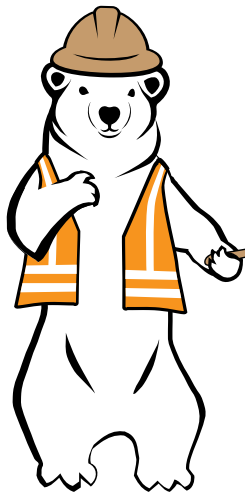
Encouraging those closest to you to practice sending one another messages that show you care. Send brief texts or other forms of communication that do not ask questions or demand action but rather offer unconditional messages of support. For example, leave a sticky note on a door: "I am thinking of you today and wishing you well" Leave a voicemail: "I see how strong you are during this difficult time." Send a text, "You are on my heart, and I am sending support." No expectation of response, just little nudges of reassurance given back and forth between friends or family at random intervals.





Notice Your Stress Response: Positive, Tolerable & Toxic Stress

Where are You on the Curve?



Not all stress is bad – in fact, without stress we can turn into couch potatoes. Complacency sets in when we are not challenging ourselves and our abilities and confidence slip. On the positive side “eustress” (positive stress) helps us stretch our abilities to reach peak performance; while “distress” (negative stress) harms us. Chronic distress becomes “toxic” stress.

As you go through the day, notice your stress response and ask yourself – when is it positive, tolerable or toxic:

- **Positive:** brief increases in heart rate and mild elevations in hormone levels that tell us we need to be on our toes to face a challenge.
- **Tolerable:** more severe, longer-lasting physical sensations. If the activation is time-limited and buffered by coping and social support, the brain and body recover.
- **Toxic:** occurs when we have strong, frequent, and prolonged adversity that leads to breakdown of mind and body.





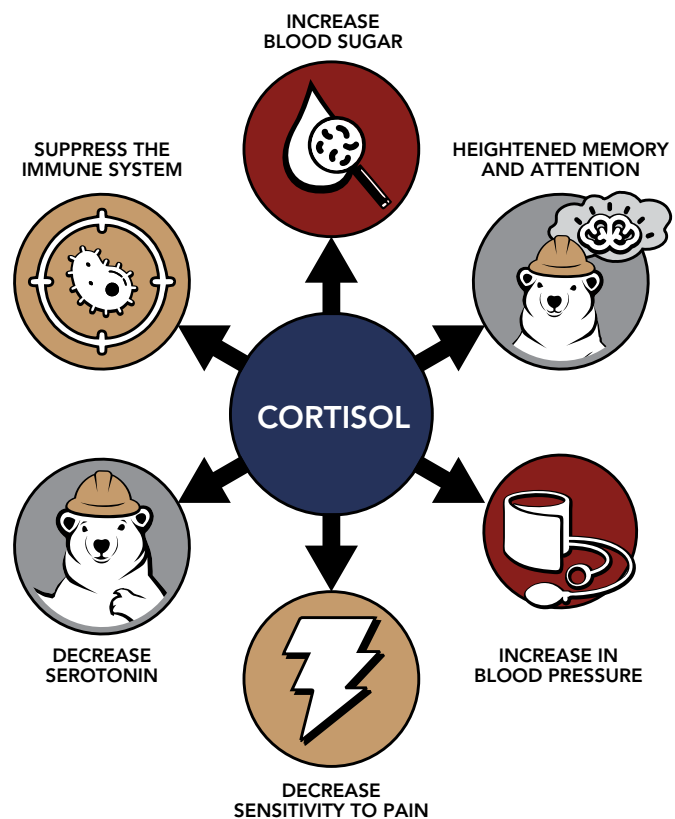
Cortisol and Toxic Stress

When we experience stress, adrenaline and cortisol surge through our body to make us more alert and powerful to perform at our peak.

Adrenaline is a fast acting response that kicks off the fight or flight response, but cortisol is a more complicated process. Like a slow drip, cortisol down-regulates some body functions that aren't crucial during a threat and can cause the following symptoms:

- Decreased sex drive
- Decreased immune system function
- Accelerated aging process
- Weight gain and stomach problems

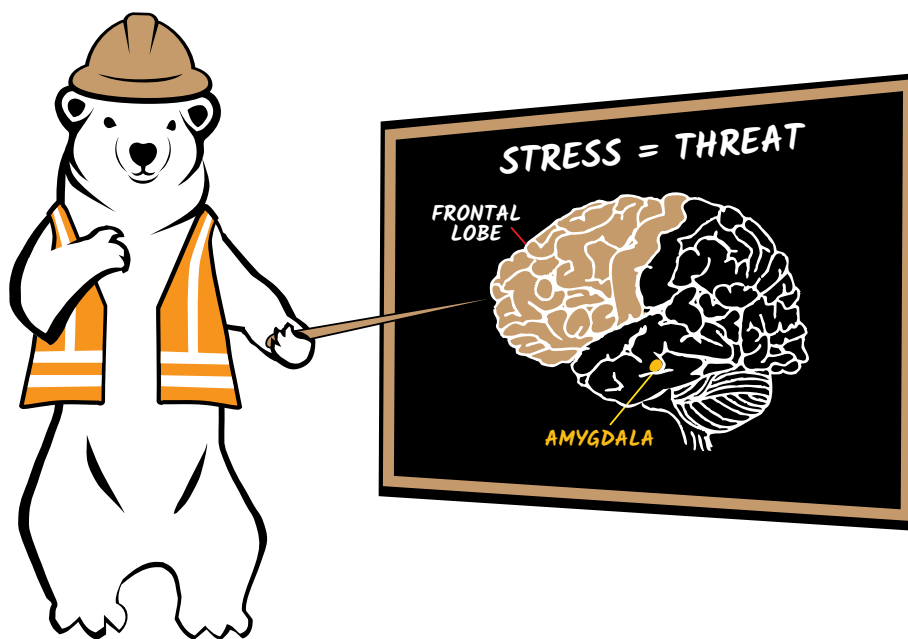
The problem is that the brain doesn't always know when we are experiencing a true physical threat and when we are just stewing in anxiety or in anticipation of problems. Thus, managing toxic stress and anxiety is a key to overall health and performance.





The Brain Under Threat

The Primitive Reactions vs. The Evolved Response



Normal Circumstances

The evolved part of our brain—our frontal lobes—functions well in normal circumstances: organization, self-reflection, moral reasoning, decision-making.

Under Threat

When we perceive threat—physical or psychological—primitive parts of our brain react quickly to keep us safe. Our heart rate and blood pressure go up. We may become easily distracted and feel anxious, agitated or confused. Our evolved part of the brain may be temporarily compromised. This is not a sign that you are not





What are Symptoms of Anxiety and Anxiety Attacks?

Anxiety can show up as thoughts and feelings or as physical reactions. Usually a combination of these experiences:



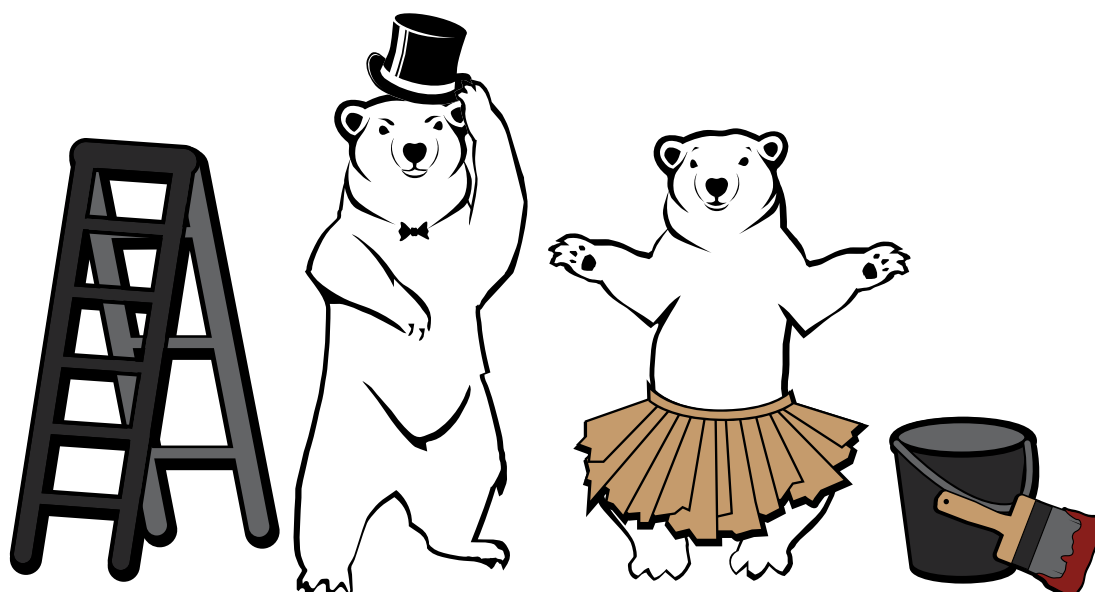
Thoughts/Feelings	Physical Sensations
"What ifs" and worry that you can't shake	Insomnia
Tense and jumpy	Headaches
Distracted	Sweat
Irritable or agitated	Dizzy
Scanning for worst case scenario	Frequent urination or diarrhea
"Blanking out"	Shaking
Apprehension or dread	Shortness of breath/tightness in chest

Because of all of the physical symptoms, anxiety is sometimes mistaken for a medical crisis. Anxiety (or "panic") attacks usually involve a very intense cluster of these symptoms, occurring suddenly without warning. Sometimes there is a trigger, but they often happen out of the blue and usually last 10 minutes or less. When people start having anxiety about having anxiety attacks that is what is known as a "panic disorder."





Take the Opposite Action to Combat Anxiety



We often stop doing the things we enjoy and avoid the people we love because we feel overwhelmed. Taking the “opposite action” is a skill whereby you make a deliberate attempt to act **OPPOSITE** of what your anxiety is urging you to do.

Here are some “opposite action” steps to take when you feel anxious:

- Smile for 30 seconds.
- Focus on sitting or standing up straight and deepen your breathing until your stomach distends.
- Dance to your favorite song.
- Watch a movie or comedian that makes you laugh.

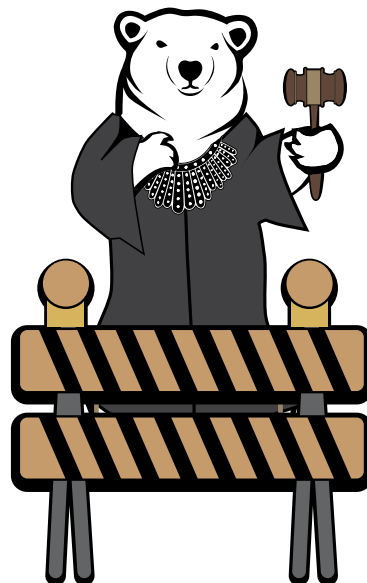
Notice fear and say to yourself “I see you fear. Thank you for trying to protect me. I am going to turn your volume down.” Then throw yourself into these actions. By doing so, you are actually rewiring your brain by giving yourself options on responding rather than reacting.





Put Your Anxiety on Trial

Anxiety, worry, overwhelm and even panic are emotional experiences that are often fueled by paralyzing thoughts. If you find yourself unable to regulate these emotions, try putting them on trial by asking yourself these questions and writing out your answers:



1. **Question 1:** What am I dealing with? Describe the situation as if you are observing yourself from a distance (e.g., "When I look at myself, I see someone who is experiencing...") and rate your anxiety from 0 (no anxiety) to 100 (incapacitating panic).
2. **Question 2:** What is the hot thought that is driving my anxiety? For example: "I am failing." or "No one likes me." or "I am going to mess it up." Now put that thought on trial...
3. **Question 3: Prosecutor**—What is the evidence that this thought is true?
4. **Question 4: Defendant**—What is the evidence that this thought is false?
5. **Question 5: Judge**—Can you come up with a more flexible thought that takes both sides into account?

After writing your answers to all five questions, how would you rate your anxiety level?





The Gifts of Gratitude



A daily dose of gratitude may be just what we all need to improve our mental health and buffer against the effect of stress. Being grateful helps us be mindful of what is around us and shifts our focus outward – focusing on what we have rather than what we lack. Research shows adults who regularly practice gratitude over time have:

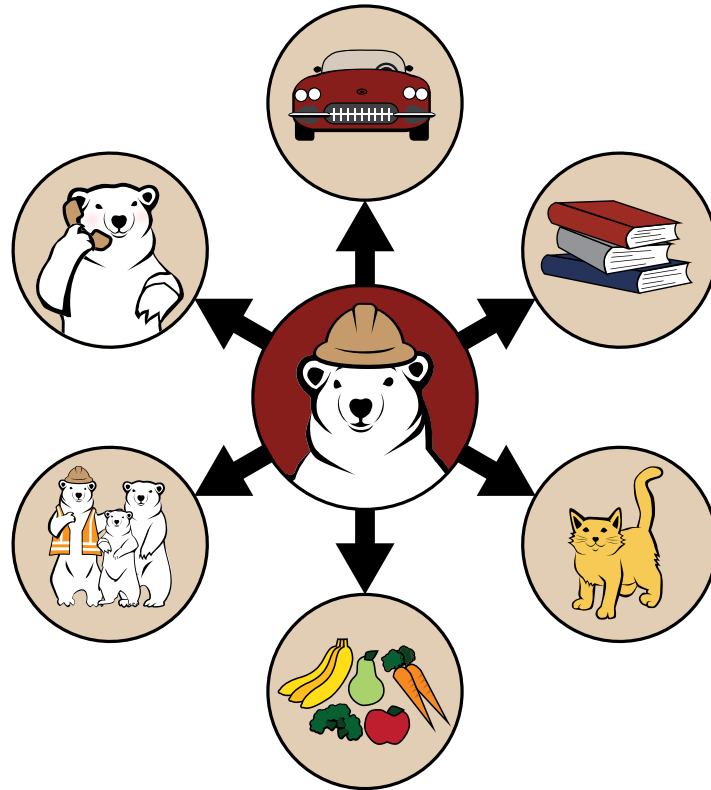
- More happiness
- Stronger relationships
- More optimism
- Better exercise and sleep
- Less pain and fewer visits to physicians
- Healthier hearts

Managers who remember to express appreciation to workers find that people perform better. Just like any other practice it can feel awkward at first, but over time the brain begins to wire toward searching for the “grace” in our lives rather than getting stuck in the strife.





How Grateful Are You?



Take a moment to reflect on these questions – *how often do you:*

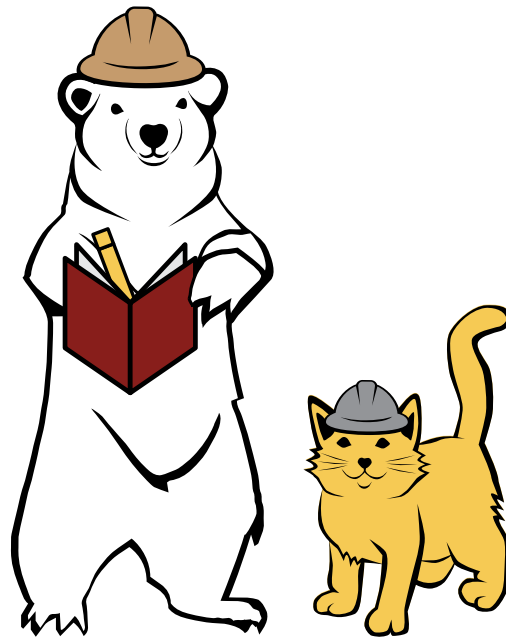
- Feel very thankful for your current level physical health, safety and well-being.
- Feel appreciation for what you have in this world.
- Reflect on the worst times in your life to help me realize how fortunate I am now.
- Remind yourself how fortunate you are to have the privileges and opportunities you have encountered in life.
- Take stock on how fortunate you are to have basic things in life like food, clothing, and shelter.

Adapted from: Adler, M. G., & Fagley, N. S. (2005). "Appreciation: Individual Differences in Finding Value and Meaning as a Unique Predictor of Subjective Well-Being."





