

SELF-CARE MANUAL

for Front-Line
Workers

health
leisure

decisions

motivation

independence

lifestyle

activities

positive

hobbies

hygiene

nutrition

vacations

prevention

wellbeing

rehabilita

self-ref



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH



Republic of Lebanon
Ministry of Social Affairs

ابعد
abūd



Ministry of Foreign Affairs of the
Netherlands

SELF-CARE MANUAL

for Front-Line
Workers

health
leisure
decision
motivati
independen
lifesty
activitie
positive
hobbies
hygiene
nutrition
vacations
prevention
wellbei
rehabi
self-r



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH



Republic of Lebanon
Ministry of Social Affairs

أبعاد
about



Ministry of Foreign Affairs of the
Netherlands

TABLE OF CONTENTS

- 3** ACKNOWLEDGMENTS
- 4** FOREWORD BY DR RABIH ELCHAMMAY
- 5** FOREWORD BY GHIDA ANANI
- 7** INTRODUCTION
- 8** OBJECTIVES OF THE MANUAL
- 8** WHAT IS THIS MANUAL ABOUT?
- 9** WHO CAN USE THIS MANUAL?
- 10** **CHAPTER 1- INTRODUCTION TO SELF-CARE**
 - 1.1 RATIONALE
 - 1.2 DEFINITION OF SELF-CARE
 - 1.3 SELF-CARE CONTINUUM
- 13** **CHAPTER 2 - IMPACT OF PSYCHOSOCIAL ADVERSITY ON FIELD WORKERS**
 - 2.1 CUMULATIVE STRESS/BURNOUT
 - 2.2 COMPASSION FATIGUE
 - 2.3 VICARIOUS TRAUMA
 - 2.4 OVER ENGAGEMENT
 - 2.5 SIGNS AND SYMPTOMS
- 18** **CHAPTER 3- DOMAINS AND TOOLS OF SELF-CARE**
 - 3.1 PHYSIOLOGICAL – HOW TO TAKE CARE OF YOUR BODY
 - 3.2 PROFESSIONAL – TAKING CARE OF YOURSELF IN THE WORK SETTING
 - 3.3 PSYCHOLOGICAL – HOW TO TAKE CARE OF YOURSELF MENTALLY AND EMOTIONALLY
 - 3.4 SPIRITUAL – FINDING MEANING
- 32** **APPENDICES**
- 32** **APPENDIX A – FINDINGS OF FGDS AND INTERVIEWS**
- 33** **APPENDIX B – SELF-CARE ASSESSMENT TOOL**
- 37** **NOTES**
- 39** **REFERENCES**

ACKNOWLEDGMENTS

Special acknowledgement goes to all persons and agencies who directly contributed or were involved in drafting, editing, revising and finalizing this manual, and for all those who facilitated the process.

Conceptualization (NMHP):

Dr. Wissam Kheir

Drafting and revision team (NMHP):

Dr. Wissam Kheir, Rawan Hamadeh and Bedros Kazazian

Editing and internal review:

NMHP team

Rasha Abi Hana, Dr. Ghada Abou Mrad, Sandra Hajal, Nour Kik, Amjad Malaeb, Pardi Maradian and Perrine Posbic

ABAAD team

Alma Chami, Raghida Ghamloush and Lama Jradi

Local and international reviewers:

UN agencies

Edwina Zoghbi (WHO - Lebanon office)

Zein Ayoub (UNRWA - Lebanon office), Zeinab Hijazi (UNICEF - Lebanon office)

International Experts

Amber Elisabeth Gray

Local Experts

Dr. Elias AbdelSater (NMHP), Ghida Anani (ABAAD), Joanna Imad, Wissam Kotait (Abaad), Leilita Rizk (Abaad), Dr. Lama Souaiby (NMHP) and Rania Suleiman (Abaad)

Contributors (Ministries, Associations and Organizations)*

Ministry of Social Affairs (MoSA)

ABAAD - Resource Centre for Gender Equality

AlMahdi scout

Intersos

International Rescue Committee (IRC)

Islamic Health Society

Lebanese Red Cross

Makhzoumi Foundation

Medair

Najdeh Association

Social Promotion Foundation (FPS)

Terres des hommes Italy (TDH)

UNRWA

Designed by:

Limelight Productions | www.limelightprod.com

* These are the organizations who participated in focus group discussions as part of the development phase after disseminating invitations to all MHPSS actors through the MHPSS Task Force.

FOREWORD

By Dr Rabih ElChammay

Head of the National Mental Health Programme- Ministry of Public Health

The National Mental Health Programme (NMHP) at the Ministry of Public Health (MoPH) is working with the aim of reforming mental health care in Lebanon and providing services beyond medical treatment at the community level, in line with Human Rights and the latest evidence for best practices.

Working towards the NMHP vision, of all people living in Lebanon will have the opportunity to enjoy the best possible mental health and well-being, the NMHP has developed two strategies “Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon for the period of 2015-2020” and “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021”. And the implementation of both Strategies is successfully ongoing since their launching.

The NMHP in collaboration with ABAAD has developed the first National self-care manual for frontline workers with the goal to improve the wellbeing of staff working in the mental health field. A series of trainings targeting frontline workers will be held using this manual to raise awareness around self-care and provide service providers with evidence based techniques to support them, and self-help tools to improve their quality of life and increase their resilience while delivering services to beneficiaries.

I would like to acknowledge all the work and time put in preparation of this manual by all the persons from the NMHP and the Abaad. I would like to especially express my gratitude to Dr. Wissam Kheir for leading this work from the conceptualization to the development.

FOREWORD

By Ghida Anani
Founder and Director of ABAAD

ABAAD is a civil, non-politically affiliated and non-profit organization established in 2011, that aims to promote sustainable economic and social development in the Middle East and North Africa region by promoting gender equality and justice, through direct service provision, prevention and protection programs, along with empowering marginalized groups such as women and children.

Based on the existing cooperation frameworks with the Ministry of Public Health, ABAAD, with the support of the Dutch Ministry of Foreign Affairs, is implementing the NASEEJ project. The latter aims at strengthening national mechanisms for prevention, empowerment and protection of women and girls survivors of GBV, and solidifying sectoral partnerships with relevant ministries (Ministry of Social Affairs, Ministry of Interior and Municipalities).

As part of its vision and strategy to support and build the capacities of local, regional and international entities, and to advance mental health and well-being, ABAAD, in collaboration with the National Mental Health Program, has published the National Self- Care Manual for Front lines. The curriculum trains supervisors and enables them to provide an integrated self-care packages when training frontliners and service providers.

ABAAD strives to maintain its general direction while developing its resources and tools, to support its goal continuity and sustainability and collectively address community concerns.

“ How you
are is as
important
as what
you do. ”

Pawl (1)

INTRODUCTION

Disclaimer: Throughout this manual, gender-specific terms are used in order to ease the text flow. All gender-specific terms should be understood as referring to both genders.

This is done solely to make the text easier to read, and no offence or gender inequality is intended.

The topic of self-care is often addressed among “helping professionals”. Working with individuals and communities is rewarding for all kinds of service providers. However, it comes with challenges especially for professionals working with survivors of trauma, violence, and abuse (2, 3). Even if you are not directly involved, you may still be affected by what you hear, see, or experience while you are helping. Those in the front-line caring professions risk depleting internal resources if they do not adequately care for themselves. Emotional reactions can become ongoing, and can cumulate over a considerable length of time. Witnessing the pain and suffering of others might lead to emotional numbing, negative coping strategies, and even emotional breakdown. Although these are considered as common reactions to such situations, they can be prevented and managed.

As a helper, it is of key importance to take additional attention to your own wellbeing, in order to be emotionally and physically able to help others. You need to also pay attention to the wellbeing of your fellow helper as well.

Front-line workers usually provide guidance on self-care and healthy coping strategies to those they support. However, they often neglect their own self-care. The first step is to acknowledge the impact of this work on your mind, body, and spirit. Understanding the influence of stress and burnout, vicarious trauma, compassion fatigue, and over-engagement as well as appreciating the importance of engaging in self-care strategies are deemed essential coping mechanisms for front-line workers towards good resilience and better wellbeing.

Front-line workers have been providing aid since the 2006 war on Lebanon; and since then, the geopolitical situation of the Region added to the unstable political and security situation in the country. The Syrian crisis led to a massive displacement and increased the demand on services, especially in terms of protection and gender-based violence, which caused further straining of the health system and workforce. As a result, frontline staff are asked to perform additional and overwhelming tasks which oftentimes lead to burnout. This is coupled with limited resources to support staff and suboptimal pre-employment preparation in addition to lack of training on stress management practices. Volunteers, both Lebanese and Syrians have been trained to provide first-level assistance and orientation to persons needing health, mental health, and psychosocial support services.

In line with the National Mental Health Strategy for Lebanon (2015-2020), this guide answers the objective of the Mental Health and Psychosocial Support task force: “Development and provision of staff care interventions for persons working in the MHPSS and Protection sectors”. It aims at preventing burnout, improving the wellbeing of staff, and managing difficult situations resulting from work conditions.

OBJECTIVES OF THE MANUAL

In the first section of this manual, you will be able to identify the importance of self-care and define it. In the second section, you will learn how a beneficiary's behaviour and how the nature of this work can impact you as a helper. You will also be able to identify signs and symptoms of stress and burnout. In the third section, you will know about the different self-care domains and strategies that you can use to promote wellbeing and manage stress that might be due to the nature of the work or other factors.

WHAT IS THIS MANUAL ABOUT?

This manual covers self-care and is based on the Acceptance and Commitment Therapy (ACT)¹ (4). Box 1 provides the rationale behind ACT. This manual is written for people working in contact with distressed individuals. It gives a framework for caring for oneself.

Box 1

1

Glimpse on Acceptance and Commitment Therapy

WHAT IS ACCEPTANCE AND COMMITMENT THERAPY?

