Self-care: Evidence-based strategies to cope with stress and trauma, especially in a global pandemic

Adapted from trainings and work done by Amanda L. Farrell, Ph.D., and Timothy J. Ainger, Ph.D.

What exactly IS self-care?

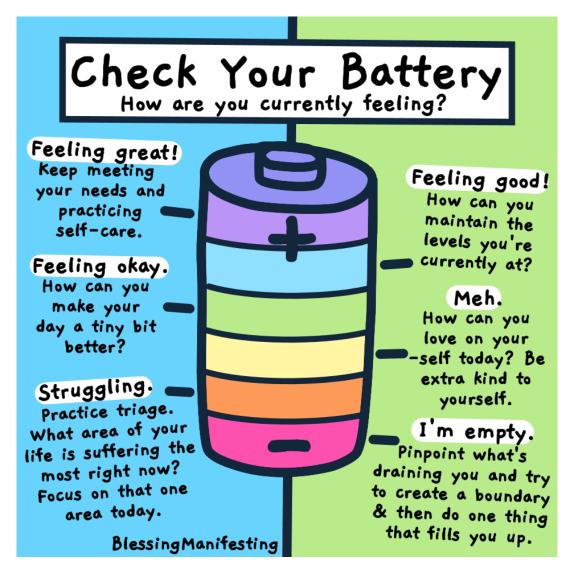
What is self-care?

• Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health. Although it's a simple concept in theory, it's something we very often overlook. Good self-care is key to improved mood and reduced anxiety. It's also key to a good relationship with oneself and others.

What isn't self-care?

- Knowing what self-care is not might be even more important. It is not something that we force ourselves to do, or something we don't enjoy doing. As Agnes Wainman explained, self-care is "something that refuels us, rather than takes from us."
- Self-care isn't a selfish act either. It is not only about considering our needs; it is rather about knowing what we need to do in order to take care of ourselves, being subsequently, able to take care of others as well. That is, if I don't take enough care of myself, I won't be in the place to give to my loved ones, my work, my friends, my clients, etc., either.

What exactly IS self-care?



THE 8 AREAS OF SELF-CARE

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Self-care - "activities and practices we engage in on a regular basis to reduce stress and enhance our wellbeing" - unknown

At Habits for Wellbeing, we focus on the following 8 areas of self-care...

1 PHYSICAL SELF-CARE

Physical self-care involves movement of the body, health, nutrition, sleep, rest, physical touch, and sexual needs.



2 PSYCHOLOGICAL SELF-CARE

Psychological self-care involves learning new things, applying consequential thinking, engaging intrinsic motivation, practising mindfulness and creativity.



3 EMOTIONAL SELF-CARE

Emotional self-care involves enhancing emotional literacy, navigating emotions, increasing empathy, managing stress effectively and developing compassion for self and others.



4 SOCIAL SELF-CARE

Social self-care involves having a supportive group and network of relationships around you whom you trust and turn to when required. Having caring and supportive people around you builds a sense of belonging and connectedness.



5 FINANCIAL SELF-CARE

Financial self-care involves being responsible with your finances (i.e. living expenses, income, insurances, savings etc.) and having a conscious relationship with money.



6 SPIRITUAL SELF-CARE

Spiritual self-care involves the beliefs and values that are important to you and guide your life. This includes pursuing your noble goals and the practices that support you developing spiritual awareness.



7 ENVIRONMENTAL SELF-CARE

Environmental self-care involves having an organised, well maintained and clutter-free work, business and home environment, having clean clothes and a clean and well maintained mode of transport. Also minimising waste and monitoring technology time.



B PROFESSIONAL SELF-CARE

Professional self-care involves sharing your strengths and gifts, having clear professional boundaries, whilst living your purpose.