How to Practice Gratitude



Try to do these two practices every day for one month. Just after you have engaged in the practice, be mindful of how you experience this feeling for gratitude – notice it in your body – and see if you can drive it deeper with greater focus.

Practice #1: The 2-minute morning ritual – Within the first 30 minutes of waking up each day write down one big thing you are not taking for granted (e.g., health, family, safety), one small thing that gives you happiness or comfort (e.g., sun on your face, your favorite shoes), and something you are excited about in the future. The more specific you can get in understanding why you are grateful, the better.

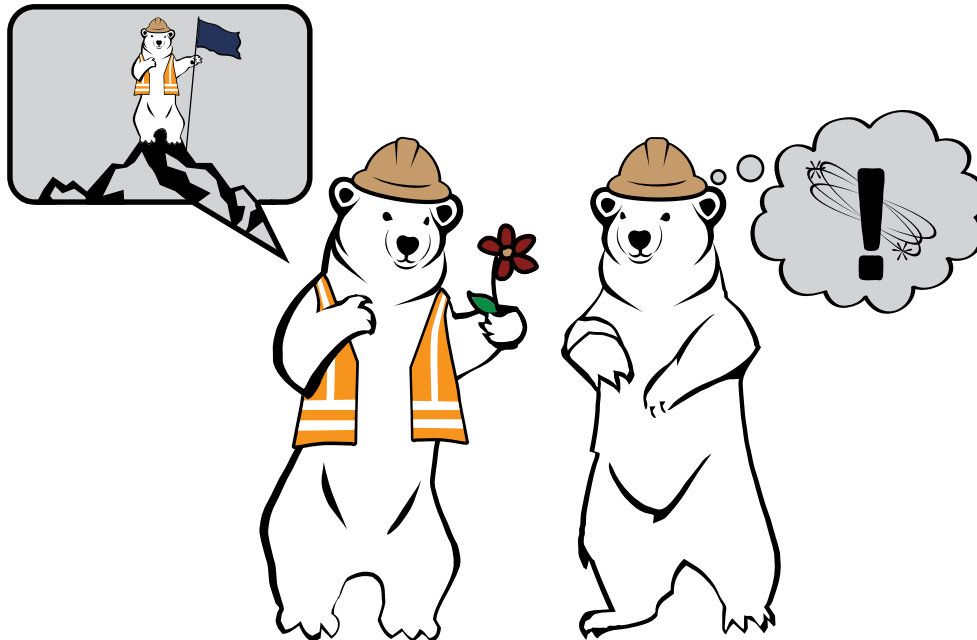
Practice #2: Express thanks – Handwritten notes are best. Be detailed about what they did that positively impacted you. Thank your mentors. Thank your peers. Thank the people whose service is often unnoticed. If you don't have time to write it out or tell them in another way, hold them in your mind and mentally thank them.

Practice #3: Pay it forward – When someone does something nice for you, practice your gratitude by an intentional act of kindness for someone else. Make a game out of it by looking for creative ways to brighten someone's day – especially when they are not looking.





What is Emotional Intelligence?



Emotional intelligence has been defined as the ability to identify and manage one's own emotions, as well as the emotions of others. Emotionally intelligent people have high personal competence on their internal awareness of emotional states, preferences and disruptive impulses. They learn self-control in regulating and learning from these emotions in themselves and leverage emotions in self-motivation and personal growth. In addition to their self-awareness and management, they also have keen social competence and adeptness in empathy and group dynamics, and can induce desirable outcomes by building trust, resolving conflict, and creating synergy.

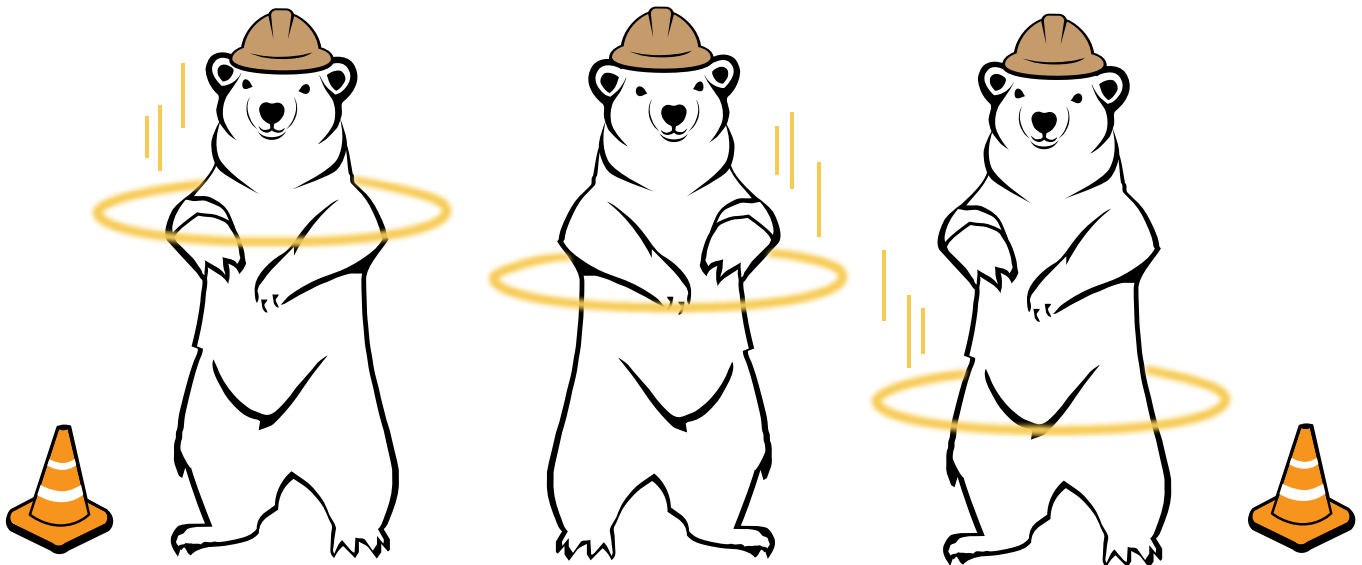
People with low emotional intelligence tend to be poor listeners, prone to outbursts, resistant to change, and defensive. The good news is that emotional intelligence skills can be learned.





Listen To Yourself— Conduct a Body Scan

We carry our emotions in our body.



1. **Step 1:** Find a quiet space and avoid distractions, and if you feel comfortable close your eyes and slow your breathing.
2. **Step 2:** Start at the top of your head and slow scan your body down to your toes. Notice any tension or pain or where your emotions are stored.
3. **Step 3:** Turn your attention to that part of the body and notice how these sensations come and go.

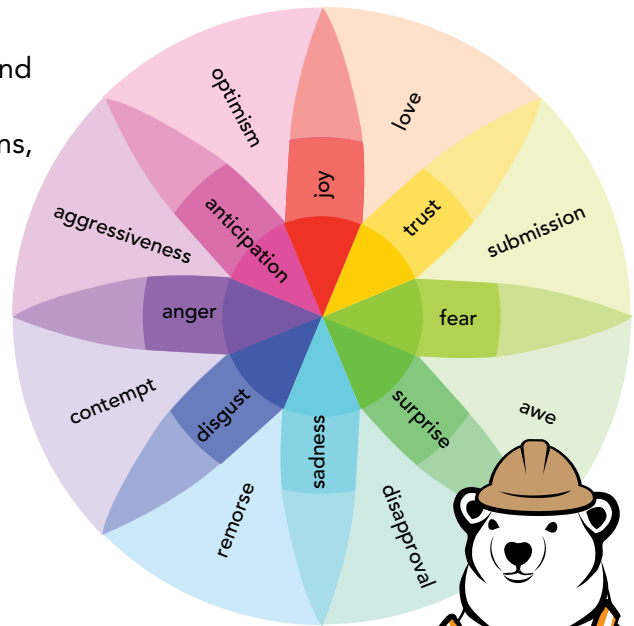
What is your body trying to tell you?





Improve Communication with Emotional Intelligence

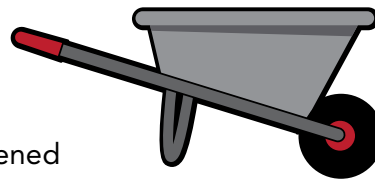
We label emotions as “feelings” because we feel them in our bodies. They influence how we respond to others and how we make decisions in our daily lives. By understanding different types of emotions, you can gain better insight into your own and others’ needs and strengthen your emotional health and your relationships. While a deep appreciation of your emotional life (see circle of emotions) is often a lifelong journey, there are some basic emotional experiences you can start to tune into:

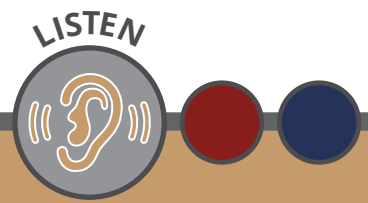


- Happiness
- Anger
- Sadness
- Fear
- Disgust
- Surprise



As you go through the upcoming week, track where these emotions live in your body by noticing your facial expressions, tone of voice, or changes in body tension. Notice what happened right before you experience an emotion and practice saying “I feel [insert emotion] when I experience [event].” For example, “I feel happiness when I watch my kids play together.” Or “I feel anger when someone cuts me off on the highway.”





The Alarm Bell of Anger



Anger is an important warning sign that a basic human need is not being met. When you feel irritated, agitated, or enraged, listen to your inner voice and ask yourself, are any of these needs unmet?

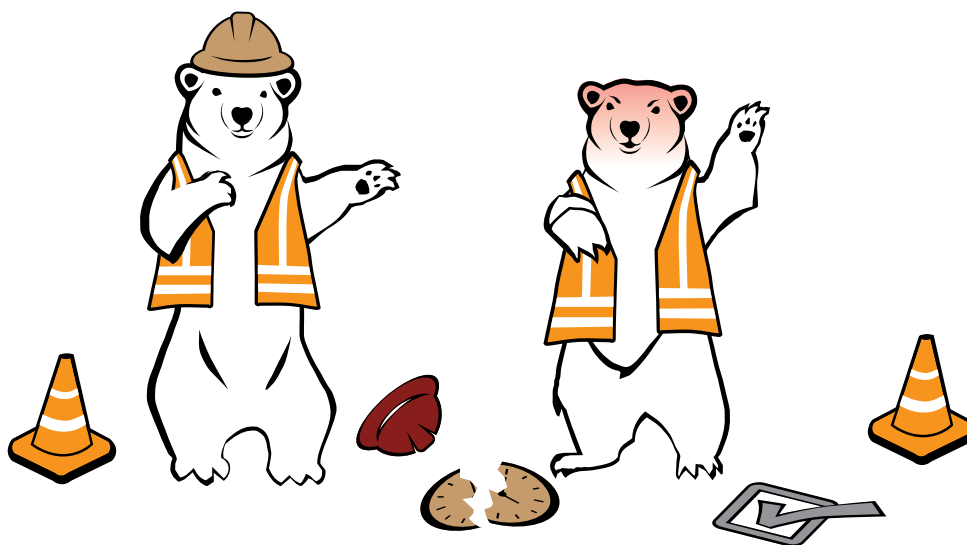
- | | | |
|-------------------|-----------------|------------|
| 1. Safety | 4. Respect | 7. Success |
| 2. Control | 5. Recognition | 8. Balance |
| 3. Predictability | 6. To Be Valued | 9. Dignity |

How can you take a small action step to satisfy these needs?





What to Do When Molehills Become Mountains



During hard times sometimes even-tempered people may act out in uncharacteristic irritation and anger.

Use These Communication Tools When Tempers Flare

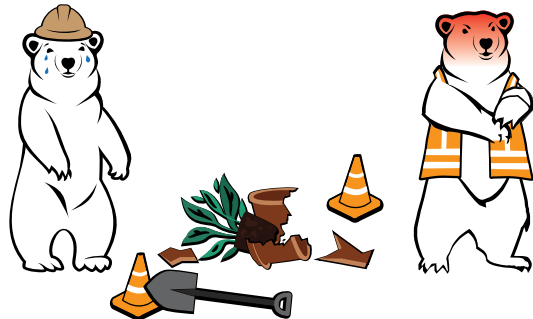
1. **Clarify:** "Let me see if I understand what is happening here." Outline the situation, the observable behavior, and the impact of the issue. Use only quantifiable facts.
2. **Needs:** Help identify unmet needs. Most anger stems from an unmet need for safety, control, respect, recognition, balance, or success.
3. **Reflect Back:** "I am hearing you say X. Did I get it right?"
4. **Empathy:** "When I hear you say X. I am wondering if you need...Y."
5. **Develop a Plan:** What should we do more of, less of or stop to resolve this situation? When should we check in again to see how we are doing?





Am I a Hot Head? Anger Self-Screening

Please indicate whether each question is TRUE or FALSE as a description of your behavior during the past year. If you feel that some of these are true for you consider connecting with a mental health resource to learn about anger management.



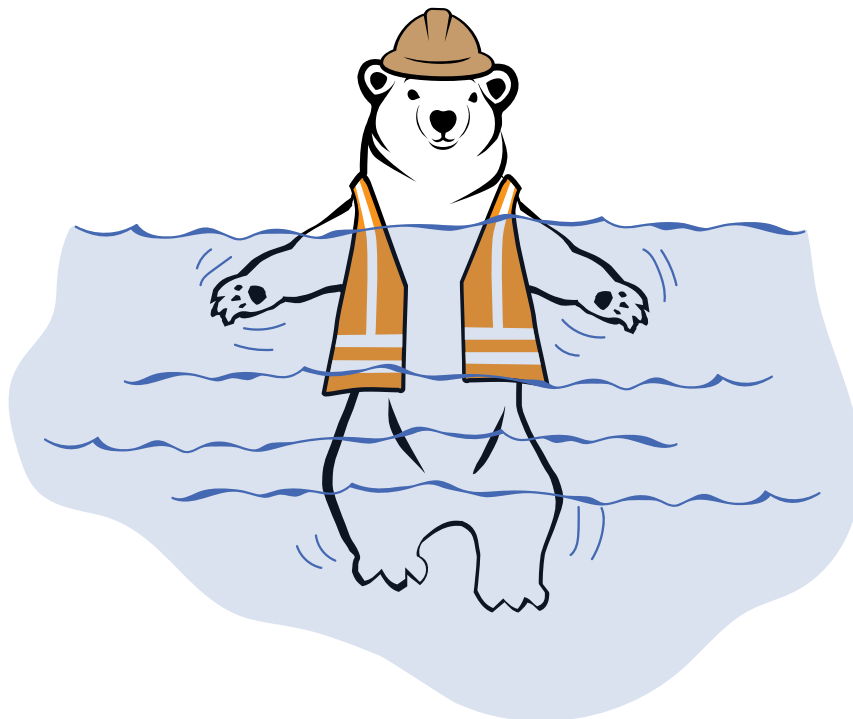
1. I don't show my anger about everything that makes me mad, but when I do – look out.
 True False
2. I still get angry when I think of the bad things people did to me in the past.
 True False
3. I fly off the handle easily.
 True False
4. I often find myself having heated arguments with the people who are closest to me.
 True False
5. I sometimes lie awake at night and think about the things that upset me during the day.
 True False
6. When someone says or does something that upsets me, I don't usually say anything at the time, but later spend a lot of time thinking up cutting replies I could and should have made.
 True False
7. I find it very hard to forgive someone who has done me wrong.
 True False
8. I am apt to take frustration so badly that I cannot put it out of my mind.
 True False
9. When riled up, I often blurt out things I later regret saying.
 True False
10. When someone hurts or frustrates me, I want to get even.
 True False
11. I've gotten so angry at times that I've become physically violent, hitting other people or breaking things.
 True False
12. I'm a really angry person, and I know I need help learning to control my temper and angry feelings because it has already caused me a lot of problems.
 True False

Adapted from: Of Course You're Angry: A Guide to Dealing with the Emotions of Substance Abuse by Gayle Rosellini and Mark Worden, Copyright 1985, 1997 by Hazelden Foundation.





What is Soul Exhaustion?



The Greek word psyche, which the word psychology was created from, means “breath, spirit, soul or mind.” The concept of “Soul Exhaustion” explores the possibility that people’s struggles are caused by the intense stresses of our lives. In other words, when experiences like trauma, conflictual relationships and discrimination incessantly wear at our core, soul exhaustion results. Soul exhaustion will drain your spirit in a way you never knew possible.