The Acceptance and Commitment Therapy (ACT) is a psychological intervention based on modern behavioral psychology, developed by psychologist Steven Hayes in the United States of America. It encourages the person to accept what is out of their personal control and commit to action that improves and enriches their life.

The aim of ACT is to help people reach their full potential for a rich, full and meaningful life, by:

- Providing the person with psychological skills to help them deal with their painful thoughts and feelings effectively so that they have less impact and influence over the person (mindfulness skills);
- Helping the person clarify what is truly important and meaningful to them, then use that knowledge to guide, inspire and motivate the person to change their life for the better.

¹ More information on ACT is found via the following link:
https://www.actmindfully.com.au/acceptance_&_commitment_therapy

CORE PRINCIPLES OF ACT		
Core tactic	What it means	What it looks like
Cognitive defusion (refer to p.30- thoughts diffusion)	Notice your thoughts, but don't treat them as objective truths	Not, "I'm a loser", but "I'm having insecure thoughts"
Acceptance (refer to p.26- 4 As)	Make room for your feelings, but don't fixate on them	"I'm really nervous right now. That's okay, I'll carry on"
Contact with the present moment (refer to p.24- Mindfulness)	Develop mindful awareness skills	"I can observe my own feelings without over-analyzing them"
The observing self (refer to p.24- Mindfulness)	You are an ongoing consciousness, not just your momentary feelings	"I'm always me, stressed or not"
Values (Refer to p.30- Spiritual – Finding meaning)	What means most to you in the world? Live for that	"I believe in generosity. I can be generous even when I'm feeling bad"
Committed action (refer to p.26- 4 As)	Set meaningful goals, and take action to achieve them	"Stressed or not, I'm still going to turn up for my children's school play"

This manual was developed based on an extensive desk review followed by a qualitative methodology design consisting of a series of focus group discussions (FGDs) with front-line workers and individual key informant interviews. The main objectives of the FGDs and the interviews were to collect information on the current knowledge of front-line workers and supervisors/managers about self-care, their perceived challenges in the field, their needs in terms of self-care, as well as their expectations from a self-care manual. Key findings from the FGDs and interviews are summarized in Appendix A.

WHO CAN USE THIS MANUAL?

This manual was first developed as part of a specific project targeting professionals working in the CP or GBV sectors and who are in direct contact with beneficiaries -such as PSS workers and officers, case managers, social workers, case workers, psychologists/psychotherapists, CP supervisors, CP officers, GBV supervisors, GBV officers, etc.

It can however be used by all professionals working on the frontline who are dealing with stressors related to work in the humanitarian setting.

It is also for use by professional trainers and supervisors who are willing to conduct self-care sessions to front-line staff in their respective organizations.

CHAPTER 1

INTRODUCTION TO SELF-CARE

1.1 RATIONALE

In the last decade, there has been growing interest in the levels of stress and trauma experienced by front-line workers. Humanitarian fieldwork is acknowledged to be a high-risk occupation and has its own challenges and exposures to hazards that affect the safety, health, and wellbeing of front-line workers. Challenges and issues encountered by professionals in therapy-related professions include burnout, sadness and depressive feelings, anxiety, relationship problems, and emotional exhaustion, amongst others (2, 3). These challenges, although considered normal and expected in this type of profession, can cause significant issues if not dealt with properly. This is particularly true for humanitarian field workers who, compared to the general population, are chronically exposed to occupational trauma, which can lead to increased risk of depression, anxiety, and Post-Traumatic Stress Disorder (PTSD) (5, 6).

If front-line workers do not help themselves, how can they help others? From an ethical perspective, it is imperative for “helping professionals” to engage in self-care as they are susceptible to burnout and impairment, which might affect clinical work (7). In fact, based on research and as highlighted in the focus group discussions and interviews, pressure, trauma, and draining work within this field in addition to functional organizational challenges hinder the effective delivery of services to beneficiaries (5). Self-care can then be viewed as a form of preventing patients’ self-harm, as reviewed in the various codes of ethics of mental health professionals (8). In fact, ethical practice requires helping professionals to monitor “their physical, psychic, and spiritual state to ensure the provision of competent and adequate services to clients” (9). Just as it is the responsibility of workers to engage in self-care, it is also the duty of organizations to support their staff in this process, as a form of accountability both towards staff and beneficiaries.

1.2 DEFINITION OF SELF-CARE

There is no current single definition of self-care that is accepted in the literature. Definitions may vary according to the following aspects: what motivates self-care behaviours; who engages in self-care; and to what extent are health care professionals involved (10).

The definition of self-care has evolved tremendously in the previous decades. In the 1970s, definitions of self-care focused mostly on aspects related to health or illness. For health, self-care focused on health promotion and disease prevention. In relation to illness, self-care involved being attentive to symptoms and their severity and making decisions regarding treatment options. This definition evolved in the 1980s to include an emphasis on independence. The World Health Organization in 1983 defined self-care as “actions conducted by persons and groups, intending on accomplishing health promotion and restoration, disease prevention, and minimizing sickness”(11). In addition, self-care in this decade started to include caring for others especially in the context of emergencies.

In the 1990s, WHO defined self-care as “what people do for themselves to establish and maintain health, prevent and deal with illness”(12). This definition encompasses hygiene (personal and general), nutrition (type and quality of food), lifestyle (physical activity, leisure, etc.), environmental factors (living conditions, social habits, etc.), socioeconomic factors (income level, cultural beliefs, etc.) and self-medication.

The definition of self-care in the new millennium evolved further to include rehabilitation as well as to clearly make reference to the role of health care professionals who can support individuals in their self-care.

In line with this, self-care behaviours are chosen by people to sustain positive living and promote their health (13). What is common amongst all these definitions is that self-care activities can be performed by the individual, with or without receiving specialized support, and are based on practical expertise from skilled and non-skilled experiences. Self-care is individually based and is developed according to the person’s “needs, beliefs, interests, lifestyle, and spirituality” (14). Self-care can be categorized into physical, psychological, emotional, spiritual, personal, and professional support that aim at reducing stress and burnout and promoting wellbeing for both beneficiaries and workers (7, 14, 15).

Examples of self-care activities include healthy eating, working out, addressing personal hygiene, participating in recreational activities, taking vacations, pursuing hobbies, engaging in personal psychotherapy or meditation, practicing self-reflection, and engaging in other health promoting activities (16, 17). These self-care activities enable individuals to add to their understanding of conducting several life’s tasks pertaining to continued existence and reaching their full potential.

The definition of self-care has progressively evolved from a simple reference to health and illness in the 1970s to a more holistic definition by the end of the 2000s that includes important aspects such as: (1) self-care can be performed by individuals towards themselves as well as to care for others; (2) self-care for promotion of health and mental health as well as to cope with disease and disability; and (3) self-care being performed by the person alone or in collaboration with a professional.

1.3 SELF-CARE CONTINUUM

In order to better understand the notion of self-care, it would be helpful to view self-care as a continuum of care. Self-care is performed to meet daily basic needs, prevent disease, and maintain health, mental health, and wellbeing. Self-care activities can be performed by persons, families, and communities, for themselves or to support others. Along this continuum, collaboration with health care professionals may or may not be sought. In addition, somewhere along this continuum, individuals might experience disease or injury that would necessitate an increase or a change in their self-care activities and may also require the assistance of professionals in order to cope with the situation.

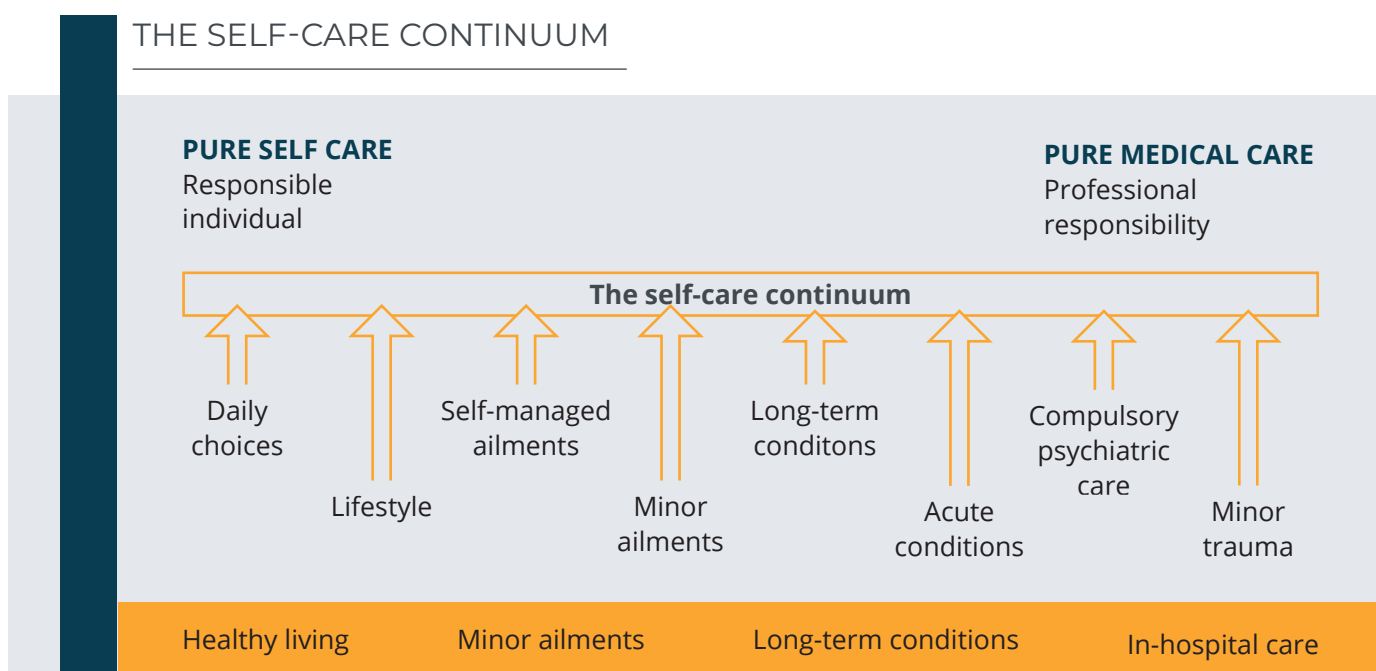


Figure 1 | Self-care continuum (18)²

² <http://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/>

The continuum demonstrates the scale of self-care, beginning with the individual responsibility and the daily lifestyle choices made by people, such as healthy eating and physical activity. As seen on the continuum, self-care is taking care of minor illnesses or ailments, long-term conditions, or one's own health and wellbeing after being discharged from secondary or tertiary health care. Individuals can self-manage their minor symptoms or their long-term conditions without seeking professional interventions. Health care professionals can also guide and support as well as train individuals as they engage in self-care. Along the continuum, responsibility can shift towards more professional and specialized care in the presence of major conditions. This shift might return again to individual responsibility upon the start of the recovery phase. But even with specialized assistance, care effectiveness still operates via the individual who is in charge of determining the care and assimilating the influence.