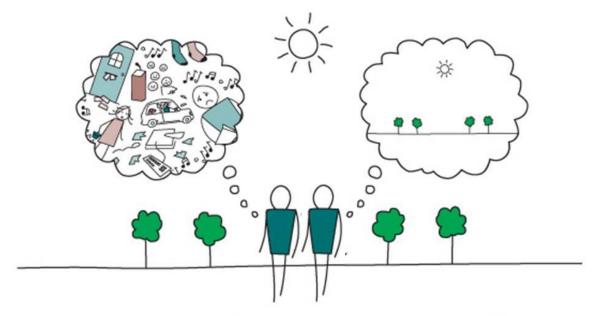


AANMC
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NATUROPATHIC MEDICAL COLLEGES

Self-Care Took time Got a Fed myself Exercised Danced for myself massage Played Did a Spent time Practiced Meditated with an gratitude hobby or prayed in nature animal Talked Went for a I showered FREE with a Took a nap walk today SPACE friend I did Brushed Took quiet Played an Read for time out instrument nothing my teeth fun Brushed I wrote Listened to or did my Bathed down my Stretched music hair feelings

Mindfulness

- What is mindfulness?
 - Non-judgmental attention to present-moment experiences
 - Mental training
 - Geared toward enhancing self-regulation
- "We don't do that woo-woo stuff here" or "I don't have time for that"

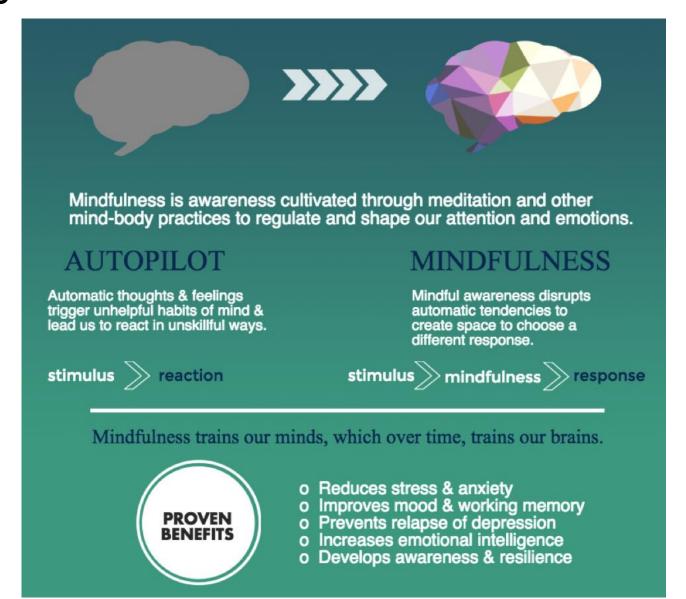


Mind Full, or Mindful?

What IS mindfulness?

- Mindfulness ties in to self-care and serves as adjuncts to other approaches
- **PLEASE NOTE:** these are **NOT** to substitute for appropriate mental health care and interventions
- Mindfulness practice, like physical exercise, requires repetition and time to produce noticeable changes in everyday life
- Mindfulness is practiced mainly through consciously focusing one's attention on a particular object, such as the breath, body, emotions, thoughts, or sounds, or by bringing an open and receptive attention to the coming and going of thoughts, emotions, and physical sensations. The opposite of mindfulness is forgetfulness, wandering attention, or autopilot. A Harvard study found people's minds are wandering an average of 47% of the time, and that "a wandering mind is an unhappy mind."
- When practicing mindfulness, the attention will naturally be pulled to stimuli that are greater than our capacity to stay focused on a
 chosen object (e.g. breath or body sensations). This will happen again and again. At some point, we notice or wake up to the fact that our
 attention has moved into such places as daydreaming, our to-do list or a recent argument with a friend. This is the crucial moment when
 one crosses over from automatic pilot to mindful awareness. Only then can we bring our attention back to our intended object of focus.
 This act of returning our attention, over and over again, is the central practice, the thing that builds our mindfulness.
- The beneficial effects of meditation and mindfulness-based therapies are supported by a growing body of evidence. Over two decades of clinical research has shown that it can benefit people suffering from anxiety, recurrent depression, chronic pain, substance abuse and other conditions. Benefits include:
 - Stress reduction
 - Reduced rumination
 - Decreased negative affect (e.g. depression, anxiety)
 - Less emotional reactivity/more effective emotion regulation
 - Increased focus
 - More cognitive flexibility
 - Improved working memory