Soul exhaustion can feel as if you’re treading water for hours while barely keeping your head above water. The reason for this is that our soul needs time to repair in the same way overworked muscles or broken bones take time to heal. When your soul is tired, it is often a sign that you are out of alignment with your purpose. Your inner flame is flickering out, and it’s time for some soul care.





Checklist of Soul Exhaustion Red Flags

When our spirit is worn down and our souls are crushed by the challenges of the world, red flags often emerge that tell us our soul needs feeding.



WHAT ARE YOU EXPERIENCING?

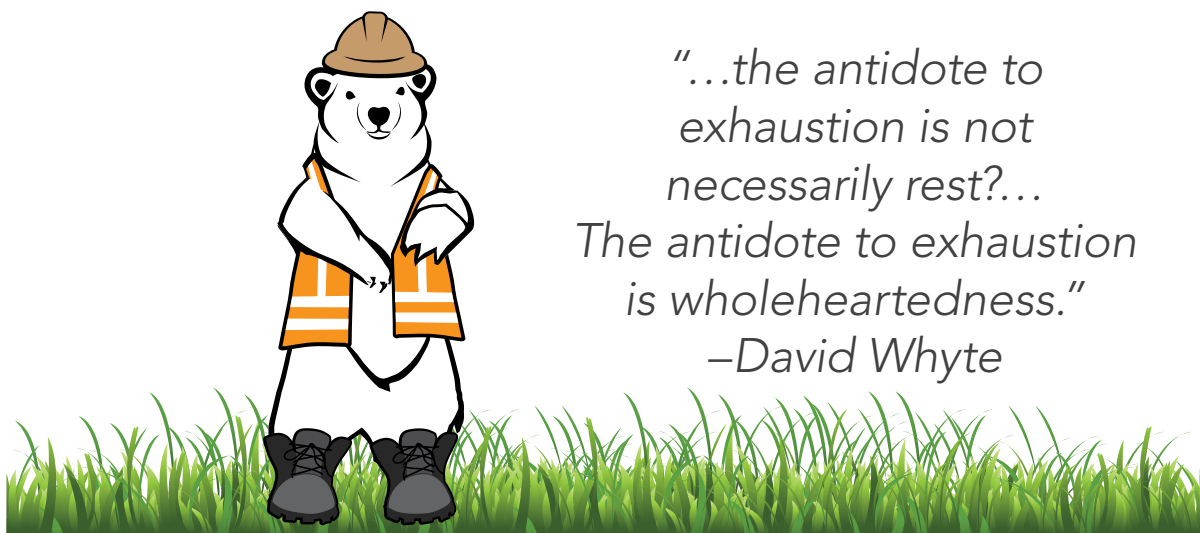
- An overwhelming desire for sleep that does not relieve fatigue.
- Inability to experience joy or happiness.
- Loss of interest in things you loved to do.
- Your body aches.
- You daydream about running away to a different, more quiet life.
- Emotional numbness.
- Inability to empathize with others having a hard time.
- Experience of loneliness while also making excuses to be alone.
- Body fluctuating between feeling like a lead weight and being on the verge of collapse or meltdown.
- Constant dread.
- Life is on autopilot.
- Small tasks seem overwhelming.
- Feeling out of step with time.

Many of these changes may also be signs of depression or anxiety problems that are caused by physical or mental health conditions. If you are unsure, contact a medical professional.





Soul Care



*"...the antidote to exhaustion is not necessarily rest?...
The antidote to exhaustion is wholeheartedness."
-David Whyte*

Soul care is about making time for spiritual wellness during difficult times.

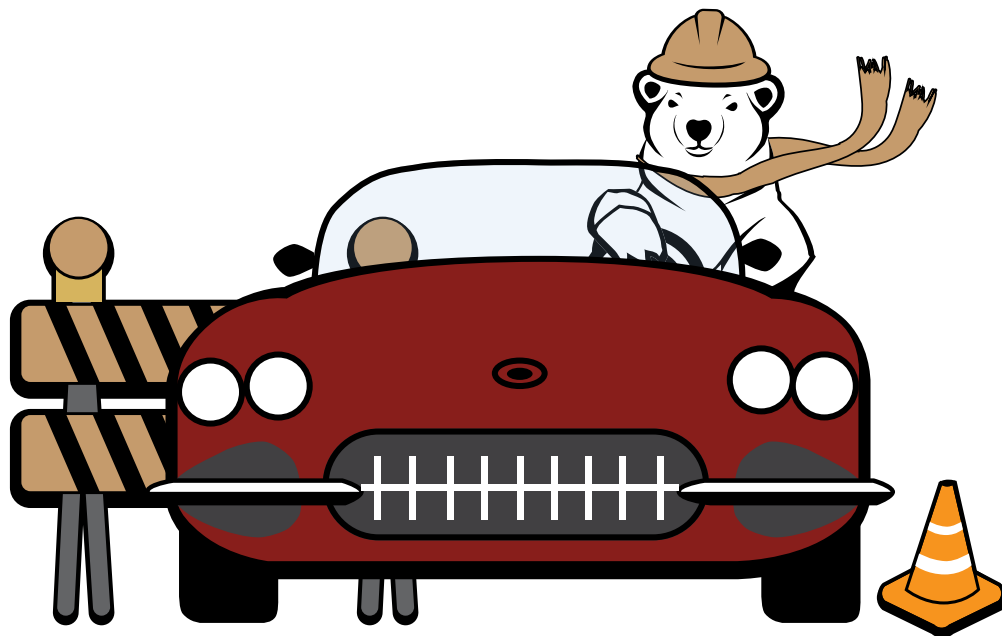
Here are some practices for soul care:

- Prayer, meditation, chanting, yoga or other spiritual endeavors
- Create space for a silent retreat to listen to your small, quiet inner voice
- Connect to a sense awe while in nature or immersed in the arts
- Engage in social justice or community volunteering
- Practice intentional acts of kindness with loved ones and strangers
- Explore a fresh perspective of wonder while observing children or animals
- Find rituals involving gestures, words, and objects, performed in a sequestered place (e.g., offering positive intentions while candle-lighting)
- Journal about these experiences





Notice How Your Moods are Like Driving a Car



Emotions have been described as “energy in motion” – signals that something needs to be attended to. Moods are often described as thoughts and emotions coming together and can sometimes be understood through the metaphor of driving a car.

- Sometimes you are revving up and can get overheated.
- Sometimes you are trying to press too hard while going up a steep incline in a top gear and need to downshift and slow down to get more traction.
- When you think you are in a dark tunnel, you can imagine it’s probably best to go through it rather than try to escape; the light on the other end will come.





Coping with Highs and Lows

Are you on an emotional rollercoaster? For many of us, certain precipitating events or changes in our body can cause fluctuations of our mood from excitement to grief or from hope to distress. Swings in our mood are often normal but can be distracting or disruptive.



Here are coping strategies:

- Ground:** Get your head out of the past and the future. Focus on the now. Channel your attention on observing objects nearby – describe with your inner voice. What sounds do you hear? What do you smell? What colors do you see? List these details to pull yourself into the present.
- Sleep:** Sleep disruption caused by stress, caffeine or alcohol use can lead to fatigue that can wear on our resilience.
- Sweat:** There is no better mood stabilizer than exercise. Go outside and move intensely.
- Learn:** Examine what changed your mood in relation to your reaction and come up with an alternative and positive way to respond. Ask yourself, “What can I learn from this?”
- Connect:** Sometimes extreme or rapid mood swings can be a symptom of a more significant health issue. Reach out to your doctor if the rollercoaster becomes unmanageable.





Take a Pulse Check on Your Mental Health



We take our blood pressure, get on the scale, and do our vision tests because we want a quick read on whether or not we should be concerned that we are not in optimal health so we can take action.

The same holds true for mental health. Free screening tools can help you answer the questions, "How bad is it?" when it comes to depression, anxiety, trauma, substance use, anger and more.

The best mental health screening tools are anonymous and confidential and lead users to vetted resources when their results are concerning.

TAKE A SCREENING:

<https://www.helpyourselfhelpothers.org/>





Masked Depression

Some people do not report experiencing “depression” to their loved ones or doctors because they equate depression with feeling sad. Instead, people who tend to be more stoic and self-reliant who are also living with depression are more likely exhibit these changes in mood and behavior:

- Fatigue & sleep disruption
- Irritability/anger/violence/impulsivity
- Lowered stress tolerance
- Loss of interest
- Increased alcohol and drug use and other “vices” (e.g., pornography, gambling, erratic spending, etc.)

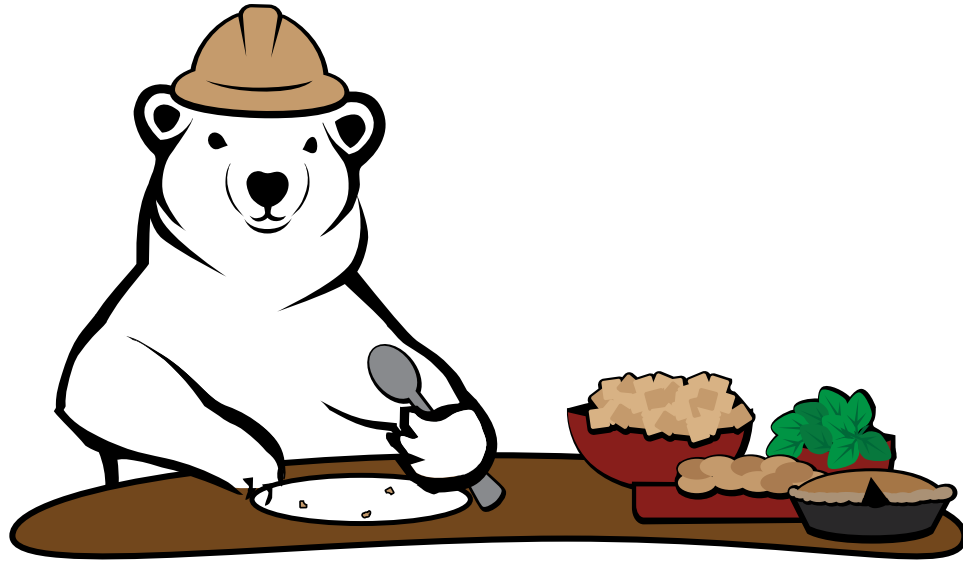


These behaviors rarely get people support. Rather, they tend to get people in trouble or, as in the case of sleep problems, prescriptions. Knowing that this group of experiences can be tied to depression can help people get the proper support they need to get back to a passion for living.





Beyond the Blues: Screening for Depression



Think back on the past two weeks. *How often were these things true for you?*

- Experienced a high level of difficulty concentrating.
- Lost interest or pleasure in doing things I used to enjoy. Felt numb.
- Felt down, sad, or hopeless.
- Had trouble falling or staying asleep, or slept too much.
- Felt tired or had little energy or motivation.
- Had little appetite or the ability to enjoy food or overate.
- Felt like a failure and that I had let others down.
- Felt like I was moving in slow motion or felt very restless.

If you experienced some or all of these symptoms, reach out to a mental health provider for help. Depression is highly treatable.





How to Help Someone Experiencing a Psychological Crisis

1. Step 1: Calm Yourself

Humans have mirroring neurons in our brains that sense others' feelings. If you stay calm, they have a better chance of calming down. Take a deep breath. Lower and slow your voice.

2. Step 2: Focus on Listening and Providing Empathy

Experiencing connection and validation are key factors in helping someone de-escalating from intense emotional distress. Ask open-ended questions or offer prompts that get them to tell you stories about their experience (e.g., "I would like to understand what you are going through. Please tell me more."). Reflect back feelings you hear.



3. Step 3: Ask Directly if They are Thinking About Suicide

Say, "Sometimes when people are going through distress and hardship like you seem to be, sometimes they also think about suicide. Sometimes the thought of not being here feels like a way out of the overwhelming pain they are enduring. I'm wondering, have you had thoughts of suicide, even if they were just fleeting in nature?"

4. Step 4: Collaborate on Support Resources

When we are in significant emotional pain, we need a trusted "A-Team" to support us. If suicidal thoughts have been disclosed, take action by contacting a qualified crisis resource who will help you co-create a plan for safety. Offer your on-going partnership and ask, "who else might want to know how much pain you are in?"

5. Step 5: Empower Self-Care and Offer Reassurance

Empower the person in crisis by offering them choices throughout the process. Help them remember past instances when they coped with hard times. Offer reassurance that they are doing the right thing by taking steps to feel better.

6. Step 6: Establish Plan to Follow Up

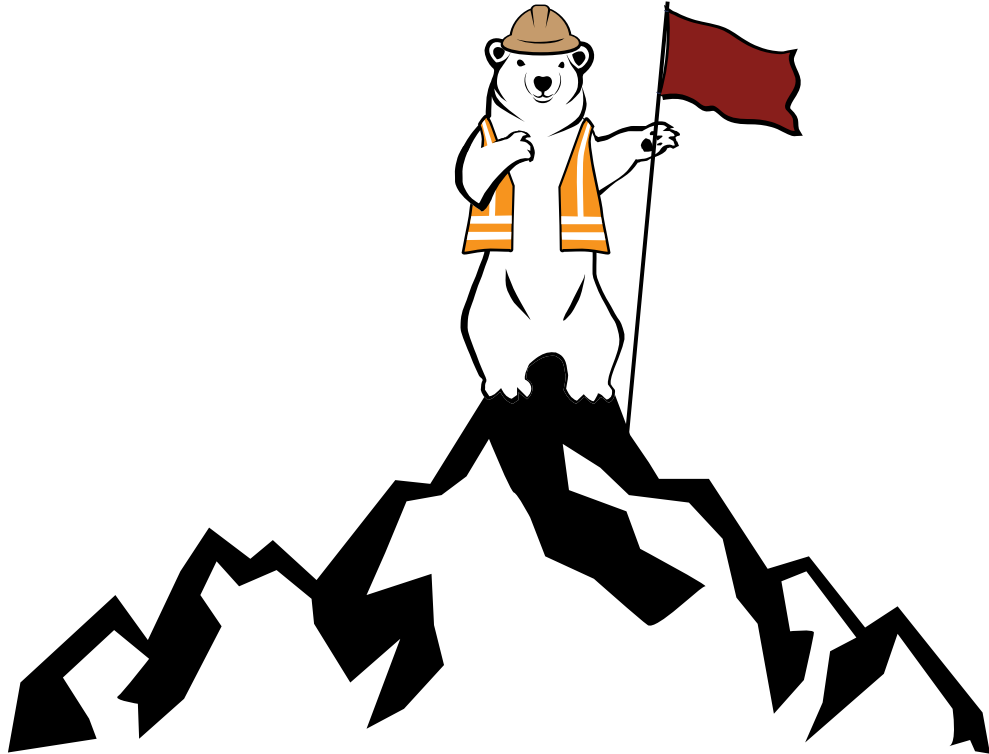
Make a commitment to meet up again in the near future to see how things are going. Send them non-demand caring text or voicemail messages such as "I am thinking about you," "You. Got. This.", or "Sending strength."

Recommended Crisis Resources in the US include the National Suicide and Crisis Lifeline 988 (Text/Chat/Call) and the Crisis Text Line (Text HELLO to 741741).





Ask Yourself an Empowering Question



Anxiety can be the result of fearing anticipated failure or rejection. The mind plays out all of the worst-case scenarios and the result can be a self-fulfilling prophecy. Instead of filling your head with negative voices, combat anxiety by asking yourself these empowering questions and then let your brain do its job by searching for the answers:

- How can I do this well?
- What do I need to help me succeed?
- What is one thing I can do now to help solve this issue?
- Who can help me move forward?
- What is a better story I can tell about myself in this moment?





Reframe Suffering



The last thing people who are suffering want to hear is that “it’s all in your head”—but the truth is, how we think about our distress is related to how much we suffer from it. People who are able to retrain their brain can experience less suffering over time and improve their quality of life.