Self-care ranges from daily choices an individual makes to interventions for the management of long-term conditions, as presented on the self-care continuum (figure 1).

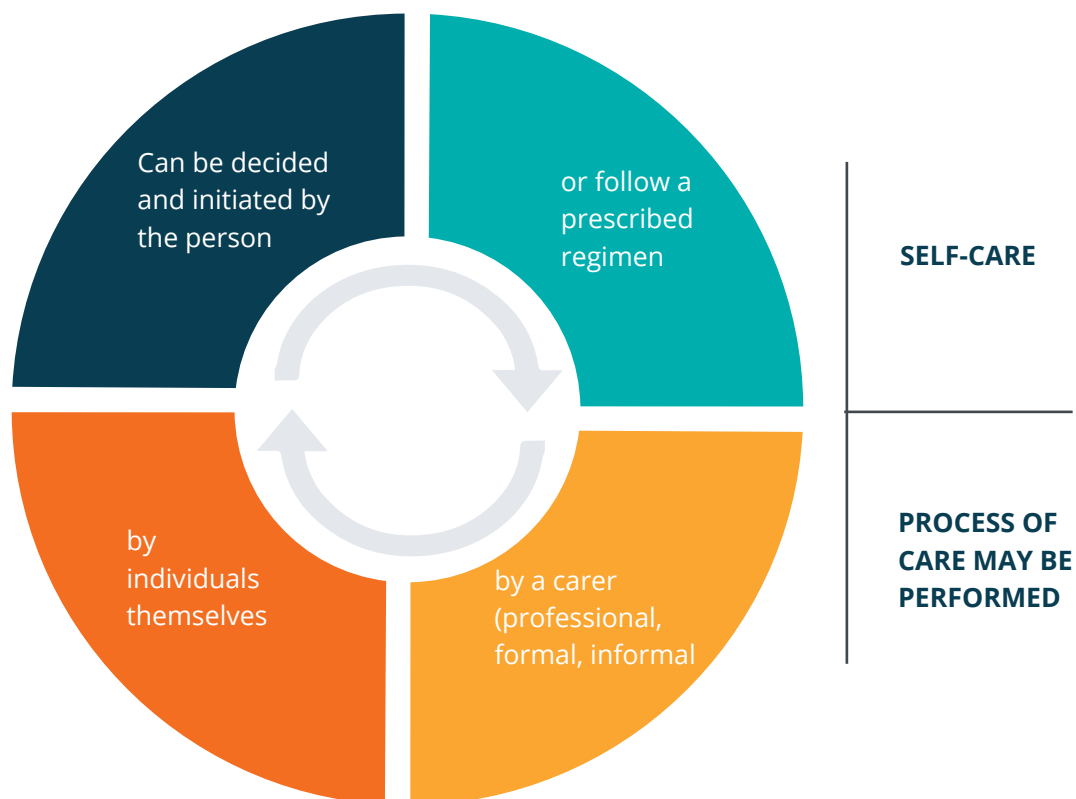


Figure 2 Self-care- process of care



So you can practice self-care to prevent the onset and development of a certain health condition such as stress, burnout, or even depression and anxiety.

i.e. stressor reduction

But, you can also practice self-care to slow down the progression of a certain health condition after the risk factors and/or symptoms have appeared.

i.e. stress management

Also, you can use self-care if you have already developed a health condition in order to prevent deterioration and focus on recovery.

i.e. counselling

IMPACT OF PSYCHOSOCIAL ADVERSITY ON FIELD WORKERS

A main source of stress for front-line workers and helpers is day-to-day job stress. This is particularly prominent during a crisis situation. Overwhelming responsibilities, the lack of a clear job description, long working hours, working in unstable and insecure areas, and poor communication are examples of job-related factors that can affect front-line workers. Field workers dealing with trauma patients might become overwhelmed and increase their risk of experiencing similar emotions and symptoms as the persons they are helping.

Although emotional reactions can be similar, everyone has their own coping strategies and style of response; persons exposed to the same situations will not react in the same way. Therefore, it is of utmost importance to be aware of what the person is going through. This section describes the conditions that the front-line worker is prone to develop: 1- Cumulative stress/burnout; 2-compassion fatigue; 3- vicarious trauma; 4- over-engagement; as well as the signs and symptoms (19-21).

2.1 CUMULATIVE STRESS/BURNOUT

The notion of burnout was originally studied within the fields of human services like health, psychology, social work and education (22). Burnout is a response to excessive and persistent exposure to stress, hard interpersonal circumstances, and inability to meet regular demands. Burnout is characterized by “emotional exhaustion, feeling that one’s thoughts are unreal or do not belong to oneself (also known as depersonalization), and reduced personal accomplishment” (23). Burnout is also associated with high emotional involvement in the absence of adequate social support or job satisfaction. Such situations may cause increased vulnerabilities and leave the person exposed to cumulative stress and burnout.

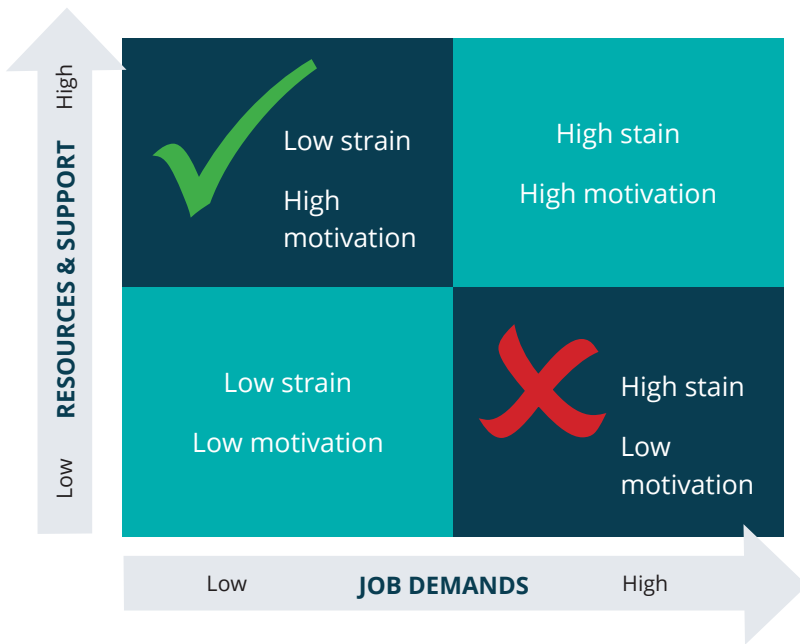
Workplace burnout is usually triggered by excessive workload with inadequate resources, limited control with high accountability, low recognition and satisfaction, interpersonal conflicts or social isolation, inequality or unfair treatment, and unclear sense of purpose or values (24).

Burnout has serious effects on both the mind and the body; it also affects behaviours in different ways. At start it can cause the loss of interest or enthusiasm to take on certain roles. Progressively, burnout might cause staff to lose their energy to carry on daily tasks, leaving them feeling pessimistic, hopeless, powerless, and annoyed. This feeling can exert a threat on the individual’s health, job, and relationships.

Some jobs are more inspiring than others, but demands that exceed resources can wear down our motivation, as the chart below shows. Be aware of how well you’re being supported and if you feel yourself moving into the red burnout zone, prioritize self-care (figure 3) (25).

TIP!

We are most at risk of burnout when we are pushed too hard and helped too little.



- **Resources:** Situations and experiences created by an employer that help workers meet demands. Examples are: Good support, helpful feedback, and the freedom to manage your own time.
- **Demands:** Pressures that call on us to use our resourcefulness and energy – physical, mental, and emotional- all of which can be stressful if we're overtaxed and inadequately supported.

Figure 3 | The Burnout Zone adapted from Arnold BAKKER

2.2 COMPASSION FATIGUE

Compassion fatigue occurs when the helper feels unable to empathize with the beneficiary or has low capacity and willingness to bear the pain and distress of the beneficiary. It is associated mostly with workers in a clinical setting and with first responders to traumatic events (24).

Compassion fatigue can be defined as behaviours, actions and emotions demonstrated by workers in response to the traumatic content that a beneficiary is revealing (26).

Compassion fatigue may occur when workers experience increased workload over a period of time or when they feel the inability to help beneficiaries or answer to their needs. Research has also found that practicing poor self-care, lacking social support, failing to control work stressors, having low work satisfaction are all directly related to increased compassion fatigue (27).

