**Wellbeing Playbook**

**Resources Toward Enhanced Personal and Professional Understanding and Application**

**SRTS**

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**Wellbeing Initiatives**

**Contributed by Jeff Witman**

There is one daily interaction that regularly produces a fair amount of lying rather than truth telling.

*Hi!*

*How ya doing?*

*Fine thanks, and you?*

*Doing well!*

The probable reality is that neither are even close.

For many people the honest response to “How’s it going?” would be “Don’t even ask!”

“Hanging in there” is another frequent response which indicates a less than positive mind set. Steve Gleason (2016), in discussing his response to ALS, rejects it saying:

*I have no intention to hang in there or survive. I intend to keep living a purposeful, productive life, and do what I love. (p. 124)*

Which brings us to the preferred state- GREAT. Not just surviving but thriving or as Lynn Anderson and Linda Heyne have described it- FLOURISHING. A sense of wellbeing across the domains of our existence characterized by successful, satisfying engagement with life.

Components include perceptions of physical, social, psychological, spiritual, cognitive and leisure strengths and limitations.

Process considerations include promoting wellbeing and hardiness. Promotion of wellbeing involves opportunities for positive emotions, engagement, relationships, meaningfulness and achievement (Seligman,). It can also involve encouragement of self acceptance and of autonomy (Reiff)

**Physical: Are you sick and tired of being sick and tired?**

* Eating and drinking healthy
* Exercising
* Regularly scheduling medical/dental checkups

**Skill set**- Balance, Endurance, Flexibility, Coordination

**Social: Limited giving and receiving of support and love?**

* Connecting with others
* Listening and communicating effectively
* Affiliating with groups and organizations
* Helping and being helped

**Skill set**- Listening, Communication, Cooperation, Assertiveness

**Psychological: Stress getting the best of you?**

* Expressing emotions
* Feeling confident and empowered
* Managing stress

**Skill set-** Stress Management, Self Awareness/Acceptance, Emotional Intelligence, Sense of Humor, Grit/Perseverance

**Spiritual: Do your deeds match your creeds?**

* Expressing beliefs and values
* Drawing strength/direction from my faith
* Acting on my beliefs to improve the world around me

**Skill set-** Prayer/meditation/reflection, Meaning/purpose, Optimism/hope

**Cognitive: Did Alex Trebek have it right when he declared that “learning new things is fun”?**

* Demonstrating creativity
* Savoring mental stimulation and challenge
* Committed to lifelong learning

**Skill set**- Memory, problem-solving, analysis, critical thinking, decision- making

**Leisure: Lifestyle high in boredom and frustration?**

* Participating in experiences that promote connections with others
* Engaging in experiences which meet personal needs
* Managing time effectively

**Skill set**- Activity interests/skills, knowledge of leisure resources, self-promotion of flow/balance

Other areas to consider: Pleasure/Hedonism (Drugs-Sex-Rock & Roll), Occupational/Vocational, Financial, Environmental/Community, and Activities of Daily Living (ADL’s)

The assessment tools on the next few pages are designed to provide perspective on individual wellbeing (Well-Being Index, WBI) and promotion of wellbeing through RT (RT Outcomes Relevant to Well-Being). Details on the development of the scales can be found in:

Witman, J., Jacob, S., Anderson, L., Heyne, L. & Malcarne, B. (2014). The well-being index (WBI): A pilot project. *Therapeutic Recreation Journal,* 48 (2), 188-198.

Witman, J. & Malcarne, B. (2017, Spring). Promoting well-being in recreational therapy: A pilot study. *ATRA Newsletter, 33* (1), 12-14.