When you are having intense suffering take these steps:

- Catch the thought. Notice your thoughts and self-talk
- Are you filtering out the good and only focusing on the negative?
- Are the words “should,” “must” or “have to” creeping into your self-talk?
- Are ideas that use the words “always” or “never” setting you up for discouragement?
- All-or-nothing thinking blocking other ideas or solutions?
- Check the thought: Ask yourself, “is this thought helpful or unhelpful?”
- Change the thought. Choose a new, helpful thought to replace the unhelpful ones. Ask yourself: What am I getting out of this negative thought? What might be an alternative more empowering thought?





Radical Acceptance: Leaves Floating By



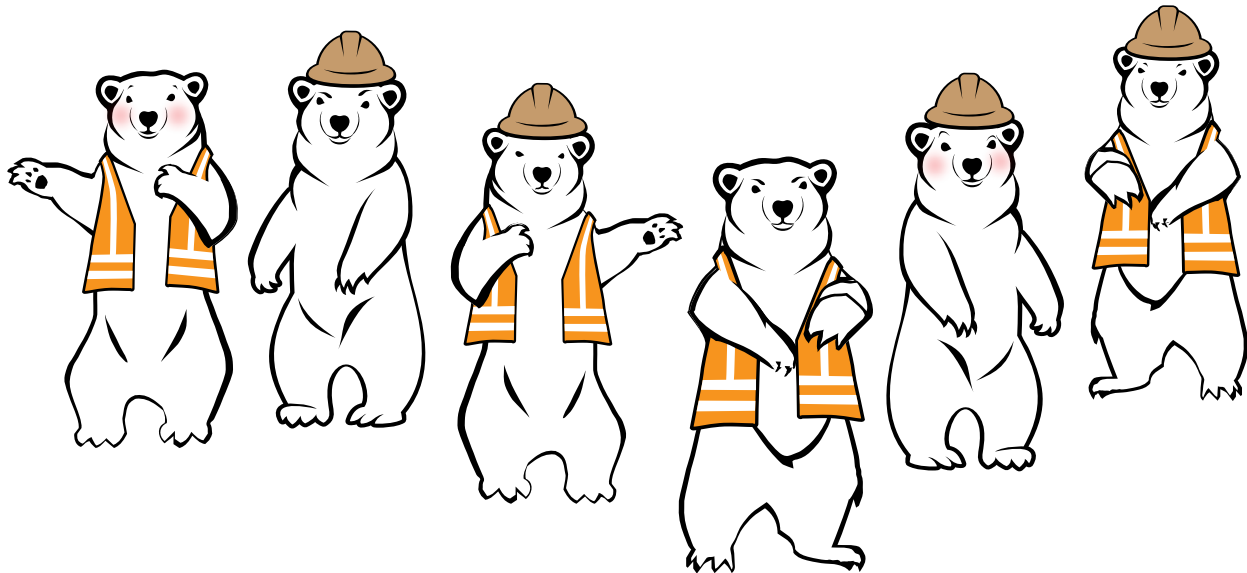
Our thoughts can have great power over our wellbeing.

Radical acceptance does not mean we approve of our distressing situation, but rather we can work to completely accept that we cannot currently change the present facts. The river analogy helps make the point. Sometimes it feels like we're being swept away in a surging river, struggling to keep our heads above water amongst all the mud, filth and debris. Imagine the mud in the water is made up of our distressing thoughts, sensations, events, feelings, as we drift helplessly downstream. Now imagine that instead of being IN the river you are standing on the riverbank, watching as those thoughts, events, sensations, feelings go by. Imagine individual thoughts as they stream before you. Imagine they are floating on top of the river like leaves passing by and you just notice them. That is what "radical acceptance" means.





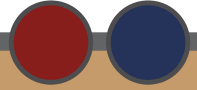
Loneliness, Belonging & Fitting In



Loneliness has been linked to many mental health conditions.

Loneliness has an evolutionary origin as a cue that we are in danger of being isolated and vulnerable and is one of the main indicators of social well-being. "Belonging" and "fitting in" are not the same thing. People that have the deepest sense of true belonging are people who also have the courage to stand alone and risk disconnection in order to remain authentic. "Fitting in" is about assessing the expectations of others and then assimilating to those expectations in order to be to be accepted. We only fully belong when we can be our true selves.





How Strong is My Social Support?

Social support can happen at a number of ways — like through emotional support (e.g., empathy), informational assistance (e.g., problem-solving) or practical aid (e.g., behavioral or financial help), and social support is often experienced in a range of degrees of closeness.



QUESTIONS TO ASK TO ASSESS THE STRENGTH OF YOUR SOCIAL SUPPORT NETWORK:

1. If I wanted to go do something fun, I would not have a hard time finding someone to go with me.
2. I have people in my life that I can share my most private worries and fears with.
3. If I were unwell, I could easily find someone to help me take care of things.
4. There are people I trust to give me advice about handling my problems.
5. There is someone who takes pride in my accomplishments.
6. When I feel lonely, there are several people I can talk to.
7. I feel like I'm included by my circle of friends or family.

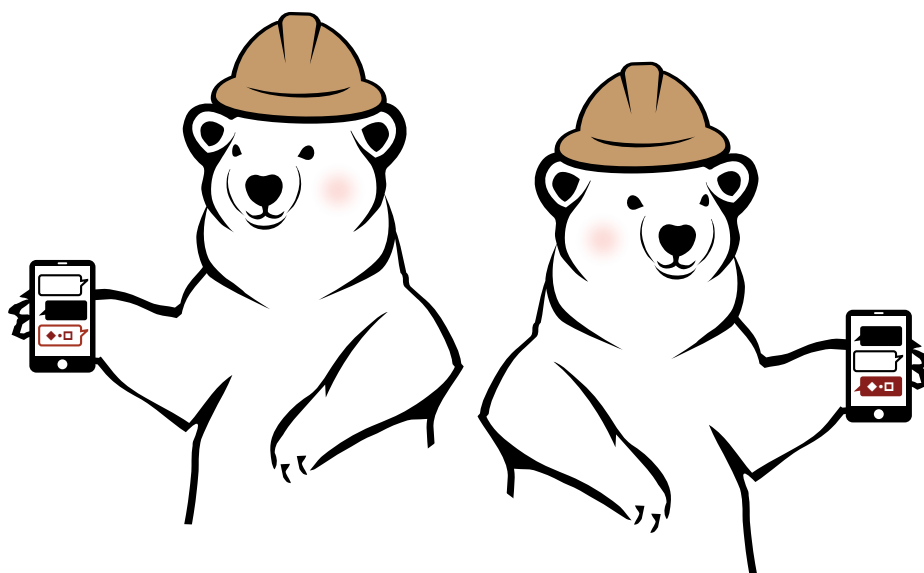
Building your social support network is one of the best ways you can enhance your well-being. Take time to invest in your most important relationships.





Build Your A-Team

Everyone Needs an A-Team!



1. Step 1: List Support Buddies — Who has your back?

- Who are the people in your life you have turned to during challenging times in the past? Who do you call on to figure out a project or dilemma?
- Who would come to your side even when it inconvenienced them?
- Who brings out the best in you?
- Who do you trust?
- Generate 5-10 names, if possible.

2. Step 2: Let Your A-Team Know They are on Your A-Team

- Make sure you have each other's contact information.
- Consider devising a code word that lets the others know you need support.
- Let them know their #1 job is to show up for one another when you each take turns having a hard time.

3. Step 3: Respond with empathy and compassion for one another.

- Know when additional resources are needed and empower self-care.

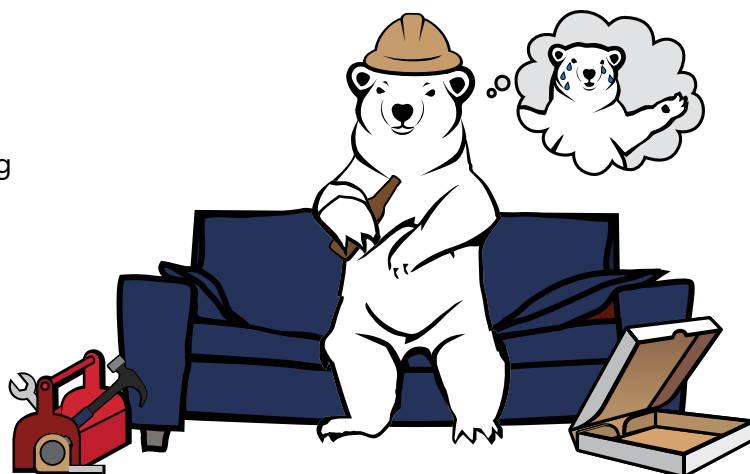




Avoidance & Escape Behaviors

It is very common for those dealing with distressing experiences to develop avoidance and escape behaviors as coping strategies.

AVOIDANCE BEHAVIORS ARE DIRECT OR INDIRECT ACTIONS USED TO TEMPORARILY RELIEVE DISTRESSFUL THOUGHTS AND SENSATIONS.



Many avoidance behaviors have the potential to become problems on their own and can even mask their underlying root causes like trauma. More importantly, avoidance behaviors are only temporary and do not resolve the underlying issues.

Common avoidance behaviors associated with high levels of distress include:

- Illicit substance and alcohol misuse and abuse
- Obsessive and compulsive behaviors
- High levels of risk-taking
- Other addictive behaviors like eating, pornography, gambling, non-suicidal self-harm, etc.

Understanding how avoidance behaviors protect individuals from coping with distress, mental health conditions and trauma is an important step to recovery and growth.

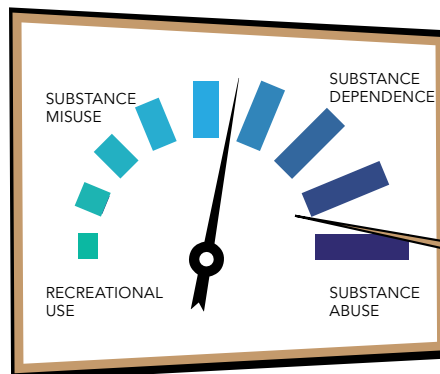




The Spectrum of Substance Use

The use of habit-forming substances is a common experience. Whether caffeine, nicotine, alcohol, or other illicit substances, many of us have some degree of experience with using these substances.

Most people do not have difficulties in managing their use of habit-forming substances, but some people can develop degrees of abuse and dependence.



ADDICTION AND SUBSTANCE ABUSE IS NOT AN ALL OR NOTHING DISTINCTION.

Determining whether someone's use of habit-forming substances is problematic or maladaptive is not always easy to discern. It is helpful to distinguish between recreational use, substance misuse, substance abuse and substance dependence to help determine the degree and impact of an individual's use.

RECREATIONAL USE: Engage in limited and infrequent uses of habit-forming substances, usually in a social setting without negative consequences.

SUBSTANCE MISUSE: Refers to the use of a substance for a purpose that is not consistent with legal or medical guidelines, most often with prescription medications. Taking more than prescribed or managing conditions/behaviors with substances not prescribed for that condition.

SUBSTANCE ABUSE: The use of the substance impacts love, work or play (e.g., relationship conflict, DUIs, injuries related to use).

SUBSTANCE DEPENDENCE: A level of use that results in physical dependence, cravings, and withdrawal, while potentially impairing one's ability to carry out daily responsibilities, may be the source of relational conflict, and creates health complications as a result of substance abuse.

The differences between substance use, misuse, and abuse are significant and can have lasting consequences.



Steps to Take to Reduce Harm of Alcohol

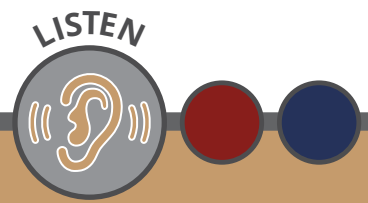
If you are finding that your alcohol use regularly leads you to have significant negative consequence or if you experience symptoms of dependence, REACH OUT FOR PROFESSIONAL HELP. If alcohol dependence has been a lingering issue, "cold turkey" approaches to changing behavior could be dangerous and create a number of other health issues.



If you are more in the misuse range, you can take these steps to reduce risky drinking:

- **Reflect on your patterns of use:** In what situations does alcohol become an issue for me? emotional stress? physical? sleep issues? environmental/ situational triggers?
- **Consider alternative behaviors:** What other habits or behaviors may help me achieve similar states or outcomes I experience from using alcohol?
- **Eat:** Food in the belly will help you moderate the unintended impact of too much alcohol.
- **Find a healthy drinking buddy:** Find a likeminded friend and commit to each other to drink responsibly... accountability is a strong motivational factor.
- **Buy less:** Buying large quantities of alcohol may be less expensive, but you could end up drinking more just because it's accessible. Savor quality over quantity.
- **Set a time limit:** Before you go out, commit to a time to stop drinking and set an alarm to remind yourself.
- **Decrease frequency and alternate beverages:** Limit the number of nights you drink, consume beverages with lower level alcohol content, and alternate alcoholic beverages with a drink of water or soda.





Making Meaning During Difficult Times: Where Does Your Deep Gladness Meet the World's Deep Sadness?

Connecting to something larger than ourselves helps us build our resilience.



What are you really good at and how can you use that skill to help others around you?

Are you very organized?

Good with finances?

Artistic or a good writer?

Is humor your best skill?

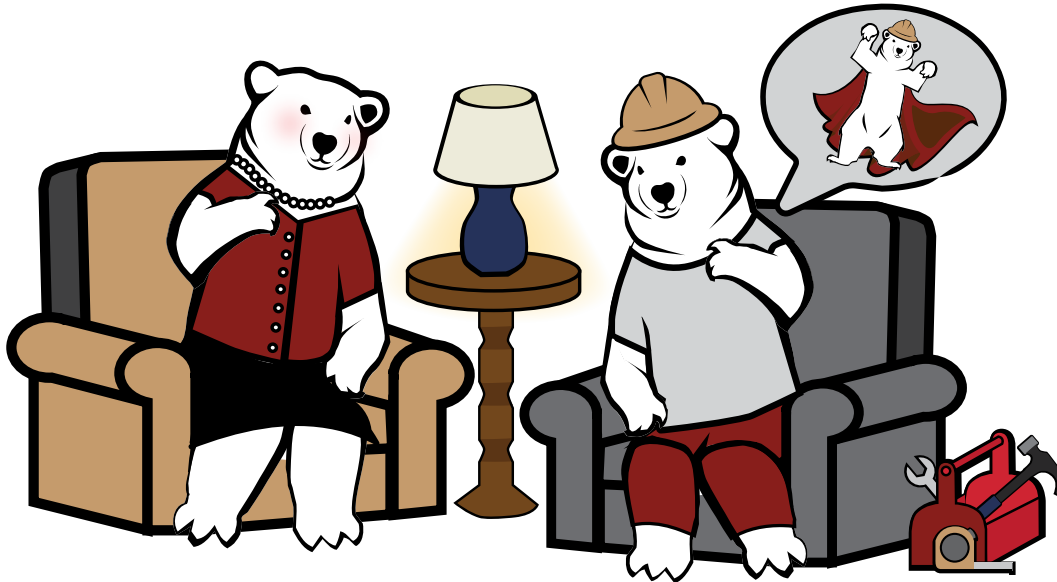
Whatever your signature skill is, think about how you can use that skill in these moments to make a difference in the world around you.

When you are feeling like the world is against you, one of the best things you can do for yourself is help others. There are many people who need help—by connecting to something larger than yourself, you can feel less alone in your suffering.





How Listening to Our Heroes Journey Stories Helps Healing



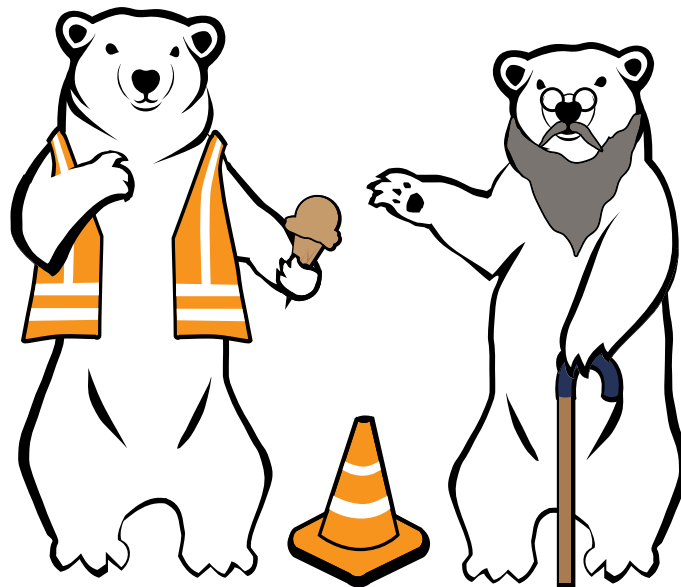
Traumatic experiences—both obvious and less obvious can leave us feeling powerless.