2.3 VICARIOUS TRAUMA

Vicarious trauma, also known as secondary trauma, is the process where workers are exposed to or listen to stories of traumatic events by the beneficiaries whom they are helping, which can lead to the development of secondary trauma symptoms within the workers themselves. As such, vicarious trauma is defined as being negatively impacted by the ability to feel and understand the feeling of someone else as if they were one's own (26). It is a reaction that can occur as a result of witnessing or learning about traumatic events that have occurred to other people. Going through vicarious traumas affect the inner experiences and the views of the workers.

Vicarious trauma can be elicited by one traumatic event or can accumulate over time; one beneficiary's story can provoke traumatic responses in the front-liner receiving and listening to the story, and the constant exposure to the same traumatic material with different beneficiaries at different instances can lead to vicarious traumatization. As such, the latter can be a slow gradual process and can become "normal" to workers. As a result, workers may not be aware that they are suffering from vicarious trauma. If the symptoms or the emotional consequences are not alleviated it will affect the wellbeing and the professional skills of the worker.

2.4 OVER ENGAGEMENT

Over engagement usually happens when the relationship between a worker and a beneficiary becomes deeper than the professional relationship between a helper and a beneficiary. They become close and personal friends rather than a service user and a service provider.

Over involvement with a beneficiary can be reflected by (28):

- Blurring off boundaries; doing too much, feeling it is never enough.
- Thinking more often about a beneficiary after work.
- Giving special care or spending more time with a beneficiary and caring for them more than others.
- Increased feeling of responsibility towards a beneficiary and being annoyed if any barriers to treatment occur.
- Spending breaks and time outside work with the beneficiary and seeking being socially involved through exchanging email or phone numbers.
- Engaging in personal conversations.
- Reciprocal dependency (such as relying on feedback from the client to feel worthy/worthwhile, allowing more contact, and doing more than what the helper should do).
- Receiving comments from colleagues/others on inappropriate behaviours with a beneficiary.
- Refusal to handover care of a beneficiary to another staff when needed.

Every helper is at risk of burnout, compassion fatigue, vicarious trauma, and over-engagement. Recognizing the signs and symptoms is the first step you can do to help yourself!

2.5 SIGNS AND SYMPTOMS

Signs and symptoms of burnout, compassion fatigue, vicarious trauma and over-engagement are versatile and can be divided into different domains, namely spiritual, professional, physiological and psychological. Symptoms vary in different people. However, a combination of the certain symptoms can signal the presence of the aforementioned conditions. The more we recognize these signs and symptoms, the more we are able to promote wellbeing and prevent the adversities to grow.

The table below lists the signs and symptoms in each domain.

Table 1 | Signs and symptoms of psychosocial adversities

SIGNS AND SYMPTOMS OF BURNOUT, COMPASSION FATIGUE, VICARIOUS TRAUMA, AND OVER-ENGAGEMENT (29).	
<p>Spiritual</p> <ul style="list-style-type: none"> Feelings of emptiness Loss of meaning Discouragement and loss of hope Religious Cynicism Doubt Alienation and loss of sense of connection Loss of zeal / loss of idealism Anger at God 	<p>Professional</p> <ul style="list-style-type: none"> Difficulty to cope with tasks Significant changes of working schedule (increasing or reducing the time of work) Taking work home and not accomplishing it Reduction of enthusiasm for work, indifference to the results and low morale Failure of fulfilling important priority tasks Unconscious execution of automatic and elementary actions Distancing from coworkers, an increase of inadequate criticality Increased errors and mistakes Job dissatisfaction Cynicism about work role Distrust in management, peers and supervisors Increased sick leaves / absenteeism Being over-dependent on supervisors Resistance to go to work Turnover
<p>Physiological</p> <ul style="list-style-type: none"> Low energy or exhaustion or fatigue (even in the morning, immediately after waking up) Headaches Sleep disturbances (Constant somnolence, drowsiness and desire to sleep all day long) Changes in appetite (over- or under-eating) Stomach upsets (diarrhoea, nausea) Body aches and pain (back and neck pain, etc.) Muscle tremors and tension Inability to relax and rest Tachycardia (rapid heart rate) 	<p>Psychological</p> <p><i>Cognitive:</i></p> <ul style="list-style-type: none"> Poor concentration Hopelessness and powerlessness Difficulty making decisions Forgetfulness and memory problems Excessive blaming Confusion and disorganized thoughts Recurrent dreams or nightmares Intrusive thoughts (involuntary thoughts) Feeling of guilt, resentment, shame <p><i>Emotional:</i></p> <ul style="list-style-type: none"> Mood swings Increased irritability to minor events Feeling over-emotional Sadness and frustration Anger Depression Emotional numbness and feeling drained <p><i>Interpersonal-social:</i></p> <ul style="list-style-type: none"> The feeling of unconscious trouble and high anxiety (the feeling that “something is wrong, not like as it should be”) Isolation from others Indifference and boredom Failure of communication, withdrawal



SPOT THE DANGERS

How at risk are you? The bigger predictors are:

- **Lacking control** in job.
- **Confusing expectations** that are hard to meet.
- **An unhealthy work culture**, such as a bullying boss or backstabbing colleagues.
- **A workplace that doesn't suit** your values, skills, interests and personality.
- **An uncomfortable pace**, either boring or very hectic.
- **Excessive working hours**, giving you too little time to recuperate and to create a work-life imbalance,
- **Your sense of identity** being overly bound up with your job.
- **Working in an emotionally demanding profession** such as healthcare, teaching, ministry
- **Lacking people** who support you in and out of the workplace.

PAY ATTENTION to negative coping strategies:

- Criticizing yourself (negative self talk)
- Increase reliance on substances such as tobacco, alcohol, or prescription medications
- Risk-taking (driving recklessly)
- Avoiding friends and family
- Yelling at your spouse, children or friends
- Sleeping all day
- Showing aggressiveness towards beneficiaries



EXERCISE

Think about a situation which you found emotionally challenging and which affected you in some way:

1. What was it about the situation/beneficiary that affected you?
2. How did it affect you?
3. What did you do or what are you doing now to try and deal with it?



TIP!

Try to think of situations that are affecting you more than others, situations that are more linked to your values, human core emotions, personal triggers or others.

CHAPTER 3

DOMAINS AND TOOLS OF SELF-CARE

Several studies point to the process of self-care as an acquired set of skills rather than a personal characteristic. In this section, you will find tools to help you gain the necessary skills to apply self-care.

In order to better understand self-care, it is important to know what self-care is not.



WHAT SELF-CARE IS NOT!

Self-care is not:

- **An emergency response plan**
- **Activated when stress becomes overwhelming**
- **Acting selfishly and thinking that “it’s all about me”**
- **Adding more tasks to your “to-do” list**

Self-care can help you become more resilient and renew your spirits. Let us start with the three basic concepts of self-care: the ABCs.

LET'S START WITH:

ABC FOR SELF-CARE 3 basic aspects

A
Awareness

of your own needs, limits, emotions, and resources. Practice self-awareness. Look for early signs of burnout, compassion fatigue, secondary or vicarious trauma, and over-engagement, so that you focus on self-care to prevent further problems. Develop the habit of “checking yourself”.

B
Balance

among your activities: work, family and social life, rest, and leisure. Remind yourself that you deserve to have a meaningful and enjoyable life outside work.

C
Connection

with supportive relationships. Establish positive relations with co-workers, friends, and family to elicit support and avoid isolation.

The self-care skills you will learn in this chapter revolve around those three concepts. Referring back to the self-care continuum, self-care may be initiated by you alone or with the assistance of another person, be it a professional carer or not. Along the continuum, you can practice all sorts of techniques that help you care for yourself. These different techniques can be grouped into 4 domains; (1) physiological; (2) professional; (3) psychological; and (4) spiritual.

3.1 PHYSIOLOGICAL – HOW TO TAKE CARE OF YOUR BODY

This section highlights the importance of physical activities, and healthy eating and sleeping habits.

- Try to take time to eat, rest and relax, even for short periods of time.
- Engage in a healthy and moderate diet. Eat from all the food groups. Eat slowly and mindfully. Mindful eating helps you connect with all your senses while you focus on a certain food. Try to eat slowly, notice the smell and taste of the food and feel the food.
- Be active; have regular physical activity (at least 150 minutes of moderately intense physical activity throughout the week, or an equivalent) (30).
- Engage in regular sleep pattern (around 7 to 9 hours of sleep everyday) (31); (check some sleep hygiene tips in box 2).
- Minimize your intake of alcohol, caffeine, or nicotine and avoid medications that are not prescribed by a physician.
- Practice breathing techniques (check box 3 below for breathing techniques).

Box 2

2

Sleep hygiene techniques

SLEEP HYGIENE TECHNIQUES

Sleep hygiene refers to appropriate sleeping habits. Some techniques are:

- Bedtime routine: having a fixed schedule and specific bedtime habits such as going to bed when the person is tired and using the bed for sleeping only (and not for watching television, reading, or eating) as well as always getting up at the same time in the morning
- Environmental noise reduction:
 - Ensuring that the bedroom is quiet, relaxing, dark, and of comfortable temperature
 - Removing electronic devices (e.g. televisions, computers, tablets, smartphones, etc.) from the bedroom
 - Not using electronic devices before sleeping
- Avoid large heavy meals, spicy food, drinking alcohol, coffee, or tea and other stimulants as well as nicotine before bedtime
- Regular exercise: being more physically active during the day

3

Box 3

Breathing techniques

BREATHING TECHNIQUES

Learn how to take deeper breaths with the following steps:

1. Get in a comfortable position; you can lie on your back in bed or on a mat on the floor; or you can sit in a chair with your shoulders, neck, and head supported against the back of the chair.
2. Put one hand on your belly just below your ribs and the other hand on your chest.
3. Breathe in through your nose; as you breathe in, feel your belly rise and push your hand out. Your chest should not move.
4. Breathe out through your lips as if you were whistling. As you breathe out, feel your belly lower.
5. Do this breathing 3 to 10 times. Take your time.
6. Notice how you feel at the end of the exercise.