**Well-Being Index (WBI)**

Use the following scale to indicate your level of agreement with the statements below:

0 = strongly disagree 1 = mildly disagree 2= unsure 3 = mildly agree 4 = strongly agree

\_\_\_\_A. I relate well to others

\_\_\_\_B. I live my life hopefully

\_\_\_\_C. The way I live my life is consistent with my values and beliefs

\_\_\_\_D. I have poor health

\_\_\_\_E. I think in a focused way

\_\_\_\_F. I belong to social groups which I value

\_\_\_\_G. I learn eagerly

\_\_\_\_H. I feel controlled by others

\_\_\_\_I. I feel happy

\_\_\_\_J. I am optimistic

\_\_\_\_K. My leisure experiences positively impact other areas of my life

\_\_\_\_L. I have trouble solving problems

\_\_\_\_M. I have lots of energy

\_\_\_\_N. I do not have a sense of meaning and purpose

\_\_\_\_ O. My fitness level is high

\_\_\_\_ P. I find enjoyment in my leisure experiences

\_\_\_\_Q. I don’t often get to do what I enjoy in my leisure

\_\_\_\_ R. I don’t have friends

**Scoring:**

Leisure: K + P = \_\_\_ - Q = \_\_\_ Cognitive: E + G = \_\_\_ - L = \_\_\_

Physical: M + O = \_\_\_ - D = \_\_\_ Spiritual: B + C = \_\_\_ - N = \_\_\_

Social: A + F = \_\_\_ - R = \_\_\_ Psychological/Emotional: I + J = \_\_\_ - H = \_\_\_

**RT Outcomes Relevant to Well-Being**

**Participants in Activity and Recreational Therapy Services………**

Rate each outcome from 0 = none of the time through 10= all of the time

1. \_\_\_\_\_\_ experience positive emotions
2. \_\_\_\_\_\_ make choices and act upon them
3. \_\_\_\_\_\_ feel good about who they are
4. \_\_\_\_\_\_ are turned off to working with others
5. \_\_\_\_\_\_ experience success
6. \_\_\_\_\_\_ are frustrated by the difference between what they are and what they would

like to be

1. \_\_\_\_\_\_ connect and identify with the with group
2. \_\_\_\_\_\_ experience meaning and purpose
3. \_\_\_\_\_\_ experience a level of challenge that’s a good match for their skills
4. \_\_\_\_\_\_ have pleasant, enjoyable experiences
5. \_\_\_\_\_\_ accept their strengths and weaknesses
6. \_\_\_\_\_\_ have their preferences respected
7. \_\_\_\_\_\_ fail to meet their goals
8. \_\_\_\_\_\_ develop positive relationships with others
9. \_\_\_\_\_\_ are bored by tasks that are too easy or frustrated by tasks that are too hard
10. \_\_\_\_\_\_ accomplish things
11. \_\_\_\_\_\_ are completely absorbed in the tasks in which they participate
12. \_\_\_\_\_\_ have little control of what will be done and how it will be conducted
13. \_\_\_\_\_\_ sense that what they are doing is not important
14. \_\_\_\_\_\_ experience being part of something that is bigger than “self”
15. \_\_\_\_\_\_ experience negative emotions

**Scoring**

Positive Emotions: 1\_\_\_ + 10\_\_\_ = \_\_\_ - 21\_\_\_ =\_\_\_\_\_

Engagement: 9\_\_\_ + 17\_\_\_ = \_\_\_ - 15\_\_\_ =\_\_\_\_\_

Relationships: 7\_\_\_ + 14\_\_\_ = \_\_\_ - 4\_\_\_ =\_\_\_\_\_

Meaning: 8\_\_\_ + 20\_\_\_ = \_\_\_ -19\_\_\_ =\_\_\_\_\_

Accomplishment: 5\_\_\_ + 16\_\_\_ = \_\_\_ -13\_\_\_ =\_\_\_\_\_

Self –Acceptance: 3\_\_\_ + 11\_\_\_ = \_\_\_ -6\_\_\_ =\_\_\_\_\_

Autonomy: 2\_\_\_ + 12\_\_\_ = \_\_\_ -18\_\_\_ =\_\_\_\_\_

**What is Well-Being?**

**Contributed by Lynn Anderson**

Think about your own life. If someone asked you, “What is your level of well-being?,” how would you respond? What things would you list or identify as contributing to your own well-being and to the “good life”? Would you be able to identify things you wanted to increase in your life, to improve your sense of well-being?

Philosophers and social scientists have grappled with the notion of well-being throughout recorded history. Well-being has been used interchangeably with health, happiness, and quality of life. It is nebulous and sometimes hard to define. Yet well-being is important to our daily existence, and we all know how to define it in some small way when we think of our own lives.