Listening to other's stories about surviving trauma helps us acknowledge our own trauma, process our experiences, and reclaim our power. When survivors of trauma shape their stories, they work to create a cohesive and redemptive narrative. By shifting the question from "what's wrong with you?" to "how were you able to survive?" storytellers find heroism in the small and large acts that have saved them. Not everyone is in a position to disclose their truths, however, and that is okay too. Sometimes the memories are still too painful, or sometimes compelling reasons to keep the stories private exist. Listening to other survivors' stories of resilience and recovery – even of tremendous growth through trauma – gives the listener an opportunity to relate to their own stories internally, which can also help heal.





Intentional Acts of Kindness: The Helper Effect



"We rise by lifting others."

When you are feeling like the world is against you, one of the best things you can do for yourself is help others. There are many people who need help — by connecting to something larger than yourself, you can feel less alone in your suffering. **Here are three ways you can make meaning by serving others:**

- **TIME** : Give your time by offering your support to someone or volunteer for a cause you believe in.
- **TALENT**: Mentor someone. Help another with your creative, intellectual, physical or organizational skills. Take your signature strength and make the world a better place.
- **TREASURE**: Donate to a charity you care about, even if \$1.00 is all you are able to give. Buy the person behind you a cup of coffee when you are in line at the coffee shop.





Understanding Pain and Suffering

Physical pain is the consequence of distinct physiological and psychological components that represent a reaction of stimulus and response through the central nervous system. Suffering is what happens when we wrestle with the pain—denying, judging, arguing or forecasting. When we suffer with chronic pain, our world begins to shrink. We no longer enjoy things that used to bring us pleasure and we find it harder to tolerate being around other people.

These changes can often lead to depression and even despair, which is very common among people in chronic pain conditions. The secret element behind how much we suffer from painful experiences lies in the way we think about pain and the meaning we give to it in our self-talk. Our perception and interpretation of our pain can actually fuel our suffering in a vicious cycle: pain leads to stress and anxiety which release additional chemicals in the brain that increase pain which can lead to feelings of hopelessness and powerlessness. There are many approaches to manage pain including medications, physical therapy, and even surgery; but among many methods learning to manage our thoughts about pain is one of the most effective in improving quality of life without enduring side effects.

If you are suffering from chronic pain, ask your doctor about Cognitive Behavioral Therapy or Acceptance and Commitment Therapy for pain management.

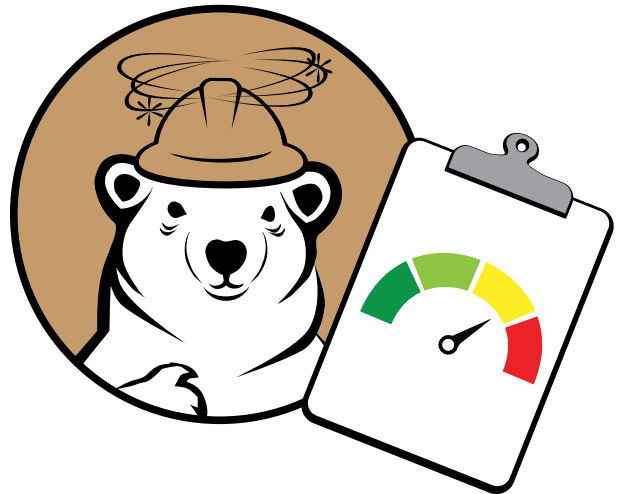




Daily Log for Pain's Impact of Quality of Life*

Use this log to monitor fluctuations in pain and its impact on the quality of your life:

10. **EXCRUCIATING:** Debilitating and non-functioning. Stay in bed all day. Feel hopeless and helpless about life. This unimaginable level is so intense you may go unconscious.
9. **SEVERE:** Cannot bear the pain. You to stay in bed at least half the day. You have no contact with outside world.
8. **INTENSE:** You can't longer think clearly and feel you are not like yourself at all. Very hard to do anything.
7. **UNMANAGEABLE:** Pain is focus on attention, dominates your mind and outlook, and impacts your daily functions. Only able to do minimal activities at home. Contact with people in your support system only by phone or email.
6. **DISTRESSING:** Pain is hard to ignore and significantly impacts your ability to engage in normal activities. You struggle but are able to fulfill daily home responsibilities; however, outside activity is still not possible.
5. **DISTRACTING:** Pain is consistently noticeable and makes daily living challenging; however most tasks of daily life are possible.
4. **UNCOMFORTABLE:** Pain is on your mind, nevertheless you are able to engage in limited hours or exercise, work, and social activities.
3. **MODERATE:** You are uncomfortable but can tolerate the level of pain and are able to continue daily activities. Your quality of life is not impacted.
2. **MILD:** You are aware of pain but can put it out of your mind. You are active at least eight hours daily but some social activities may be limited.
1. **FAINT PAIN or NO PAIN:** Your quality of life is not impacted at all. Social activities, exercise and work are normal.



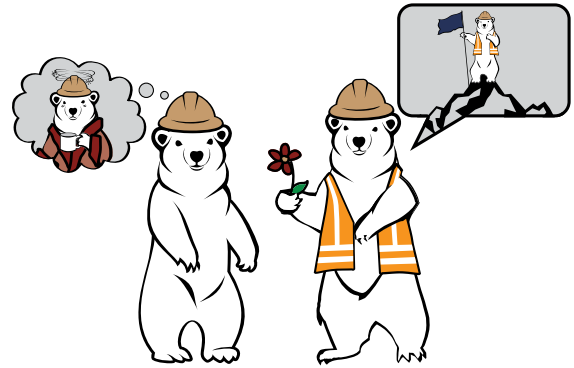
*Adapted from American Chronic Pain Association Quality of Life Scale and Boston Scientific's Pain Scale





Reframe the Pain

The last thing people in pain want to hear is that “it’s all in your head” – but the truth is, how we think about our pain is related to how much we suffer from it. People who are able to retrain their brain can experience less pain over time and improve their quality of life. When you are having intense suffering related to pain take these steps:



- **Catch the thought.** Notice your thoughts and self-talk
 - Are you filtering out the good and only focusing on the negative?
 - Are the words “should,” “must” or “have to” creeping into your self-talk?
 - Are ideas that use the words “always” or “never” setting you up for discouragement?
 - All-or-nothing thinking blocking other ideas or solutions?
- **Check the thought:** Ask yourself, “is this thought helpful or unhelpful?”
- **Change the thought.** Choose a new, helpful thought to replace the unhelpful ones. Ask yourself: What am I getting out of this negative thought? What might be an alternative more empowering thought?

Managing Thinking to Manage Pain		
Catch the thought	Check the thought	Change the thought
“I haven’t had too much pain today, but I know it’s only a matter of time.”	Focusing on negative	“Sure, not all days will be pain-free. But I’ve had some days without pain lately, so I know that not every day will be painful.”
“I’ve taken all my medicine like I’m supposed to, so I should have no pain at all.”	Should	“Medicine can help, but it may not solve the whole problem. Using them along with healthy thinking gives me the best chance of coping with my pain.”
“There’s really nothing I can do to help my pain.”	Overgeneralizing	“Some days my pain may feel tough to manage, but there have been days when it has been better. There are things that I can do to help my pain.”
“Standing for more than two hours is impossible. There is no way I can work.”	All or nothing	“I may not be able to return to my exact job, but I can be open to other arrangements that will allow me to continue to work in a similar way.”

**Adapted from Healthwise.org



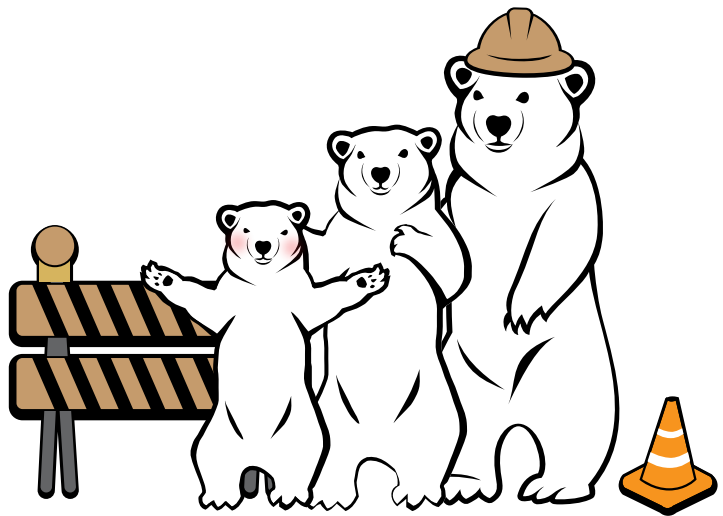


Support Teens:

Be a Partner in their Emotional Well-Being

Teens going through tough times may be experiencing a wide range of emotions including anxiety, anger and grief.

Understand that while some of these experiences may seem inconsequential to adults, they can feel catastrophic to teens.



- Express empathy: "You are having a reasonable reaction. This situation is hard."
- Communicate openly and regularly as transitions arise that cause distress: "This is what we know. This is what we don't know. This is what we might expect moving forward."
- Broaden their perspective about well-being of the wider community, enlisting their support to help others (e.g., volunteering or comforting a younger sibling)
- Write out two lists: (1) here are stressful things I can do something about and (2) here are the things I cannot control
- Suggest positive distractions (e.g., art, music, exercise) from non-stop social media monitoring
- Build collaborative plans for managing distress and create a vision for a better future: How would you like to handle this? What is your hope for how this year will go?
- Teach teens skills like using their senses to help self-regulate emotions.





For parents:

Is my child distressed or emotionally unwell?



What to look for...

Changes in patterns of behavior:

- Sleep disruption or nightmares
- Increased social withdrawal
- Increased risk-taking behavior including substance use or self-harm
- Avoiding or missing classes
- Unusual restlessness or hyperactivity

Changes in mood or concentration:

- Persistent sadness
- Temper tantrums, anger outbursts or irritation
- Increased hopelessness or despair
- Declining ability to tolerate stress

Changes in appearance:

- Weight changes
- Poor hygiene

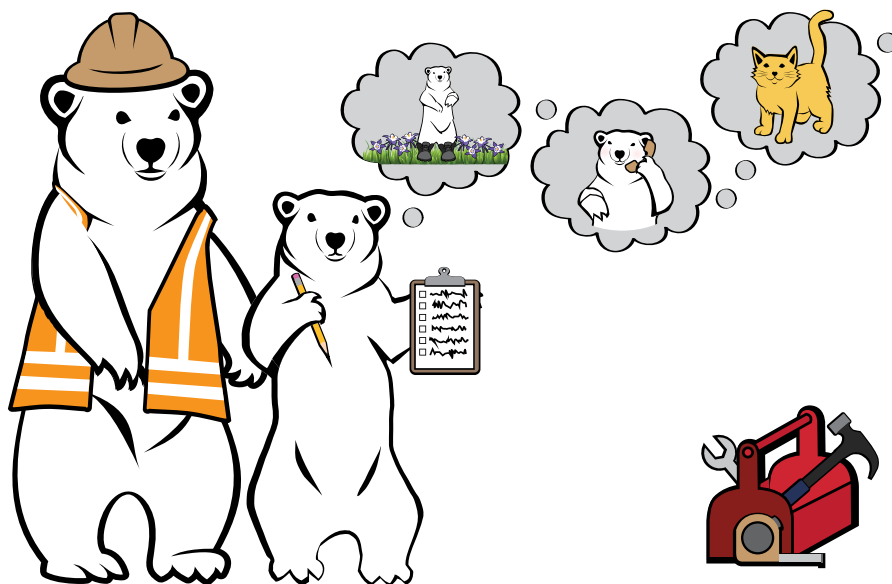
Changes in expression:

- Talking about their own death
- Decreased pleasure in things they recently enjoyed
- Physical pain (e.g., headaches, stomachaches) without an apparent cause.





For parents who are concerned about their children's wellbeing



BE PROACTIVE. Build a stress and crisis plan together. Before a crisis hits, get a pen and paper or create a note on their smartphone and collaboratively write out answers to the following questions:

1. Step One: What are the red flags?

- What are situations that cause anxiety, anger or overwhelm?
- What are the first things to change (behaviors, thoughts or feelings) when distressed?

2. Step Two: What are some coping tools?

- What calms?
- What distracts?

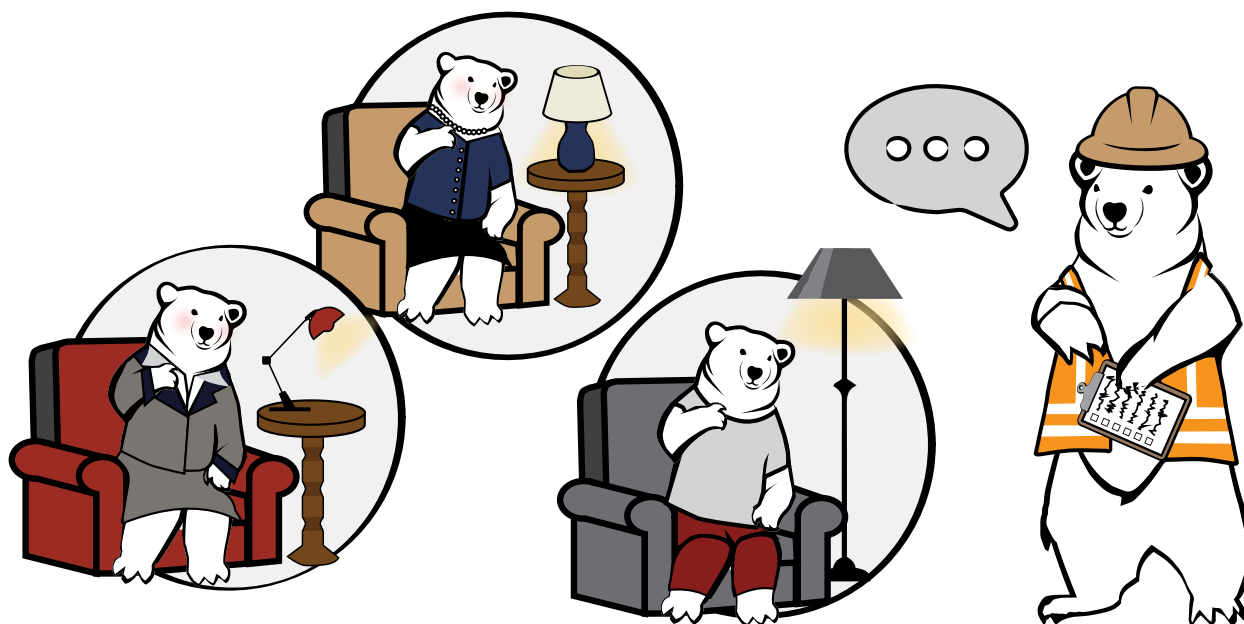
3. Step Three: Where are supports?

- What friends or family can be counted on? How can they contact them?
- What are other resources available (e.g., crisis lines, counselors, faith community, online support groups)?