You can close your eyes while doing this exercise. As you breathe in, imagine that the air is filled with a sense of peace and calm; and as you breathe out, imagine that the air leaving your chest takes the stress and tension with it.

3.2 PROFESSIONAL – TAKING CARE OF YOURSELF IN THE WORK SETTING

Challenges faced by staff working in humanitarian settings are overwhelming. Addressing those challenges through the following recommendations is essential for the health, wellbeing and productivity of staff.

- Practice time management. Try to keep reasonable working hours so you do not become too exhausted. Ensure that you have a realistic and balanced workload (32).
- You might feel frustrated when you cannot help people with all of the problems that they may have. Remember that it is not your responsibility to solve all problems; do what you can to help people help themselves.
- Acknowledge what you were able to do to help others, even in small ways.
- Learn to reflect on what you did well, and to accept what did not go very well and the limitations of what you could provide given the circumstances.

Peer to peer support: talk to a fellow front-liner to see how they are doing; find ways to support each other (33).



...in case one of my colleagues comes to me for support, what should I say and what shouldn't I say? We should train staff to be supportive and not judgmental when one of their colleagues asks for support" – female, front-line worker.

- Talk about your experience with a supervisor or a colleague.
- Maintain division and boundaries; separate between professional and personal boundaries. How? Keep relationships courteous but professional; avoid expressing personal emotions or behaviours with persons that you might be close to in the workplace. Ensure that you act professionally and with courtesy with persons you do not necessarily get along with on a personal level (34).
- Foster positive collegial interpersonal relationships with colleagues. Engage them with respect and openness and develop the ability to provide and receive constructive feedback about the work. Address differences in opinions in a mature and respectful manner. Deal with the arising conflicts in a direct and open way, with the intention of understanding the other person's perspective, taking the time to explain your perspective calmly, and being solution oriented (35).
- Avoid gossiping, it creates a negative atmosphere in the team that will end up by affecting you negatively (36).
- If the workload seems overwhelming, or if you have a conflict you are unable to address with one of your colleagues, talk to your manager, Human Resources person or a trustworthy colleague (37).
- Participate in activities with co-workers (like having lunch together, or other activities during a break).
- For many organizations the wellbeing of health service providers is of a crucial importance. As such, they consider "Employee Assistance Programs (EAPs) in their strategies as a building block to help those providers cope with personal and professional issues and create a well-balanced work environment (38).

EAPs consist of:

- Training in crisis intervention
- Resiliency training
- Risk assessment
- Policy development (e.g., working conditions, organizing support, changing care, changing work schedules)
- Follow-up service (supervisory briefings, counselling services assessment, training, communication skills training, peer to peer support).

3.3 PSYCHOLOGICAL – HOW TO TAKE CARE OF YOURSELF MENTALLY AND EMOTIONALLY

Workplace stress can influence healthcare professional's emotional wellbeing by curbing their efficiency and having a negative impact on their overall quality of life. In what follows we will provide you with strategies on how to prevent stress and promote healthy living.

Before tackling the strategies, it is important to admit that it is difficult and scary to face your own feelings.

- Remember that your feelings are normal responses to events (current and even past events); sometimes they tend to be intense and distressing. It is important to understand yourself and what you're going through.
- Reflect on what has helped you cope in the past and what you can do to stay strong. Remember to talk to yourself in a friendly way, similarly to when you are supporting a friend (check the self-compassion exercise in box 4) .
- Remember to also talk with friends, loved ones or other people you trust for support when needed. Do not wait until you are reaching a breaking point.

A. Mindfulness:

Mindfulness is about regulating your attention and focus, with an attitude of curiosity, openness, and acceptance. There are different ways to engage in mindfulness and several different ways to practice mindfulness, with varying areas of emphasis (39). Below are some examples of techniques that can help you.

FOCUS MINDFULNESS

This technique involves **looking inward** to observe what is happening in your mind. It can be described as focusing on one thing inside of you and getting back to it even when distracted. To keep your focus, it can be helpful to use a particular stimulus (like breath) to keep yourself grounded in the moment.

AWARENESS MINDFULNESS

In general, awareness mindfulness can be described as looking at your thoughts and feelings from outside of your usual self-centered experience and observing your mind as a stream of consciousness without attaching judgment. Awareness mindfulness would be looking at your thoughts as if they were passing clouds with no judgment and no analysis. Think of them as if they were distant from you.

When applying mindfulness from an awareness angle, try to view your mental activity as if it belonged to someone else.

For an example on how to switch from focus to awareness mindfulness, use the following guide:

"Start by taking your mind inwards for a moment by focusing on the breath. Take a few gentle deep breaths, from the belly. In and out. Relax... Let go...Continue to breathe in this way for as long as you wish.

Now take your mind outwards. See your thoughts, feelings, moods, and sensations as objects floating down a stream, coming into view and vanishing from sight. Simply watch without judgment or analysis. Just watch them pass.

Now pluck an object from this stream and focus on it (e.g. a certain dream; a memory; a pain; etc.). Let the other sensations and thoughts go by in the background. Note any new thoughts or feelings that arise from observing this object. Sit with these thoughts and feelings for a moment.

Whenever you are ready to leave this object behind, simply deposit it on a leaf and let it float downstream.

How can you improve your awareness? Try the following exercise:

SIMPLY WATCHING

This exercise involves only you and your thoughts. Instead of focusing on your thoughts as they rise to the surface, let them pass by like clouds in the sky.

Refrain from attaching value judgments to your thoughts (e.g., "I'm terrible for thinking that" or "What a kind thought! I am a good person.").

If it helps, you can identify or even vocalize each thought, feeling, or sensation as they come up (i.e., "sore neck, sandwich, best friend, anger, tingling, empty stomach, sandwich again grandma, I miss her" ...)

WORRY OR URGE “SLIDING”

View your thoughts and feelings as “sliding” or “floating” on a wave.

Turn your awareness to the warning signs of a negative feeling like worry, anxiety, or anger approaching.

Imagine the negative emotion coming at you like a wave that gets bigger and bigger as it approaches, then crests as it reaches you, and finally falls as it moves away.

Imagine “riding” that wave as it passes, and let the negative emotion go with it.

Make sure to celebrate your ability to let the emotion go, but acknowledge that more will come eventually and remember to “ride the wave” again when they do.

WORRY OR URGE “SLIDING”

Take a walk in a familiar place. Focus on how you walk and the sensations in your body as you walk. Pay attention to your shoulders; are they tight? loose? strong? Notice the sensations in your feet as they touch the ground. Match your breathing to your footsteps.

One of the techniques that you can also use is the ‘RAIN of Self-Compassion’. It is an easy-to-remember tool for practicing mindfulness and compassion using the following four steps:

R—RECOGNIZE WHAT’S GOING ON

By ‘Recognizing’ we mean: consciously acknowledging feelings, thoughts or behaviors that affect us. Recognizing can be a simple mental whisper, noticing what happened.

A—ALLOW THE EXPERIENCE TO BE THERE, JUST AS IT IS

By ‘Allowing’ we mean: letting the feelings, thoughts or behaviors that we recognized in step 1 to simply exist without any attempt to fix or avoid them.

And if we’re trapped in self-judgment, it does not mean that we have to feel unworthy and agree with it, on the contrary acknowledging the arising of our judgment and the painful feelings beneath is the best way to get through.

I—INVESTIGATE WITH KINDNESS

Once we recognized what’s going on and allowed the experience to be there, we can make our attention deeper through investigation. To investigate, rely on your natural curiosity - the need to know the truth - and focus your attention to your current experience. “You might ask yourself: What needs attention the most? How am I experiencing it in my body? What am I believing? What does this vulnerable place want from me? What does it need the most?” Whatever the inquest, your investigation will be most transformational if you move away from conceptualization and focus your primary attention to the felt-sense in the body. When investigating, it is critical to approach your experience in a way that is non-judgmental and kind. This attitude will help create a sufficient sense of safety, making it easier to honestly connect with our pains, fears and shame.

N—NON- IDENTIFICATION

Self-compassion begins to naturally rise when we recognize that we are not feeling well and/or when we are suffering. It comes into fullness when we deliberately nurture our inner life with self- care. To do this, try to feel what the injured, scared or aching place inside of you needs the most, and then offer some act of care that might address this need. Does it need a message of empowerment and reassurance? Of love? Of companionship? Of forgiveness? Try and see which intentional act of kindness helps to comfort, soften or open your heart (40)

RAIN OF SELF-COMPASSION



1. "Do one thing at a time.
2. Do it slowly and deliberately.
3. Do less.
4. Put space between things
5. Spend at least 5 minutes each day doing nothing.
6. Stop worrying about the future – focus on the present.
7. When you're talking to someone, be present.
8. Eat slowly and savor your food.
9. Live slowly and savor your life."

Box 4

4

Self-compassion exercise (41)

"SELF-COMPASSION BREAK"

When you feel stressed you need comfort, and the first person who can comfort you is yourself. Giving yourself some compassion is key to de-stressing.

When you find yourself stressed do the following:

IDENTIFY THE FEELING

You are suffering.
Use a phrase such as "This is stress" or "This is painful"



REMIND YOURSELF

of common humanity.
Tell yourself "Suffering is part of life" or "Everyone feels the same sometimes"



REST YOUR HAND ON YOUR HEART

or adopt another comforting pose, and say "May I have patience and strength or another affirmation"



B. Stress management:

You may feel that the stress in your life has become out of control. Unhappy events, such as overwork, as well as happy events, such as weddings, can cause stress. This can make your journey through life more difficult. You need to know that you can always do something to control the way you respond to stress. When your stress levels exceed your capacity to cope, you need to restore balance. How? You can reduce the stressors, or increase your ability to cope, or both. Stress management consists of identifying the stressors, eliminating negative stressors, and developing effective coping mechanisms. Try using one of the 4As to guide you through!