Mindfulness



Physical Movement with Mindfulness

- Yoga
- Tai Chi
- Rock Climbing**
- Running**
- Focused Muscle Relaxation
- Other physical activities
 - Hiking
 - Taking the dog for a walk
 - Gardening
- Many practices have beginner/try at home tutorials on YouTube!



Physical Movement with Mindfulness





Sensory Deprivation

- Flotation-REST
- Facilitating focus and mindfulness by depriving the mind and body of all outside sensory input
- Research demonstrates consistent reduction of negative variables as well as increase in positive variables





Kjellgren, A., & Westman, J. (2014).
Driller, M.W., & Argus, C.K. (2016).
Jonsson, K., & Kjellgren, A. (2016).
Feinstein et al. (2018).
Farrell, A., & Ainger, T.J. (2020)

Sensory Stimulation

Aromatherapy

- With seasonal allergies and respiratory issues, please try this with caution!
- Can come in many forms (inhalers, lotions, oils, bath products, roller balls, etc.) or you can add a few drops of essential oils to lotions, bath water, etc.
- Lavender (stress reduction/calming) most commonly studied and supported in the literature
- Literature is mixed
 - · Largely beneficial or neutral
- Possible subconscious olfactory memory impact
- Possible significant impact on multiple neurobiological and cognitive measures
 - Cortisol, alpha and delta wave, BDNF, depression and anxiety scores
- Do your research and use appropriately
 - For example, **DO NOT** diffuse tea tree oil
 - Learn what can and cannot be used around pets



Aromatherapy





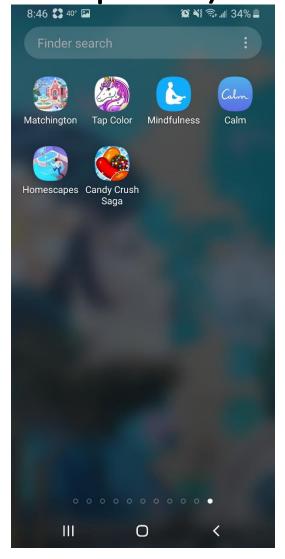
Meditation

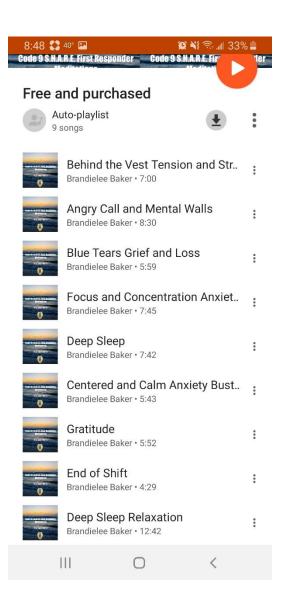
- Going beyond OM
- Coloring
- Journaling or Workbooks
- Nature therapy
- Group versus individual practice
- The wonders of technology!**



Technology, ain't it grand? (no endorsements, just examples

from a personal phone)





Some examples to try now:

- https://www.calm.com/blog/take-a-deep-
 breath?utm source=lifecycle&utm medium=email&utm campaign=difficult times subs 03
 1720
- Headspace free for a year for health care professionals (with an NPI number):
 https://www.theverge.com/2020/3/16/21181773/headspace-free-health-care-provider-public-health
- PLEASE NOTE: Wasil et al (2019) have found that the common treatment elements for depression and anxiety are commonly missing from mental health (MH) apps (and obviously absent from the non-MH apps, like coloring or puzzles) as compared to psychotherapy protocols (i.e. treatment), but did note that most apps contain at least one common element, with an average of three, with the most common being psychoeducation, relaxation, meditation, mindfulness, and assessment.