Finding the Right Mental Health Support



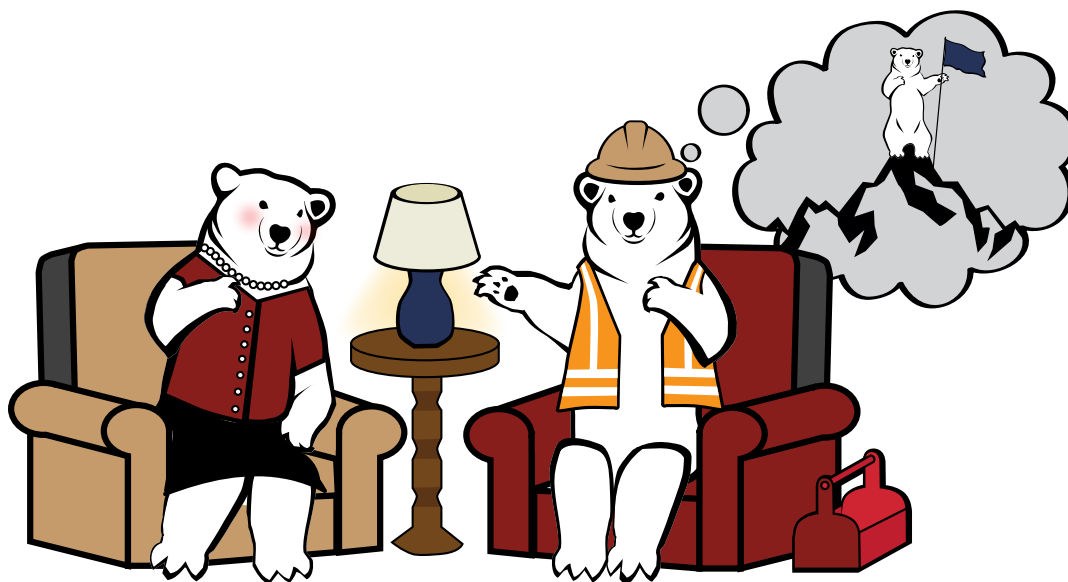
Things to assess when choosing your counselor:

- **Credentials:** Counselors should have a minimum of a Master's degree and should be licensed. In some situations, graduate level counselors may be earning hours toward their licensure; ask about these practices and how supervision is handled. Your counselor might be a psychologist (doctoral level – Ph.D. or Psy.D.), a social worker (MSW), or a counselor (MA). You may also work with a psychiatrist (MD) for therapy or medication.
- **Experience:** Ask your counselor about their experiences working with your presenting concerns.
- **Fit:** While the counseling relationship is not a friendship, it is important that you feel safe and trust that your counselor is competent. You do not have to settle for the counselor that is assigned to you. If it doesn't feel right, ask for another provider.
- **Availability:** How often will you get to work with the counselor? How long? What will happen if there is an emergency? What happens when school is on break?





What to Expect from Professional Counseling Services



Counseling is a confidential learning process during which you meet with a trained professional who can help you sort out your concerns, think through decisions and create personal goals. People who attend counseling do so for a wide range of reasons – from adjusting to disruptions in life to major mental and emotional problems. The mental health professionals are bound by strict guidelines on confidentiality. Initially, you might be asked a number of background questions in writing or during the discussion to help the professional more fully understand your situation. You will benefit the most from counseling if you come prepared to focus on a specific issue with a goal in mind and by being as open and as honest as you can. At the end of the counseling process, you should feel understood and encouraged, you should have more self-awareness, new skills, fewer symptoms, and a direction for on-going improvement.





What mental health crisis services exist?

Depending on where you live, you and the people who need your support may have access to a number of crisis resources.

Hotline and Crisis Text Support



- **National Suicide Prevention Lifeline 988** (Text/Chat/Call) (<https://suicidepreventionlifeline.org/>)
24/7/365 free support also available in Spanish (<https://suicidepreventionlifeline.org/help-yourself/en-espanol/>)
- **The Veterans Crisis Line** (<https://www.veteranscrisisline.net/>)
- **Crisis Text Line** (www.CrisisTextLine.org)



Local Crisis Services

Because calling 911 and involving law enforcement is not always the best option in response to a mental health crisis, we encourage you to proactively research whether or not these resources exist in the event of intense psychological distress.

- **Mental health urgent care/crisis facilities.**
- **Telehealth Crisis Support** from your EAP or community mental health center.
- **Mobile Crisis Services** supports people in their home and assesses them for transport to an urgent in-person service.
- **Respite Homes/Peer Respite** provides a warm homelike environment for support
- **911 Emergency Services** contacted when people are at high risk of danger to themselves or others. If psychiatric beds are not available, individuals in custody of police may be detained in jails. For many, this is a traumatizing experience that erodes trust in the mental health support process.
- **Inpatient psychiatric unit.** Admission to these units usually requires evaluation by a psychiatrist and may require invoking involuntary admission statutes as provided by law.





What are the different forms of addiction recovery support?



Medical De-toxification (“Detox”) Units are available for significant incidents associated with significant substance addiction. Most often situated in a hospital or similar setting, they focus principally on supporting patients through what can be life-threatening withdrawal, though they will often provide referral to community recovery services as well.

NOTE: Detox is a medical and not a behavioral health intervention. Because of this, detox services are likely to be covered by health insurance, while recovery/treatment programs may not be.

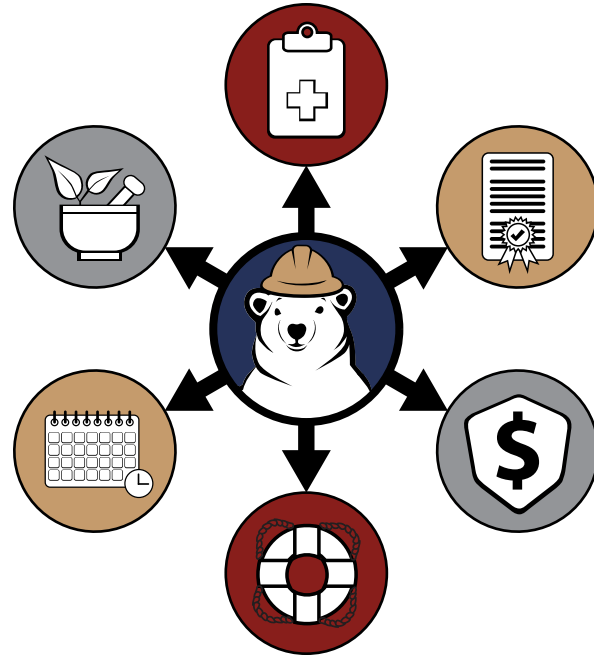
Community Substance Use Recovery Programs include: inpatient treatment, partial hospital (day treatment), residential treatment facilities (RTFs), extended ‘half-way’ house reentry programs, short- to medium- term group therapy and individual addiction counseling. Medication Assisted Treatment, available for disorders including alcoholism and opioid addiction, is normally overseen by a medical professional or facility.

12-Step Recovery Programs (e.g., Alcoholics Anonymous) can be face-to-face, by phone or on-line. These free programs offer tools, spiritual (but not religious) growth and a supportive community to help people experiencing many types of compulsive behaviors from gambling to sex addiction to debting and many more.



Finding the right addiction recovery center

When someone living with addiction is ready for help, it's important to connect them to a credible recovery treatment center. **Here are some questions to ask to make sure you find a good fit:**



- What type of accreditation or licensing does your facility have?
- Is treatment done by a multidisciplinary team?
- What is the patient-to-counselor ratio?
- Do you have gender-specific programs? (this is good)
- Are you in-network with our insurance?
- Do you offer medical detox or other medication-assisted therapies?
- Do you offer treatment specific to teens, young adults, older adults or other populations? (as it applies to your situation)
- How long does the program last?
- What kind of post-treatment support do you provide?
- Do you offer family support?
- How long have you been providing addiction treatment?





Understanding 12-Step Recovery Support Groups



12-Step recovery support groups offer action steps, spiritual guidance, and community to people experiencing compulsive disorders like alcohol/drug addiction, sex, eating and money compulsions, and much more. Other 12-Step programs support loved ones of people living with addiction. The groups are free and accessible in-person, by phone or on-line all over the world. Peers support one another discussions about founding principles and literature and by sharing their stories of experience, strength and hope.

On-line directory:

<https://www.12step.org/social/online-meetings/>





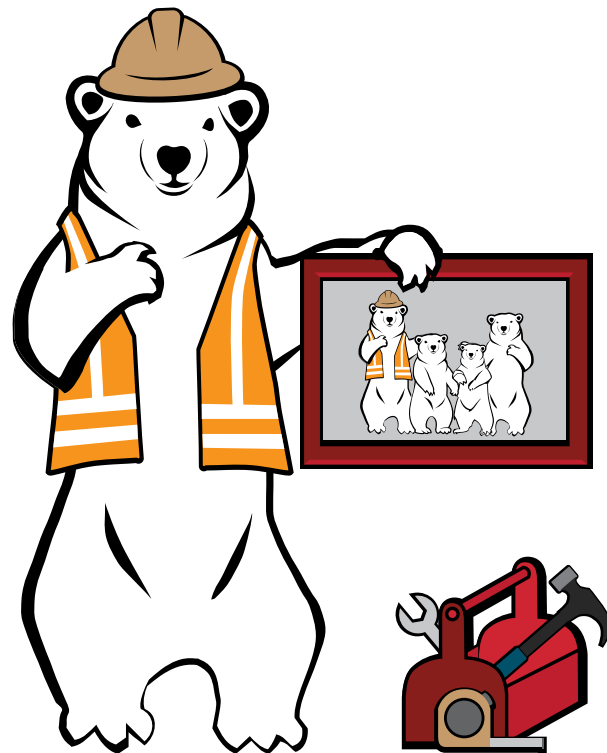
What is Stigma and How is it Related to Mental Health?

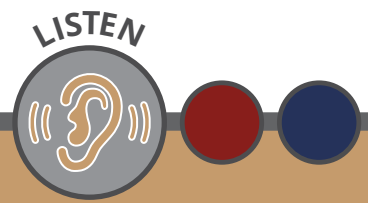
Stigma is a word often associated with mental health, but what exactly does this mean?

The word's origin is from the religious word "stigmata" or the mark of shame. Many people talk about how we must "remove the stigma" or mental health conditions, so people can feel less shame about reaching out for help before their mental health deteriorates to crisis levels.

The problem with this approach is it puts the weight on the change process on the person who is living with the condition. "Stigma" does not come out of nowhere. Rather it is the result of bias, prejudice and discrimination from misinformation, myths and stereotypes that are perpetrated by our families, healthcare and education systems, and media.

The way we "fight stigma" is not to talk about stigma (that just reinforces the connection), but instead to develop personal relationships with people who are living with or who have lived through depression, anxiety, trauma, addiction, and suicidal thoughts. When we hear the journeys of recovery, we find we are far more similar than different, and barriers to change start to dissolve. We see strength and our deeply connected humanity and we are far more likely to walk alongside someone than judge them.





What are the Biases You Hold about Mental Health?

We all have them. It's impossible to escape internalizing the biased information that surrounds us.

What are your biases?

Think about how these thoughts impact how you approach your own and others' mental health challenges.



<i>I believe persons with mental health conditions are to blame for their problems.</i>	1	2	3	4	5
	Not true		Somewhat true		Very true
<i>I think persons with mental health conditions are unlikely to benefit from counseling.</i>	1	2	3	4	5
	Not true		Somewhat true		Very true
<i>I often fear that someone will tell others about my mental health problems without my permission.</i>	1	2	3	4	5
	Not true		Somewhat true		Very true
	NA: I have never had a mental health problem.				
<i>Most people would willingly accept someone who has lived with a mental health condition as a friend.</i>	1	2	3	4	5
	Not true		Somewhat true		Very true
<i>People with mental health problems are weak.</i>	1	2	3	4	5
	Not true		Somewhat true		Very true
<i>People with mental health problems are a burden on society.</i>	1	2	3	4	5
	Not true		Somewhat true		Very true
<i>People with mental health problems are dangerous and disruptive and should be isolated from the rest of society.</i>	1	2	3	4	5
	Not true		Somewhat true		Very true





Words Make Worlds: Be Mindful of Language



bipolar condition **wild** insane
 substance clean independent
crazy suicide
 dirty **disorder** tough time

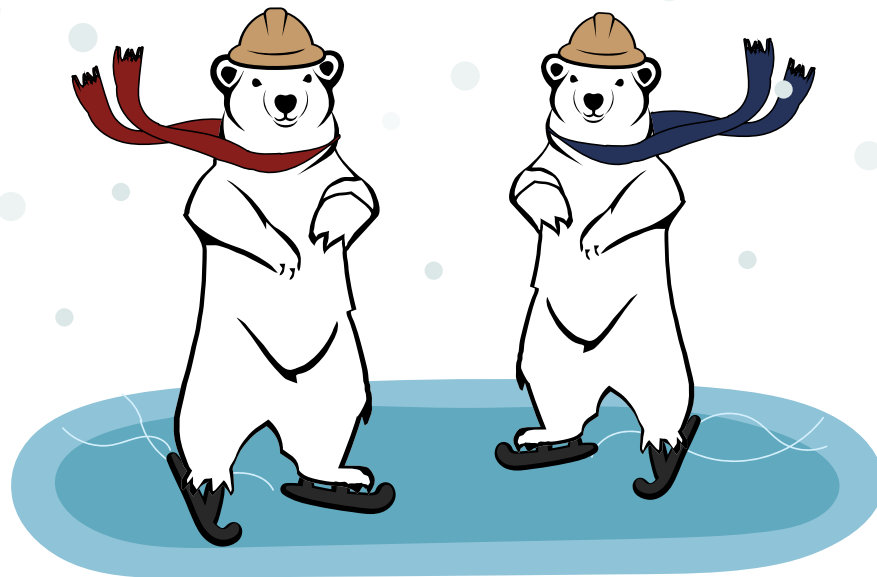
The way we talk about things reflects our biases. Our language around mental health, addiction and suicide is often laden with prejudice that shapes how we see the world. When we use more respectful and dignified language, our attitudes and behavior shift.

Instead of saying this...	Say This...
"That's crazy." "That's insane."	"That's wild."
"He's bipolar." "He's a mentally ill person." "She's a psycho."	"He lives with bipolar condition."
"She's an addict." "Former addict/alcoholic"	"She is living with a substance use disorder." "A person in long-term recovery"
"Successful suicide." "Unsuccessful attempt." "Committed suicide."	"Died by suicide." "Lived through a suicide attempt."
"Victim of..." "Suffering from..." "affected with..." [depression, addiction, anxiety]	"A person who has is being treated for..." "A person who is fighting..." a mental health condition.
"Just trying to get attention..." "Manipulative..." "Suicidal gesture..."	"Trying to get needs met and is having a tough time..."
"In denial..." "Resistant" "Won't accept help"	"Someone who is used to being independent who finds it difficult to accept help." "Someone who has had negative experiences with mental health services in the past and needs to build trust first."
"Clean" "Dirty" "Clean/Dirty drug screen"	"Not actively using" "Actively using" "Testing positive/negative for substance use"





Did You Know?



- About 50,000 people die by suicide in the US? For each person who dies by suicide an average of 135 people are exposed and many of them experience a major life disruption as a result.
- Suicide is the second leading cause of death among youth and young adults aged 15-34
- In the US and Canada about 75-80% of suicide deaths are by males.
- Most men who die by suicide have never reached out for professional mental health services, they have one attempt and its fatal.

For these reasons, we must make it safe to talk about suicide and to let people know about the resources that can help.

Sources:

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12450>

<https://www.hsph.harvard.edu/means-matter/means-matter/survival/>

<https://afsp.org/suicide-statistics/>





Know the Warning Signs

How do we prevent suicide?



Learn the warning signs and risk factors. When people show signs of “IS PATH WARM” invite them into a conversation and listen closely to understand what might be contributing to their emotional pain.

Say, “I’ve noticed, you don’t seem like yourself lately. Sometimes when people are not themselves, there are other things going on. I am wondering if this is true for you.”