As you will see in the table below, when you avoid or alter the stressor, you are changing the situation, whereas when you accept or adapt to the stressor, you are changing your reaction to the stressor. In some situations, avoidance will work, while in other situations, we may have no choice but to accept things the way they are.

Remember, stress will not disappear, but with practice, you can learn to manage stress and reduce the frustration it causes.

Let's look at the different techniques under each "A" in the table below.

Table 2 | Four As for stress management

4 As for stress management	
Change the situation	<p>1. Avoid the stressor</p> <ul style="list-style-type: none">• Avoid unnecessary stress and hot-button topics. <i>You can just avoid a lot of stress.</i>• Learn how to say no: <i>You already have a lot of responsibilities and demands on your time. Don't take on more responsibility than you can reasonably manage.</i>• Avoid people who stress you out and bother you: <i>For example, if a co-worker bothers you, try to limit contact between the two of you just for the necessary.</i>• Take control of your environment and surrounding: <i>For example, if the traffic is insane, you can try to leave early for work or take a less travelled route even if it is longer.</i>• Pare down your to-do list: <i>Organize your day by listing the tasks in order of importance; start by completing the most pressing responsibilities first, and save the others for later or ask for assistance from a co-worker.</i> <i>You can also label your to-do list with A, B and C, according to the level of importance; on hectic days, opt not to complete the tasks labeled "C".</i>

4 AS FOR STRESS MANAGEMENT

Change the situation

2. Alter the stressor

- Express and communicate your feelings openly instead of bottling them up: Use “I” statements, such as “I feel frustrated by a heavier workload and shorter deadlines. Is there something we can do to balance things out?”

- Be willing to compromise.
- Be more assertive; state limits in advance:

For example, with a colleague’s nonstop chatting, you can just politely start the conversation with “I do not have much time” or “I only have few minutes before I see another beneficiary”.

- Manage your time:

Group similar tasks such as grouping your phone calls, computer-related tasks, and other similar tasks. This will lead to increased efficiency and you will have extra time.

Change your reaction

3. Accept the Stressor

- Accept the things you cannot change.
- Do not try to control the uncontrollable.
- Practice positive self-talk and focus on positive aspects of your life:

Remember that one negative thought can lead to another and it is very easy to lose objectivity when you are stressed. Instead of thinking “I didn’t know how to handle this situation. I am horrible” try saying “I made a mistake, but I am resilient, I will get through”.

- Use humour.
- Share your feelings:

Talk about the stressors with someone you trust in order to relieve the pressure.

- Learn how to forgive:

It takes a lot of energy to be angry. Forgiving may take practice but it can free you from burning more negative energy. If you are experiencing anger at someone, free yourself from it by forgiving the individual and moving on.

- Learn from your mistakes:

Recognize a “teachable moment.” While you cannot change the fact that procrastination hurt your performance, you can make sure to account for more time in the future.

4. Adapt to the Stressor

- Look at the big picture:

This will help putting things in perspective. Remember to ask yourself, “Will this really matter in a year or in five years?” The answer is usually no. Viewing stressors from this angle can make situations feel less overwhelming.

- Adjust your standards and your expectations:

Do not strive for perfection in order to function with less frustration.

- Be more flexible:

Try to look at the situation from a new perspective. For example, instead of feeling frustrated that you have to deal with a very problematic beneficiary, look at it as an opportunity to practice stress management tip.

- Practice thought-stopping:

Stop gloomy thoughts when they occur. Refuse to replay a stressful situation as negative, and it may stop being negative.

- Adopt a life quote:

Create a saying such as, “I can handle this” or “This will pass” and mentally repeat it in tough situations.

THOUGHT DIFFUSION

1. Put your negative self-judgment into a short sentence—in the form “I am X.” For example, I’m a loser or I’m not smart enough.
2. Now engage with this thought for ten seconds. In other words, believe this thought as much as you possibly can.
3. Now silently replay the thought with this phrase in front of it: “I am having the thought that...” For example, I’m having the thought that I’m a loser.
4. Now replay it one more time, but this time add this phrase “I notice I’m having the thought that...” For example, I notice I’m having the thought that I’m a loser

LETTING GO

This exercise aims at examining what happens when you hold on to upsetting thoughts:

1. What is the thought that you are finding difficult to let go?
2. What do you feel about this?
3. How does your behaviour change?
4. How does that take you away from your values?
5. What has this cost you so far from the person you want to be?
6. What would be a more meaningful way to respond to this thought and make you closer to your values?
7. What uncomfortable feeling you need to make room for in order to let go and respond in a more meaningful way you have described?

“ He who has
a “why” to
live for can
bear almost
any “how” ”

Frederich Nietzsche

3.4 SPIRITUAL – FINDING MEANING

The spiritual element of self-care can be the most personal piece of the puzzle when trying to place all four dimensions of self-care together. Generally, people like to live a life with meaning and purpose. When these goals are met, it puts harmony in one's life, and the others they surround themselves with.

Stress can make you unhappy but you have to keep in mind that happiness is not the only measure of wellbeing. It's also important to have a sense of meaning in life (42)

Keep in mind a meaningful life has 3 central features

1. Purpose- Having valued life goals that motivate your actions and guide your choices
2. Comprehension- Being able to understand your life experience and see them as part of a coherent whole
3. Mattering- Feeling that your existence is valuable to others and has significance (43)

The key is to identify what you care about most in life what higher purpose or bigger picture you feel you fit into. If you can do that, then the everyday stressors may start to feel less important in comparison.

You can also use the techniques mentioned below to improve your spiritual wellness. It's best to figure out what techniques work for you.

1. Explore your spiritual core:

By exploring your spiritual core, you are simply asking yourself questions about the person you are and your meaning. Ask yourself: Who am I? What is my purpose? What do I value most? These questions will lead you down a road where you will think more in-depth about yourself and allow you to notice things about yourself that will help you achieve fulfillment.

2. Look for deeper meanings:

Looking for deeper meanings in your life and analyzing occurring patterns will help you see that you have control over your destiny. Being aware of this can help you achieve a happy and healthy life.

3. Get it out:

Expressing what is on your mind will help you to maintain a focused mind. After a long day or a significant event, you may feel confused and not be able to make sense of your feelings. By writing down your thoughts, you may be able to think clearer and move forward.



How to create meaning

1. Meaning through creative values
Making or accomplishing something we feel is valuable.
2. Meaning through experiential values
Imagine a mountain climber who is uplifted at the sight of an alpine sunset when reached the top
3. Meaning through attitudinal values
We can find meaning even in sad and stressful situation, by considering for instance that we are doing something valuable.

4. Take time to meditate:

While managing your time and daily tasks can be hard, it is crucial to devote time to connecting with yourself. Whether in the morning when you wake up, during your lunch break, or before you go to sleep, take five to 10 minutes to meditate each day. Fitting meditation and relaxation into your lifestyle will free your mind and foster a stronger relationship with your spiritual wellness.

“Many religions promote stress-reducing practices that may improve health, such as gratitude, prayer or meditation”

5. Change attitude towards how you perceive things, especially when faced with stressors.



IMPORTANT CONSIDERATIONS WHEN DEALING WITH CHALLENGING BENEFICIARIES:

When you're dealing with a frustrating situation, remember to always take a deep breath before you react and think about postponing the discussion, if you are oversensitive or upset, until you calm down. At that time use the following approaches:

- **Focus on a specific issue—don't escalate or start a personal attack**
Discuss how the behavior makes you feel rather than what the beneficiary did wrong. For example “I feel frustrated when you promise to do something but there is no follow-through.” Without resorting to threats, insults or blaming.
- **Listen in a non-defensive way without reacting or interrupting.**
Even if you disagree, try to listen to the other point of view without aggression (voice tone or body language). Imagine a shield or barrier between yourself and the challenging beneficiary. This can help you imagine a protective boundary in order not to absorb on strong emotions from your beneficiary.
- **Understand the feelings behind the words.**
It's easier to be patient when you understand your own feelings and someone else's. Try to feel if the beneficiary is scared, worried, insecure etc... and pay attention to personal intrusive thoughts, anxiety symptoms, poor sleep.
- **Respond with transparency and compassion.**
Do not generalize, try to describe everything in terms of solutions or remedies. Speak up your needs, for example, “I'd really appreciate you not shouting at me even if I disappoint you.” If the beneficiary is willing to comply, show appreciation and validate their efforts: “Thanks for not yelling at me. I really value your understanding”. This will decrease the offensiveness and help others admit their provocative actions.
- **Seek support if problems persist.**

Check Appendix B to evaluate your self-care level.