Other Available Resources

Many of these are general resources or have been developed for traditional first responders, but can provide helpful training and be adapted to forensic science professionals. This list is by no means exhaustive, but provides a starting point for both individuals needing assistance and agencies seeking to become trauma-informed.

- National Suicide Prevention Lifeline
- National Alliance on Mental Illness (NAMI)
- NAMI Crisis Text Line
- National Domestic Violence Hotline
- National Sexual Assault Hotline
- Veteran Crisis Line
- Veteran Crisis Text Line
- 24/7 Confidential Police Officer Hotline

- 1-800-273-TALK (8255)
- 1-800-950-NAMI (6264)
- Text "NAMI" to 741-741
- 1-800-799-SAFE (7233)
- 1-800-656-HOPE (4673)
- 1-800-273-TALK (8255);
 - Press 1
- Text to 838255
- 1-800-267-5463

Other Available Resources

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    National Institute of Mental Health (NIMH)
        (830a-530p EST)
    MentalHealth.gov (8a-8p EST)
    National Center for PTSD Information Voicemail
    Substance Abuse and Mental Health Services Administration
        (SAMHSA) National Helpline
    Alcoholics Anonymous
    Www.aa.org
    **During the Pandemic, Pause A While is hosting a free conference call for AA meetings daily at 2pm.
    Dial in number: 425-436-6360, Access Code: 422932#
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DRAN is running Peer Support Meetings on Zoom Regularly for Healthcare and First Responders. Check the website for details

• Narcotics Anonymous

Disaster Responder Assets Network (DRAN)

Narcotics Anonymous - <u>www.na.org</u>

• Al-Anon - <u>https://al-anon.org</u>

• Survive First - https://survivefirst.us/

www.dranetwork.org

Other Available Resources

- FTCoE's Special Initiatives: Vicarious Trauma
 - Forensic Workforce Resiliency- https://forensiccoe.org/special-initiatives/
 - Psychological Survival in a Violent Career-https://forensiccoe.org/webinar/workforce-resiliency-psychological-survival-violent-career/
 - Handling Difficult and Disturbing Forensic Cases for Coroners and Medical Examinershttps://forensiccoe.org/webinar/handling-difficult-and-disturbing-forensic-cases-for-coroners-and-medical-examiners/
- The Vicarious Trauma Toolkit- https://forensiccoe.org/webinar/vicarious-trauma-toolkit-evidence-resource/
- International Critical Incident Stress Foundation (ICISF)
 https://icisf.org/
- First Responder Support Network (FRSN.org) <u>www.frsn.org</u>
- The Code 9 Project https://www.code9project.org/
- Code 9 S.H.A.R.E. Meditations https://www.code9project.org/share-mediations.html
- The Code Green Campaign <u>www.codegreencampaign.org</u>
- Mindful Badge Initiative
 https://www.mindfulbadge.com/collaborative
- The Pause First Project https://www.pausefirst.com/about
- EMDR Institute, Inc. https://www.emdr.com/

About Amanda L. Farrell, Ph.D.

Dr. Amanda L. Farrell is an Assistant Professor of Criminal Justice at Marymount University in Arlington, Virginia, and recently served as a consultant, technical writer and SME to the Department of Justice working on the *Needs Assessment of Forensic Laboratories and Medical Examiner/Coroner Offices*.