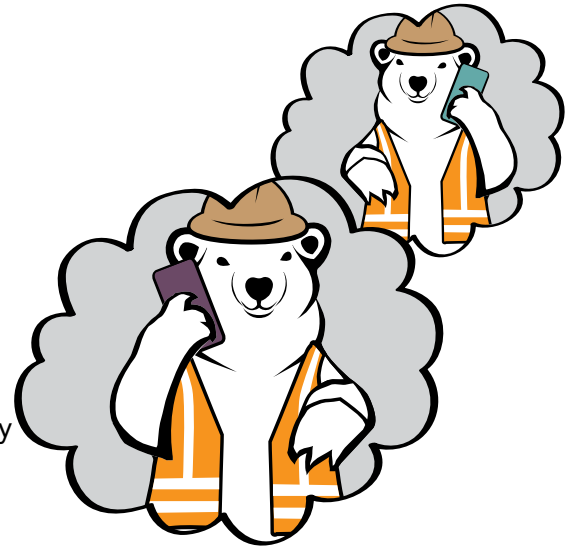
Then listen with empathy.

- **Shared experience:** See if you can recall a time when you felt overwhelmed or went through a similar experience. Say, “We all go through tough times, I certainly have, and you’re not alone.”
- **Reflect back feelings and key phrases.** Say, “That sounds really difficult.”
- **Summarize what you hear and ask them to share more.** Say, “Let me see if I’ve understood. [Recap what you heard] Did I get it right? Can you tell me more?”
- **If you see these warning signs, ask the direct question:** “Are you thinking about suicide?”



Connect the Person to Crisis Services

If someone you are talking with is experiencing suicidal thoughts, let them know you need help helping them.



Reach Out to Trusted Crisis Response Resources

If suicidal thoughts have been disclosed, take action by contacting a qualified crisis resource who will help you co-create a plan for safety.

Collaborate on Additional Supports

When we are in significant emotional pain, we need a trusted "A-Team" to support us. Offer your on-going partnership and ask, "who else might want to know how much pain you are in?"

Empower Self-Care and Offer Reassurance

Empower the person in crisis by offering them choices throughout the process. Help them remember past instances when they coped with hard times. Offer reassurance that they are doing the right thing by taking steps to feel better.

Negotiate How to Reduce Access to Lethal Means

Easy access to pills and firearms might offer temptation to act in an impulsive moment. Collaborate with the distressed person to remove these lethal means from the home during the time they are in a psychological emergency.

Establish Plan to Follow Up

Make a commitment to meet up again in the near future to see how things are going. Send them non-demand caring text or voicemail messages such as "I am thinking about you," "You. Got. This." or "Sending strength."





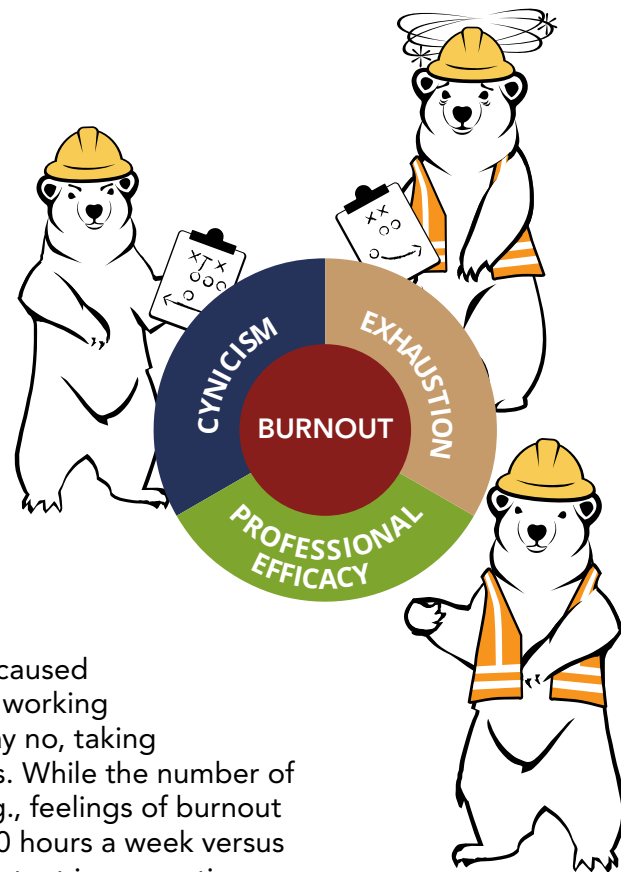
"What is Burnout?"

Burnout: Someone is considered to be burned out when they experience all three of the following factors¹:

1. High levels of **Cynicism**, or an indifference or distant attitude towards work or school
2. High levels of **Exhaustion**, or emotional and physical fatigue
3. Low levels of **Professional Efficacy**, or social and nonsocial aspects of academic or occupational accomplishment

Burnout is typically experienced as a gradual growing mismatch between the individual and the organization.

People mistakenly believe that burnout is caused by overwork and look to solutions such as working fewer hours, taking time off, learning to say no, taking vacation, or engaging in self-care activities. While the number of hours an employee works does matter (e.g., feelings of burnout increase when someone routinely works 60 hours a week versus 40 hours per week²), and self-care is important in preventing or mitigating burnout, in reality, how people experience their work can be a stronger determinant of burnout than the hours worked³.

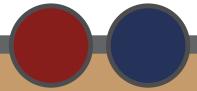


1 Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>

2 Chen, Jong-Dar and Cheng, Tsun-Jen and Hu, Nien-Chih. The Associations Between Long Working Hours, Physical Inactivity, and Burnout. *Journal of Occupational and Environmental Medicine*. 2016 May;58(5):514-8.

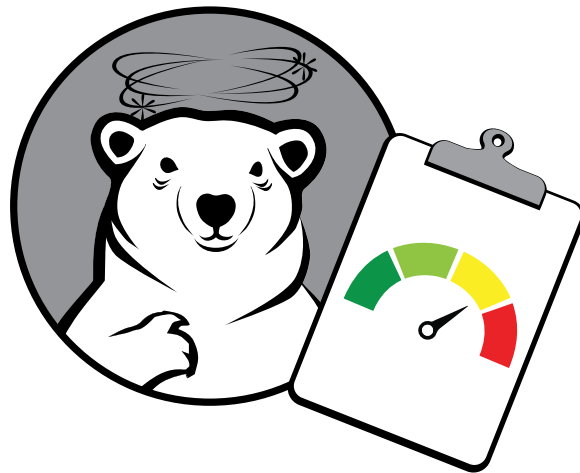
3 Maslach, Christina and Leiter, Michael. *The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It*. 1997.





Am I impacted by root causes of burnout?

Ask yourself these questions and rate yourself on how you are impacted by these drivers of burnout:¹



	STRONGLY AGREE (1 PT)	AGREE (2 PTS)	NEITHER AGREE OR DISAGREE (3 PTS)	DISAGREE (4 PTS)	STRONGLY DISAGREE (5 PTS)
My treatment at work/school is fair.					
My workload is manageable.					
My role and expectations are clear.					
Communication and support from my supervisor/instructor is adequate.					
The time pressure is reasonable					

5-10 POINTS LOW LEVEL OF BURNOUT RISK	10-15 POINTS MODERATE LEVEL OF BURNOUT RISK	15-25 POINTS HIGH LEVEL OF BURNOUT RISK
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¹ Adapted from Gallup (2020). <https://www.gallup.com/workplace/288539/employee-burnout-biggest-myth.aspx>



Handling Burnout

Burnout is usually a system's issue perpetuated by an organization; thus, the way to best mitigate burnout is to address the concerns at the organizational level. Nevertheless, the following are individual actions you can take to try to protect yourself from burnout:



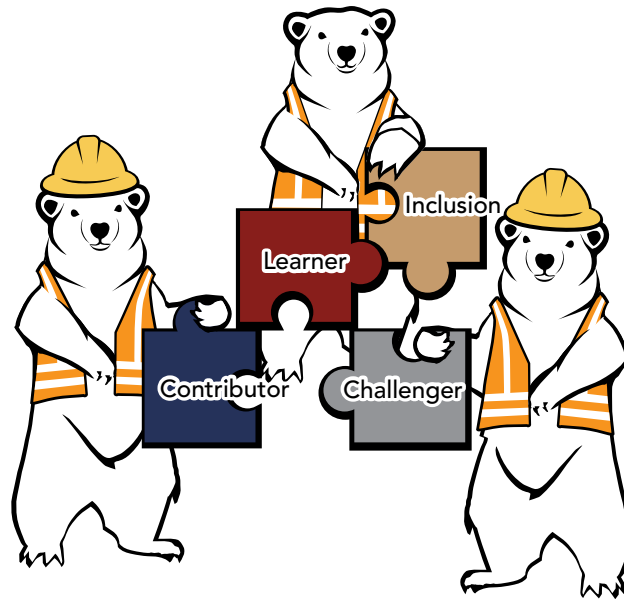
1. **Cost-Benefit Analysis:** Weigh the pros and cons of staying in your current situation or doing something different.
2. **Talk to the Source of Distress:** Bring up your concerns, ask for what you need and suggest compromises. Determine where the mismatches are in expectations.
3. **Broaden Your Identity:** Having a single-source identity (e.g., "I am what I do.") makes us vulnerable to burnout. Reflect on how you value the many facets of your identity. Believe in your abilities. Remind yourself of your accomplishments.
4. **Find Alternative Ways to Get Needs Met:** When it comes to feeling purposeful and connected, we often have needs for leadership (influence, decision-making, etc.) and affiliation (belonging, teamwork, etc.). Seek opportunities where you can experience these needs more fully.





Four Stages of Psychological Safety

In Timothy Clark's Four Stages of Psychological Safety¹ learning is essential to leading, and safeguarding learner safety is critical.



Inclusion: Inclusion safety satisfies the basic human need to connect and belong. In this stage, you feel safe to be yourself and are accepted for who you are, including your unique attributes and defining characteristics.²

Learner: Learner safety satisfies the need to learn and grow. In this stage, you feel safe in disclosing vulnerability, asking questions, giving and receiving feedback, experimenting, and making mistakes.

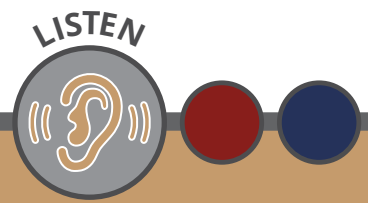
Contributor: Contributor safety satisfies the need to make a difference. You feel safe to use your skills and abilities to make a meaningful contribution.

Challenger: Challenger safety satisfies the need to make things better. You feel safe to speak up and challenge the status quo when you think there's an opportunity to change or improve.

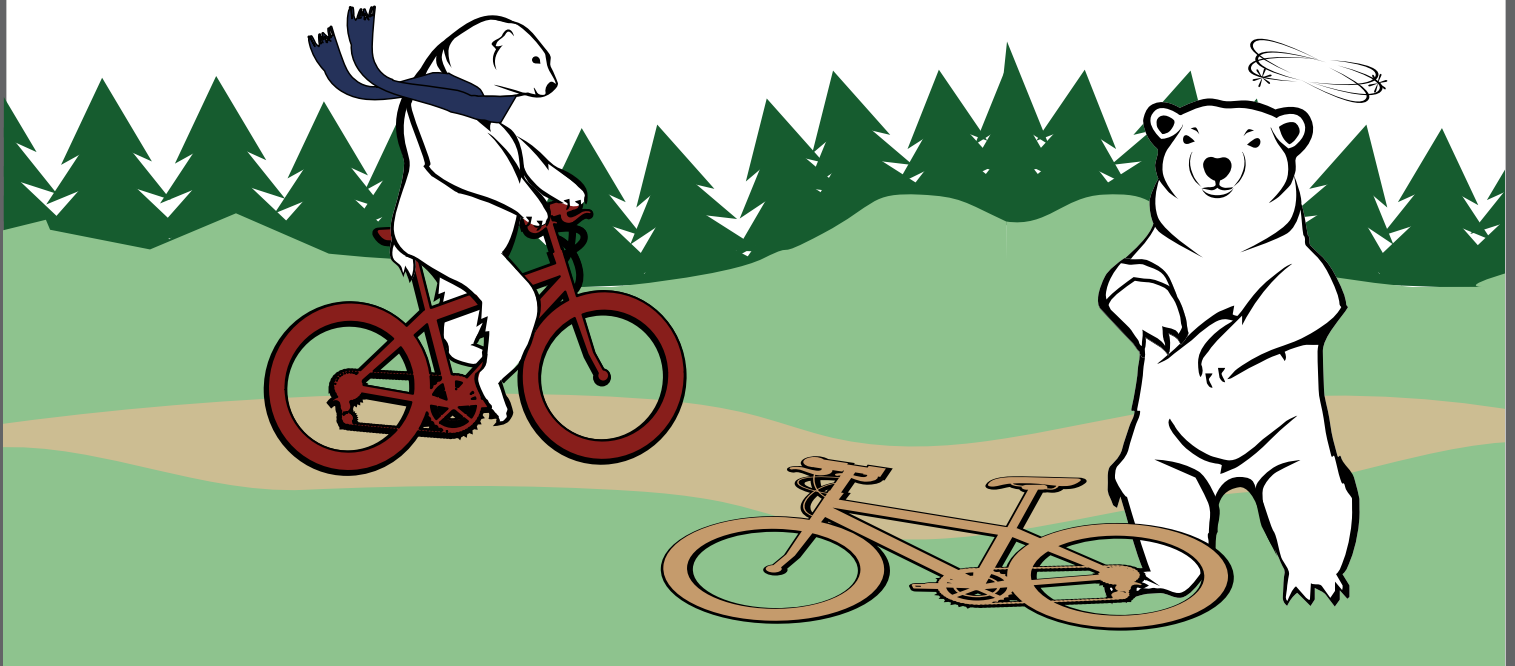
1 Clark, T. (2020). *The 4 Stages of Psychological Safety*. Berrett-Koehler Publishers.

2 What Is Psychological Safety at Work? August 31, 2020. Center For Creative Leadership





Explore Psychological Safety



Psychological safety is trust experienced in groups or organizations. Ask yourself: "Do others have my back?"¹:

- Do others have my back when I am making errors in learning or experimenting with new approaches?
- Do others have my back when I am different in some way from the group norms?
- Do others have my back when I am going through a really hard time?

Another way psychological safety has been described is "...a feeling to be able to show and do something without fear of negative impact on self-image, status or career."²

How do you know when you are in a psychologically safe environment?

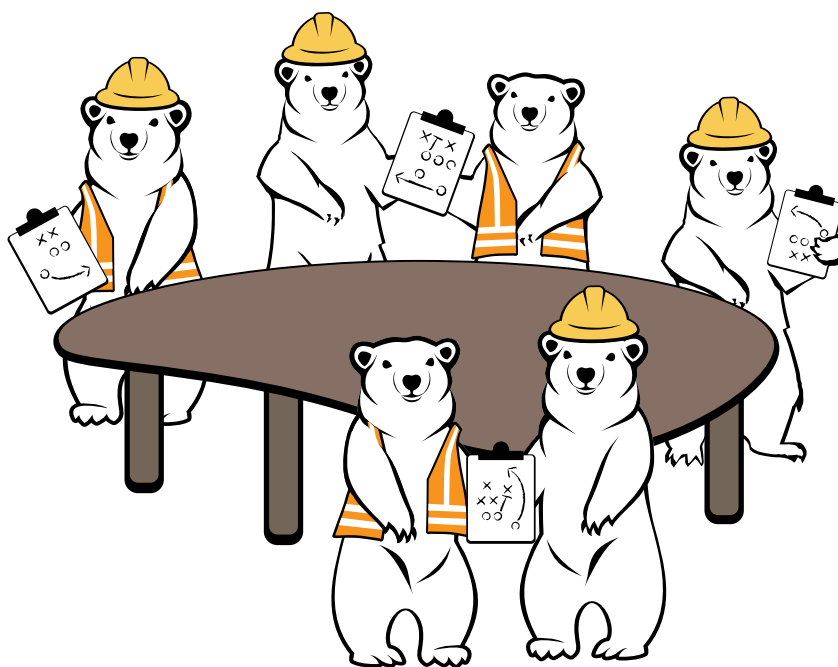
¹ Spencer-Thomas, S. (2021). We've Got Your Back: Psychological Safety as Part of Holistic Approach to Workplace Health and Safety (PART 1: BARRIERS AND BEST PRACTICES) - A White Paper.

² Arbor, A. & Patrisia, D. (2020). Psychological Safety and Organisational Performance: A Systematic Literature Review. International Journal of Advanced Science and Technology 29(5):3634-3644.