As a conclusion, all the self-help techniques mentioned can be summarized on the following pyramid:

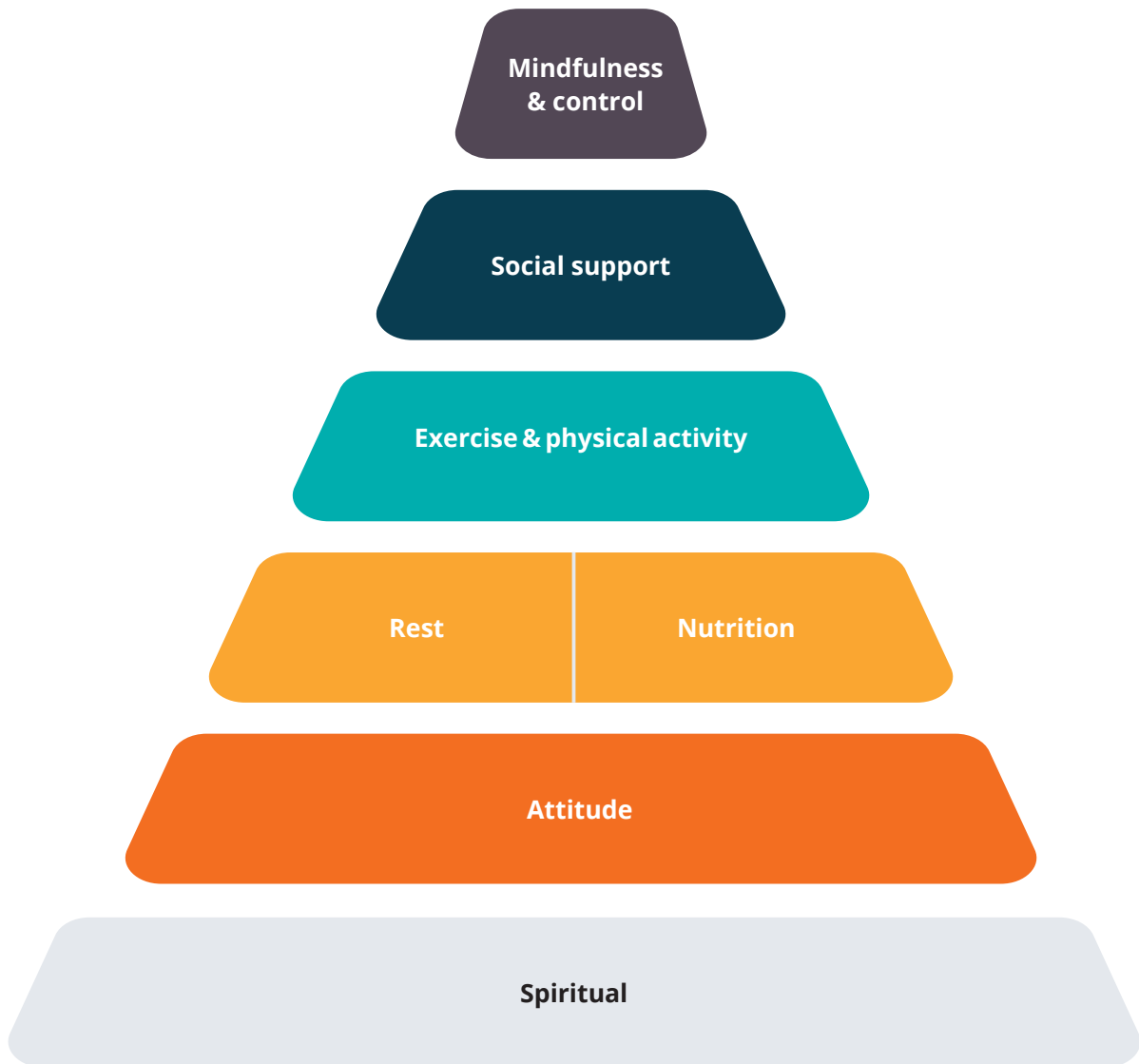


Figure 4 | Adapted from George Everly's Self-Care Pyramid³

At the basis of the pyramid, spirituality forms a good basis for self-care. The next building block is attitude that builds upon your spirituality. Being aware of one's self and changing attitude towards how you perceive things, especially when faced with stressors, is key for good self-care. Then there is good nutrition and rest as well as exercise which are main building blocks of self-care. Social support also plays a major role; support can come in the form of friendship, family support or other, that helps you cope with your emotions. At the tip of the pyramid is self-control and mindfulness (38).

³ <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/online/self-care.html>

APPENDICES

APPENDIX A – FINDINGS OF FGDS AND INTERVIEWS

Key findings from the FGDS and interviews are summarized below.

Front-line workers expressed the challenges and difficulties relating to this type of jobs, namely administrative/organizational components, burnout, feeling guilty for not being able to provide “more support”, personal misconceptions and prejudices, as well as the stress they feel when the worker shares the same story as the beneficiary.

“Our field extends to more than just the services we provide, there’s a big part related to humanity”
– female, front-line worker.

“Sometimes beneficiaries and service providers share the same problem (death or SGBV) and we need to address how to deal with such situations in the most objective manner” – female, front-line worker.

Self-care definitions provided by participants range from the workers’ own efforts in improving their wellbeing and self-care, to the organization’s duties in providing them with the necessary training and skills, as well as conducting some activities that aim at improving their employees’ wellbeing. The importance of supporting each other was also brought up by workers who felt that talking to colleagues can be quite beneficial but can also be judgmental, thus the importance of training.

“Self-care is the support I provide for myself in order to be able to support others. It can be psychological by understanding how I feel towards certain things and why I feel this way, and it can be recreational by doing things I enjoy like travelling, going out, dancing etc.” – female, front-line worker.

“Organizations should invite staff to do activities as a team every once in a while (after taking their opinion about their preferences)” – female, front-line worker.

“Organizations can provide us with space to share personalized thoughts and challenges and weaknesses with a specialist/counsellor and help us manage challenges individually according to the counsellor’s advice” – female, front-line worker.

Managers and supervisors seemed to be conscious about the difficult context that the front-line staff are working in. They showed a supportive attitude and considered self-care as key to their workers’ wellbeing and sense of value.

“Social workers should be offered psychological support in the form of Social Worker Support Groups or one to one meetings” – manager.

“I consider self-care as a personal space where we can talk to a specialist or participate in support groups to get rid of stressful events shared with us during work” – female, front-line worker.

As for the expectations from a self-care manual, participants expressed the need for including signs and alerts so that the person knows when to seek help in addition to adding soft skills such as communication, conflict resolution, self-management, anger management, etc. Moreover, peer to peer support was also highlighted as important.

APPENDIX B – SELF-CARE ASSESSMENT TOOL

SELF-ASSESSMENT TOOL: SELF-CARE⁴

This assessment tool provides an overview of effective strategies to maintain self-care. It will take around 5 to 10 minutes to fill. It will allow you to rate your physical, psychological, emotional, spiritual, and workplace self-care level. This tool is not validated in Lebanon; however, it can be used as an example, to help you identify areas where you are practicing good self-care and areas for improvement. After completing the full assessment, choose one item from each area that you will actively work to improve (44).

How often do you do the following? (Rate, using the scale below):

5 = Frequently

4 = Sometimes

3 = Rarely

2 = Never

1 = It never even occurred to me

Physical Self Care	Psychological Self Care
<input type="checkbox"/> Eat regularly (e.g. breakfast, lunch, and dinner)	<input type="checkbox"/> Make time for self-reflection
<input type="checkbox"/> Eat healthfully	<input type="checkbox"/> Go to see a psychotherapist or a counsellor for yourself
<input type="checkbox"/> Exercise	<input type="checkbox"/> Write in a journal or diary
<input type="checkbox"/> Lift weights	<input type="checkbox"/> Read something unrelated to work
<input type="checkbox"/> Get regular medical care for prevention	<input type="checkbox"/> Do something at which you are a beginner
<input type="checkbox"/> Get medical care when needed	<input type="checkbox"/> Take a step to decrease stress in your life
<input type="checkbox"/> Take time off when you're sick	<input type="checkbox"/> Notice your inner experience - your dreams, thoughts, imagery, feelings
<input type="checkbox"/> Get massages or other body work	<input type="checkbox"/> Let others know different aspects of you
<input type="checkbox"/> Do physical activity that is fun for you	<input type="checkbox"/> Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit, or other cultural event. Practice receiving from others
<input type="checkbox"/> Get adequate sleep	<input type="checkbox"/> Be curious
<input type="checkbox"/> Wear clothes you like	<input type="checkbox"/> Say no to extra responsibilities sometimes
<input type="checkbox"/> Take vacations	<input type="checkbox"/> Spend time outdoors
<input type="checkbox"/> Take day trips, or mini-vacations	<input type="checkbox"/> Other:
<input type="checkbox"/> Get away from stressful technology such as telephones, e-mail, social media, etc.	
<input type="checkbox"/> Other:	

⁴ Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff, Transforming the Pain: A Workbook on Vicarious Traumatization, 1996.

Emotional Self Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Treat yourself kindly (supportive inner dialogue or self-talk)
- Feel proud of yourself
- Reread favourite books, re-watch favourite movies
- Identify and seek out comforting activities, objects, people, relationships, places
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way
- Play with children
- Other:

Spiritual Self Care

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nontangible (nonmaterial) aspects of life
- Be open to mystery, to not knowing
- Identify what is meaningful to you and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have died
- Nurture others
- Have awe-full experiences
- Contribute to or participate in causes you believe in
- Read inspirational literature Listen to inspiring music
- Other:

Workplace/Professional Self Care

- Take time to eat lunch
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- Set limits with clients and colleagues
- Balance your caseload so no one day is "too much!"
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs
- Have a peer support group
- Other:

Try answering the following questions to help you engage in more self-care:

- Were there any surprises? Did the assessment present any new ideas that you hadn't thought of before?
- Of the activities you are not doing now, which ones particularly interest you? How might you incorporate them into your life sometime in the future?
- What is one activity or practice you would like to "try on for size" starting now or as soon as possible?

HEADINGTON SELF-CARE AND LIFESTYLE INVENTORY

This scale is not a clinical diagnostic instrument and is provided for educational purposes. It merely examines some of the more effective physical, psychological and spiritual methods of staying balanced and preventing burnout. If you have any concerns about your state of emotional health, you should consult with a mental health professional.

INSTRUCTIONS: In a typical month, how often has the following been true for you?