Her experience in the criminal justice field is varied and started at an early age as a member of a first-responder family. As an undergraduate, she interned with the Metropolitan Police Service in the United Kingdom. During her MSc and PhD programs, she interned with a mid-sized police department, primarily in the detective division and with field forensics. This internship spanned just over six years, working anywhere from eight to 60 hours per week, dependent on agency needs and her teaching and class schedules. She has worked many crime scenes with forensic personnel and other investigators, informally consulted on several homicide investigations in various jurisdictions, assisted with instruction at both the police academy and in-service training, and has been a guest lecturer on practitioner partnerships to research stress and trauma at the FBI's National Academy. She has also been Crisis Intervention Team (CIT) trained and has completed the three ICISF courses recommended for peer support and basic Critical Incident Stress Management (CISM) teams. During the last year of her doctorate, she was an ORISE research fellow for the FBI assigned to the Behavioral Analysis Units (BAUs) under the Critical Incident Response Group (CIRG), where she worked on projects related to abducted and murdered children, violent crimes against adults, and mass shooting/mass casualty incidents.

Her research and teaching interests include homicide, criminal investigations, field forensics, human sexuality, and policing in general, with initial research in this area seeking to holistically explore officer mental health and resilience, particularly in the context of police use of deadly force incidents. Her recent work demonstrates expanded interest in stress/trauma and resilience, particularly with regard to more broad investigative contexts and to the forensic science workforce. She has been published as a co-author in *International Criminal Justice Review, Homicide Studies, the Journal of Investigative Psychology and Offender Profiling, Gender Issues, and Police Practice* and *Research: An International Journal*.

With the training team that they commonly work with on topics of stress, trauma and resilience in the expanded first responder community, Dr. Farrell and Dr. Ainger have presented workshops and/or training at AAFS (2019, 2020), MAAFS (2019), HFSC (2020), and the Masters 18-Masters Medicolegal Death Investigators Training Course (2019).

EDUCATION

- Marymount University B.A., Criminal Justice and Sociology (2003) and M.A., Clinical Mental Health Counseling (Degree in Progress)
- Sam Houston State University M.A., Criminal Justice and Criminology (2006)
- University of Liverpool
 – M.Sc., Investigative Psychology (2008)
- Old Dominion University—Ph.D., Criminology and Criminal Justice (2014)

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About Timothy J. Ainger, Ph.D.

Dr. Timothy Ainger is a clinical neuropsychologist and an assistant professor of neurology with the UK College of Medicine and the Kentucky Neuroscience Institute. He earned his doctorate in Clinical Psychology from Gallaudet University in Washington, DC; his dissertation examined changes in executive functioning to individuals diagnosed with paranoid schizophrenia remanded to long-term inpatient hospitalization.

He completed his clinical internship at the Hunter Holmes McGuire Veterans Affairs Medical and Polytrauma Rehabilitation Center in Richmond, VA, focusing on cognitive assessment and rehabilitation in veterans with multiple traumas and traumatic brain injuries. He completed his postdoctoral fellowship training in clinical neuropsychology with Cornerstone Neuropsychology (an affiliate of Wake Forest Baptist Health) in High Point, NC. He also spent three years working for the US Department of Justice.

He focuses on applied neuropsychology, examining ways to enhance the clinical conceptualization of diverse populations and diagnoses. His clinical work and research foci include primary and secondary changes in executive functioning, epilepsy, kidney and liver transplant, multiple sclerosis, resiliency and wellness, multiculturalism, psychopathy, and forensics.

He currently serves on the Neurology Department Wellness Committee and Diversity & Inclusion Committee, Graduate Medical Education Development Subcommittee, and the College of Medicine Faculty Wellness Committee.

EDUCATION

- The University of Tennessee B.A., Psychology
- Barry University M.S., Clinical Psychology
- Gallaudet University M.A., Psychology, & Ph.D., Clinical Psychology

POSTGRADUATE TRAINING

- Clinical Internship Hunter Holmes McGuire Veterans Affairs Medical Center, Richmond, VA
- Postdoctoral Fellowship Cornerstone Neuropsychology/Wake Forest Baptist Health, High Point, NC

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