Manager Skills Needed to Build a Psychosocial Safety Climate



Correct: Identify and rectify psychosocial hazards (e.g., bullying, discrimination) and protect others' dignity.

Message: Inspire the team to prioritize holistic safety. Demonstrate an openness to and a tolerance for the inevitability of human error and the distress experienced during tough times.

Model: Earn respect and trustworthiness through self-care, vulnerable disclosure, and psychological safety practices in groups. Organizing joint evaluations that model fallibility and ask for feedback on supervisory abilities.

Reward: Recognize people who are courageous in their disclosure of vulnerability and who demonstrate efforts to look out for one another's wellbeing.

Teach: Cultivate skills in compassion and active listening within your group.

Adapted from <https://paulspecter.com/having-a-good-psychosocial-safety-climate-is-important/>





How Does Traveling for Work Impact Wellbeing?



When we spend extended periods of time away from home, our wellbeing is affected in many ways, including these:

- For people with families: Your partner and/or children move on without you. They have experiences and make memories you are not a part of and they backfill your roles. When you return home, you think you are stepping back in where you left off, but they are actually in another place. This experience can sometimes make the traveler wonder if they are even needed any more.
- Separated from support systems, travelers can feel isolated and lonely.
- Time zone difference impact sleep schedules and routines like exercise.
- People tend to eat more and more calorie-dense foods and drink more alcohol when on the road.





Getting Clarity on Expectations When Your Loved One Travels Away from Home



Have a conversation with your loved ones before you travel away.

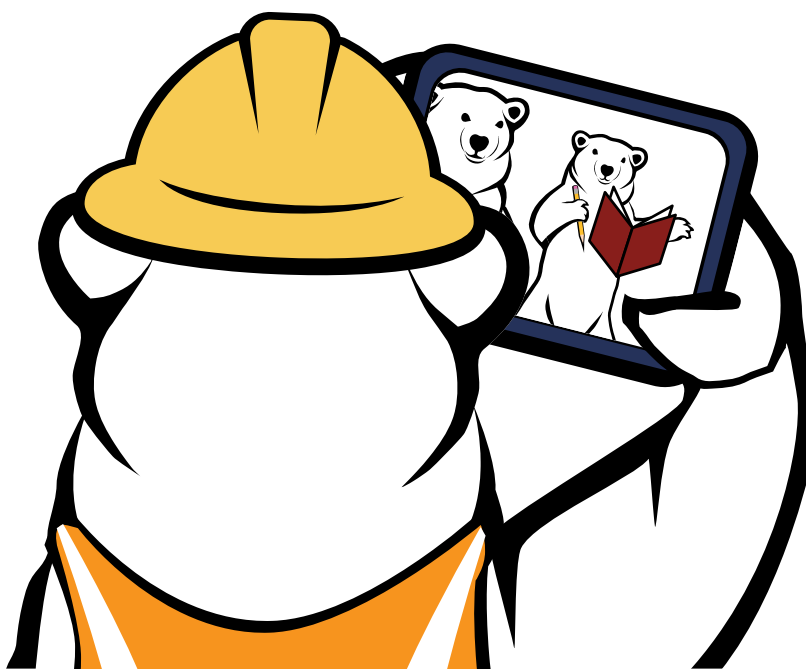
Talk about the following:

1. What are the expectations on how we will manage finances?
2. How will we communicate? How often? What method
Handwritten Letters? Digital? Photos? Videos?
3. How we will acknowledge special occasions and holidays?
4. How will we manage parenting responsibilities?
5. What should we do if we are having a conflict?





Tips to Improve Wellbeing When on the Road



1. **Create a “bubble” of community while traveling.** Consider living in a rented house rather than in a hotel. This shared living experience will give travelers easier access to talk to people and “break bread”. Opportunities for healthier eating and drinking habits exist.
2. **Start new family rituals and traditions.** If you have young children, send videos of you reading books to them. Send photos with captions of what you are doing. Send care packages for special occasions. Send handwritten notes.
3. **Prepare for homecoming when there has been an extended absence.** Check in on resentments, impatience and anxiety you might be having with your partner. Renegotiate expectations for responsibilities and rest. End communication on a positive note. Make time for fun and connection.





“Headspace for the Workplace” Mental Health Toolbox Talk and Microlearning Culture Change Program

A Manager’s Facilitation Guide

*Designed to Decrease Stigma, Increase Mental Health Literacy, and
Bolster Emotional Resilience for Individuals and Teams*



By Dr. Sally Spencer-Thomas
www.SallySpencerThomas.com
©2023

A Note of Gratitude!

Thank you for all you are doing to help lead your teams through tough times! By stepping up to facilitate the Toolbox Talks and/or microlearning videos, you are demonstrating your commitment to your workers' well-being. By modeling your ability to talk about these tough subjects, you give others permission to do the same.

You don't have to be a mental health expert or counselor to make a big difference in the well-being of your team members.

Your bold leadership in opening the door to the conversation and being a bridge to resources will make a substantial impact.

Purpose of Facilitation Guide

During times of prolonged toxic stress, burnout is common. Many workers can find themselves overwhelmed, anxious, and even hopeless. Sometimes these challenges to well-being can even lead to significant mental health challenges like depression and crippling anxiety. Sometimes they turn into life-threatening mental health emergencies like overdose, the consequences of addiction, and suicide.

And yet, workers in the most at-risk industries are usually the least likely to reach out for support.

More than ever, workplaces are in a critical position to lead their workers toward individual and team resilience and drive a culture of care and psychological safety. At the same time, they can reduce stigma—or bias—related to mental health challenges, addictive behaviors, and suicide by empowering teams to have many small conversations about these topics.

What changes culture? Many small changes, consistently applied over time.

What reduces stigma—or bias—related to mental health? Sharing stories of struggle and recovery.

The implementation of the Toolbox Talks and microlearning videos provides for an opportunity to both change culture and reduce stigma while also increasing the mental health literacy of your workforce.

Aspects of Mental Health Literacy

- 1 Information about mental health challenges**
 - How and where to access and evaluate mental health information.
 - Basic knowledge of symptoms and experiences related to common mental health challenges.
- 2 Basic coping and emotional regulation skills**
 - Knowledge of effective self-help tactics for mild to moderate emotional distress.
 - Basic psychological first aid to help others.
- 3 Access to mental health supports and services**
 - Discern how to find appropriate and effective mental health resources.
 - How to navigate many levels of mental health care: preventative, maintenance, crisis response.
 - Improved help-seeking efficacy (feeling confident and competent) in knowing when to access professional care and how to do it.
- 4 Addressing stigma and bias, plus advocacy for positive change**
 - How to identify prejudicial attitudes and discriminatory behaviors related to suicide, addictive behaviors, and mental health.
 - How to advocate for mental health improvements and human rights.

Tips for Facilitation Success

Below, you will find tips on how to facilitate the Headspace for the Workplace Toolbox Talks and Microlearning Videos program—implementation that will help decrease stigma while increasing coping, awareness, and peer support.

What makes for a good Headspace in the Workplace Toolbox Talk/ Video Facilitator?

- Has a passion for better well-being for their team and loved ones.
- Offers combination of confidence in the cause and organization’s approach with personal humility.
 - *“We are all learning here. I’ve certainly learned some lessons.”*
 - *“This is important.”*
 - *“Our organization is making this a priority.”*
- Is gently and authentically curious into team members’ experiences.
- Sets expectations for a no-judgement/learning zone and psychological safety.
- Keeps Toolbox Talks/video conversations short, direct, constructive, and positive.
- Remembers that they are the guide, not the hero or authority.

NOTE: Just reading the toolbox talk is impactful. By just taking that step you have made a huge difference. If you want to notch it up a level, these are tips and tools you can use to increase engagement.

Photo credit: Flickr NAVFAC



Tips to Engage Your Workers”. The rest of the guide is fine

Weekly Headspace for the Workplace Toolbox Talks and Videos are designed to keep the conversations going. Many 5–10-minute conversations over a long time will shift the mindset.

Here are some tips on how to increase engagement.



TIP #1

Share your story.

Model disclosure by sharing your own stories of how you have lived through challenging experiences. You don't have to share all of your most personal details, just whatever you're comfortable with to let others know you have some insight into distress. If you are sharing a story about a loved one's struggles, be sure to ask their permission first or refrain from including any identifying information. Use trauma-informed language (e.g., no graphic details of suicide or overdose) and focus mostly on what helped you or your loved one heal.



TIP #2

Pose polling questions.

Ask people to raise their hands or conduct online polling about how mental health issues have shown up for people. This helps show commonality and validates people's experiences. NOTE: People are more likely to be truthful when they feel the poll is anonymous and confidential. If you ask for a show of hands, make sure the questions are easy to say “yes” to.

- *Who here would want to help someone who is experiencing depression?*
- *Anyone stressed?*
- *Anyone feeling overwhelmed?*
- *Anyone have a loved one they are worried about?*



TIP #3

Small group discussions

Open-ended questions in small group discussions reinforce engagement. After you read the Toolbox Talk or show the video, have people get into groups of three and talk about it. Ask just one of these questions for one Toolbox Talk. Give them 3 minutes to chat and then ask them to report out on common themes.

- *What is the thing that is causing you the most distress right now?*
- *What is the one thing that you want more than anything right now to improve your well-being?*
- *What is the one thing that would be helpful to your mental health more than anything right now?*
- *What is the biggest barrier you have to accessing mental health support for you or your loved ones?*
- *This week's well-being theme is XYZ. What sticks out to you when we bring this topic up in our community?*



TIP #4

Mix it up

People get bored of the same format week over week. Try different approaches to engagement.

- **Brainstorm** a list of ideas related to the topic. Give a prize for the small group with the best or the most ideas.
- **Sticky notes.** Pose a question or a prompt on a whiteboard or flip chart. Then, have people put answers on sticky notes and paste them on the board.
- **“Give yourself a grade.”** Evaluate yourself on how well you or the team are doing in this area of well-being and ask: How can we improve our grade?
- **Round-robin.** Give everyone in the group a chance to give a brief answer to questions such as, “Give me one word that comes to mind when you hear (fill in the blank).”
- **Pair and share.** Have the group split up into pairs and talk about a topic, then share their themes with the larger group.



TIP #5

Practice reflective listening and encourage elaboration.

- *“That seems like it was really (frustrating/tragic/sad).”*
- *“Your (family/success/time off) is really important to you.”*
- *“Let me see if we heard you right...(summarize what you just heard them say).”*
- *“That was a difficult thing to talk about. Thank you for sharing.”*
- *“Tell us more about what you learned about this resource. What did you find helpful.”*
- *“Share more about what you mean by that comment.”*



TIP #6

Keep your eye on the time.

What makes these Toolbox Talks/videos effective is that they are “small drips over time.” Each one should take no longer than 5-10 minutes.

7-minute sample. 1 minute: Here’s what we are talking about today and why it matters. 2 minutes: Read the Toolbox Talk. 3 minutes: “Pair and share”—what is the biggest myth about this topic? 1 minute: Recap, recognize and reward.



TIP #7

Recognize and reward.

Give public kudos to team members who are fully engaged or who are helping to lead the effort. Shine a light of praise for those who courageously share their experiences. Give a monthly “Well-being Award” for a team member who has done something extraordinary to help themselves or help another. Nominate team members to facilitate the next week’s Toolbox Talk and frame it as a leadership reward.



TIP #8

Evaluate and adjust.

After the first month, and once a quarter thereafter, check in with the team.

- “How are these Toolbox Talks/videos going?”
- “What would you like more of/less of/to keep the same or to stop?”



Photo credit: Flickr Louisville USACE

Frequently Asked Questions and Concerns

✓ **What if I get asked a question about mental health and I don't know the answer?**

- Relax—it's okay. You are not a mental health expert and you're not expected to know everything.
- Say: "That's a great question, and I'm not sure I have a good answer. Can I check into it and get back to you?"
- Check in with your mental health point of contact (e.g., your benefits person) to get more information.

✓ **What if someone approaches me after and needs help?**

- Thank them for trusting you and for reaching out.
- Let them know you have their back and will help them find the right resource.
- Check in with your mental health point of contact (e.g., your benefits person) to get more information.

✓ **Will these conversations increase the risk of liability for the organization?**

If you have concerns about liability in any given situation related to mental health mental health literacy efforts at work, you should talk with legal counsel, as these are general guidelines. That said, because the toolbox talks and videos are for informational purposes only, the liability issue should not be a concern.

Again, you are not a mental health provider and you are not offering therapy. You don't have a "duty to care" and you are not dispensing specific advice to a specific person's situation.

Again, you are not a mental health provider and you are not offering therapy. You don't have a "duty to care" and you are not dispensing specific advice to a specific person's situation.

It's just like learning CPR: You are not a heart surgeon, but you provide "Good Samaritan" support for your fellow human being. If anything, NOT doing the work of providing any basic information about mental health and resources is near negligent, given the high rates of suicide in many industries. If you have further questions about this, discuss them with your HR/Employment Law team or review this free white paper: "A White Paper for HR Professionals and Employment Lawyers: Mental Health Promotion and Suicide Prevention in the Workplace – Policy and Response Recommendations to Help Employers Positively Impact Workers and the Work Environment" [downloadable from www.WorkplaceSuicidePrevention.com resource section].

✓ **What if someone in the team talks for too long or tries to derail the conversation?**

- *"I'm wondering what others think about this topic."*
- *"I'm curious to hear from this part of the group."*
- *"We only have a couple of minutes here; I'd be happy to chat more when we're done."*

✓ **What if someone in the team never engages?**

- *This is where small groups, pair-and-share, and round-robin techniques help.*
- *If you feel comfortable, you can call on them: "XYZ, your thoughts and experiences matter here. What do you have to say on this topic?"*



Additional Reminders

✓ **Belonging and Purpose**

The workplace may be a person's primary place to connect with meaning and purpose, through shared goals. For those feeling isolated, reaffirming your shared values and goals can offer comfort that, "I belong." Use these Toolbox Talks/videos as opportunities for authentic connection at the team level.

✓ **Put the Oxygen Mask On First**

How you model resilience is probably the most important communication you will be giving. Dedicate time to find things you are grateful for and focus on acknowledging gratitude for things around you. Proactively prioritize your well-being—physical, emotional, social, and spiritual. Ask for (and accept!) support when you need it. Self-compassion can help you through frustration, annoyance, and anger. If you feel like you're entering a high-risk head space, actively seek help.



Photo credit: Flickr NAVFAC

Resources

National Strategy for Workplace Suicide Prevention

www.WorkplaceSuicidePrevention.com



Construction Working Minds

www.ConstructionWorkingMinds.com



Construction Industry Alliance for Suicide Prevention

<https://preventconstructionsuicide.com/>



988 Suicide and Crisis Lifeline

<https://988lifeline.org/>



Man Therapy

<https://www.mantherapy.org/>



About Dr. Sally



Dr. Sally Spencer-Thomas holds a deep commitment to not only help prevent suicide, but also encourage people to sustain a passion for living. As a clinical psychologist, mental health advocate, and researcher, she sees the issues from many perspectives. Her heart, however, is called and her dedication to the mission unwavering due the suicide death of her brother. Her goal is to give voice to people who've lived through depression, addiction, and the impacts of suicide and leverage their wisdom to develop bold, gap-filling strategies and programs—approaches that empower cultural and systems change in our workplaces, education systems, and communities.

Changes that support people into recovery and a life worth living.

Sally is the lead author on the National Guidelines for Workplace Suicide Prevention and president of United Suicide Survivors International. She is an accomplished speaker with a popular TEDx talk and a White House address to her credits. Her construction clients past and present include JE Dunn, Hensel Phelps, Sundt, Ames, Granite, Mortenson, Whiting-Turner, Quanta Services, the United Association, the SMART Union, and many others.

For this work, she was recognized as one of ENR's top 25 Newsmakers in construction in 2021.

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Suggested citation: Spencer-Thomas, S. (2023). "Headspace for the Workplace" Mental Health Toolbox Talk and Microlearning Culture Change Program: A Manager's Facilitation Guide. Sally Spencer-Thomas LLC.