For each question, write the number that best fits your experience on the line before the question.(45)

0 | Almost never 1 | Seldom 2 | Sometimes 3 | Often 4 | Almost always

1. I have at least one full day off work each week.
2. I take some time for myself to be quiet, think, meditate, write and/or pray.
3. I work no more than eight hours a day when not on deployment.
4. I exercise for at least 25 minutes five days a week.
5. I do something I find fun (e.g., play a game, go to a movie, read a book etc).
6. I practice muscle relaxation, yoga, stretching, meditation or slowbreathing.
7. I share how I am feeling with at least one friend or my partner.
8. I sleep well and get 7-8 hours of sleep a night.
9. I am careful about what I eat and eat a balanced diet.
10. I drink at least 2 liters of water a day.
11. On balance I have more positive emotional experiences than negative.
12. At the end of the day I can leave the pressures of work behind.
13. I slow down when I am becoming tired, run- down and vulnerable to illness.
14. There are people who care about me that I trust, to whom I can talk if I want.
15. I do something I find creative or expressive.
16. I feel I have the training and skills I need to do my job well.
17. I stand up for myself, saying "no" when I need to.
18. At work I take a brief break every two hours & switch tasks regularly.
19. I spend time with trusted others who are part of a community of meaning and purpose (e.g. church group, community volunteers, work colleagues, book group)

20. I feel good about my ability to communicate with others.
21. I spend my time and energy doing what is really important to me in life.
22. I believe in my ability to accomplish goals, even when I encounter difficulties
23. I set realistic goals for my life and work towards them
24. I take good vacations.
25. I am able to let go of mistakes I have made.
26. I am able to manage conflict constructively.
27. I am able to let go of grudges.
28. I drink more than 1-2 alcoholic drinks, smoke, or use other recreational drugs.

(For this question) (0) Most days | (1) 3-6 times a week | (2) Less than 3 times a week | (3) Almost Never

TOTAL SCORE: _____

INTERPRETATION GUIDELINES

0 – 29

A score in this range suggests that your self-care skills and lifestyle balance strategies may be poor, and that you could probably benefit from developing a plan to change your lifestyle and improve your self-care.

30 – 59

A score in this range suggests that your self-care skills and lifestyle balance strategies may be average, and that you could possibly benefit from developing a plan to improve your self-care, especially if you have more stress than is typical for an adult.

60 – 84:

A score in this range suggests that you may have good self-care skills and lifestyle balance strategies in place, but could benefit from preparing for times of high stress by adding some additional practices.

85 and above:

A score in this range suggests that you may have good self-care skills and lifestyle balance strategies in place for building resilience.

List 2-3 things you can do to improve your self-care:

NOTES

REFERENCES

1. Pawl JH. On supervision. Educating and supporting the infant/family work force: Models, methods and materials ZERO TO THREE. 1995;15(3):21-9.
2. Baruch V. Self care for therapists: prevention of compassion fatigue and burnout. *Psychotherapy in Australia*. 2004;10(4):64.
3. Brady JL, Guy JD, Norcross JC, editors. Managing your own distress: Lessons from psychotherapists healing themselves. Portions were presented at the 102nd Annual Convention of the American Psychological Assn, Los Angeles, CA, Aug 1994; 1995: Professional Resource Press/Professional Resource Exchange.
4. Hayes SC, Hayes SC, Strosahl KD, Wilson KG. Acceptance and commitment therapy: Guilford Press New York, NY; 2012.
5. Connorton E, Perry MJ, Hemenway D, Miller M. Humanitarian relief workers and trauma-related mental illness. *Epidemiologic reviews*. 2011;34(1):145-55.
6. Ager A, Pasha E, Yu G, Duke T, Eriksson C, Cardozo BL. Stress, mental health, and burnout in national humanitarian aid workers in Gulu, Northern Uganda. *Journal of traumatic stress*. 2012;25(6):713-20.
7. Richards K, Campenni C, Muse-Burke J. Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*. 2010;32(3):247-64.
8. Brenn J. Self-Care: An Ethical Responsibility 2011. Available from: <http://casat.unr.edu/docs/ethicsAPR2011J.BrennHandouts.pdf>.
9. Profitt NJ. In the Best Interests of Women and Children: Exploring the Issue of "failure to Protect" in the Acadian Peninsula: Muriel McQueen Fergusson Centre for Family Violence Research; 2008.
10. Godfrey CM, Harrison MB, Lysaght R, Lamb M, Graham ID, Oakley P. Care of self-care by other-care of other: The meaning of self-care from research, practice, policy and industry perspectives. *International Journal of Evidence-Based Healthcare*. 2011;9(1):3-24.
11. World Health Organization. Health education in self-care: Possibilities and limitations. 1984.
12. World Health Organization. The role of the pharmacist in self-care and self-medication. Report of the 4th WHO Consultive Group on the role of the pharmacist Geneva: World Health Organization. 1998.
13. McCormack D. An examination of the self-care concept uncovers a new direction for healthcare reform. *Nursing Leadership*. 2003;16(4).
14. Hooyman NR, Kramer BJ. Living through loss: Interventions across the life span: Columbia University Press; 2008.
15. Carroll L, Gilroy PJ, Murra J. The moral imperative: Self-care for women psychotherapists. *Women & Therapy*. 1999;22(2):133-43.
16. Mahoney JL, Parente ME, Zigler EF. After-school program participation and children's development. *Handbook of research on schools, schooling, and human development*. 2010:379-97.
17. Mahoney MJ. Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice*. 1997;28(1):14.
18. Self Care Forum. What do we mean by self care and why is it good for people? 2018. Available from: <http://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/>.
19. Figley CR. Compassion fatigue: Toward a new understanding of the costs of caring. 1995.
20. McCann IL, Pearlman LA. Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress*. 1990;3(1):131-49.
21. Wilson JP, Lindy JD. Countertransference in the treatment of PTSD: Guilford Press; 1994.
22. Korunka C, Tement S, Zdrehus C, Borza A. Burnout: Definition, recognition and prevention approaches: Boit; 2010.
23. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annual review of psychology*. 2001;52(1):397-422.

24. Adams RE, Boscarino JA, Figley CR. Compassion fatigue and psychological distress among social workers: a validation study. *American Journal of orthopsychiatry*. 2006;76(1):103.
25. Schaufeli WB, Bakker AB. Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of organizational Behavior*. 2004;25(3):293-315.
26. Helm HM. Managing vicarious trauma and compassion fatigue. Retrieved October. 2010;6:2010.
27. Harr CR, Brice TS, Riley K, Moore B. The impact of compassion fatigue and compassion satisfaction on social work students. *Journal of the Society for Social Work and Research*. 2014;5(2):233-51.
28. College of registered nurses of British Columbia. Boundaries in the nurse-client relationship 2008. Available from: <https://www.crnbc.ca/Standards/resourcescasestudies/ethics/nurseclientrelationships/boundaries/Pages/Default.aspx>.
29. Makasheva N, Makasheva J, Gromova A, Ishtunov S, Burykhin B, editors. The problem of professional burnout in stress management. *SHS Web of Conferences*; 2016: EDP Sciences.
30. World Health Organization. Global recommendations on physical activity for health. Geneva: World Health Organization; 2010. 2016.
31. Hirshkowitz M, Whiton K, Albert SM, Alessi C, Bruni O, DonCarlos L, et al. National Sleep Foundation's sleep time duration recommendations: methodology and results summary. *Sleep Health: Journal of the National Sleep Foundation*. 2015;1(1):40-3.
32. Mayo clinic. Time management: Tips to reduce stress and improve productivity 2012. Available from: <https://www.mayoclinic.org/healthy-lifestyle/stress-management/basics/stress-basics/hlv-20049495>.
33. Davidson L, Bellamy C, Guy K, Miller R. Peer support among persons with severe mental illnesses: a review of evidence and experience. *World psychiatry*. 2012;11(2):123-8.
34. Fouché C, Martindale K. Work-life balance: practitioner well-being in the social work education curriculum. *Social Work Education*. 2011;30(6):675-85.
35. Song S-H. Workplace friendship and employees' productivity: LMX theory and the case of the Seoul city government. *International Review of Public Administration*. 2006;11(1):47-58.
36. Kuo C-C, Chang K, Quinton S, Lu C-Y, Lee I. Gossip in the workplace and the implications for HR management: A study of gossip and its relationship to employee cynicism. *The International Journal of Human Resource Management*. 2015;26(18):2288-307.
37. Morrison EW, Milliken FJ. Speaking up, remaining silent: The dynamics of voice and silence in organizations. *Journal of Management Studies*. 2003;40(6):1353-8.
38. Everly Jr GS, Sherman MF, Stapleton A, Barnett DJ, Hiremath GS, Links JM. Workplace crisis intervention: A systematic review of effect sizes. *Journal of Workplace Behavioral Health*. 2006;21(3-4):153-70.
39. Kabat-Zinn J. *Mindfulness for beginners: Reclaiming the present moment—and your life*: Sounds True; 2012.
40. Brach T. *Rain*. Tarabrach2018.
41. Neff K. *Self compassion*: Hachette UK; 2011.
42. Frankl VE. What is meant by meaning? *Journal of Existentialism*. 1966.
43. George LS, Park CL. Meaning in life as comprehension, purpose, and mattering: Toward integration and new research questions. *Review of General Psychology*. 2016;20(3):205.
44. Saakvitne KW, Pearlman LA, Abrahamson DJ. *Transforming the pain: A workbook on vicarious traumatization*: WW Norton New York; 1996.
45. Institute H. SELF CARE AND LIFESTYLE BALANCE INVENTORY. Available from: https://headington-institute.org/files/test_self-care-and-lifestyle-inventory_best_76305.pdf.

NMHP

4th Floor, Lebanese University Central
Directorate, Museum Square, 9800,
Beirut, Lebanon

Tel: +961 1 611 672
(contact person: Dr. Wissam Kheir)

mentalhealth@moph.gov.lb

<https://www.moph.gov.lb/en/Pages/6/553/nmhp>

ABAAD

Furn El Chebbak, Sector 5, 51 Bustani Street,
Najjar Bldg., Ground Floor,
Beirut, Lebanon
P.O.Box: 50-048 Beirut-Lebanon

Telfax: +9611283820; +96170283820

abaad@abaadmena.org

<http://www.abaadmena.org>