Philosophers have thought critically about and shared theories of well-being, in ancient to contemporary works. Well-being was the focus of Aristotle’s work, the *Nicomachean Ethics*, written in 350 B.C. Aristotle used the term *eudaimonia* to describe the idea of well-being or flourishing. In Greek, *eu* means “well” and *daimon* means “spirit.” Aristotle presented the argument that **well-being** consists of excellent or virtuous activity, contemplation, and justice, and that an individual’s well-being is integrated with the good of others. In other words, well-being is just as much about the excellence of an individual as it is about the excellence of the civic and community institutions that must be in place to foster well-being. When Aristotle asked, “How is it good to live our lives?” he was also asking, “How is it good to organize our communities?” (Kraut, 2002). Though some philosophers would argue that well-being can only be about an individual’s life and how well that life is going for that person, in an ecological perspective, it is difficult to separate individuals from the contexts in which they live.

Martha Nussbaum, a contemporary American philosopher, furthers the idea of well-being and community in her **capabilities approach** (2006). In the capabilities approach, Nussbaum and her colleagues conceptualize well-being as internal (how well one is able to be and to achieve) and external (sources of well-being, such as public action and social policy) (Nussbaum & Sen, 1993). Nussbaum (2006) identifies ten core capabilities that must be present for the good life, for well-being, and for human dignity. These core capabilities, described in Table 1, are what Nussbaum calls the bare minimum of what respect for human dignity requires. Play, or recreation, is one of the fundamental capabilities that a culture or community must support for well-being to flourish and for people to achieve.

**Table 1. Nussbaum’s Core Capabilities for Well-Being**

|  |  |
| --- | --- |
| 1. Life | Being able to live to the natural end of a human life |
| 2. Bodily health | Being able to have good health and adequate nourishment |
| 3. Bodily integrity | Being secure and safe, without fear of harm as one travels from place to place |
| 4. Senses, imagination, and thought | Being able to think, reason, and imagine, informed by an adequate education; freedom of expression; freedom to have pleasurable experiences |
| 5. Emotions | Having opportunities to love and be loved and to experience a broad range of emotions |
| 6. Practical reason | Being able to form an idea about goodness, and engage in critical reflection on one’s life and its direction |
| 7. Affiliation | Being able to live and engage fully with others, with self-respect and nondiscrimination |
| 8. Other species | Being able to live in a sustainable and respectful way with the natural world |
| **9. Play** | **Being able to enjoy recreational activities, to laugh, and to play** |
| 10. Control over one’s environment | Being able to participate in the political process, to have material possessions, and to work in respected employment |

From Nussbaum (2006)

The field of psychology has studied well-being extensively (Diener, 2006; Diener & Lucas, 2000; Lyubomirsky, 2007; Ryan & Deci, 2001). Two traditions in the study of well-being have evolved. One view, the **hedonic view**, equates well-being with pleasure. The goal of life is to experience the maximum amount of pleasure, or experience more positive than negative events. In the second tradition, the **eudaimonic view**, well-being occurs when people’s life activities are fully engaging and mesh with deeply held values (Ryan & Deci, 2001).

More recently, a more multi-dimensional view of well-being has emerged, where both views are integrated. Sometimes called **subjective well-being**, psychologists define well-being as

All the various types of evaluations, both positive and negative, that people make of their lives. It includes reflective cognitive evaluations, such as life satisfaction, interests and engagement, and affective reactions to life events, such as joy and sadness. Thus, subjective well-being is an umbrella term for the different valuations people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live (Diener, 2006, p. 399).

Further, psychologists have identified six dimensions of well-being which are related to the good life (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000; Ryff & Singer, 1998):

* Acceptance of oneself
* Positive relations with others
* Autonomy and self-determination
* Environmental mastery and competence
* Purpose in life
* Personal growth

The concept of **happiness** has also been used interchangeably with well-being. Lyubomirsky (2007) describes happiness as “the experience of joy, contentment, or positive well-being, combined with a sense that one’s life is good, meaningful, and worthwhile (p. 32).” Seligman (2002) has furthered that definition by coining the term, “authentic happiness,” where positive well-being comes from the exercise or engagement of our strengths and virtues every day of our lives. Some psychologists have argued that happiness is the pure measure of well-being – it is what has **final value** for a person (Brulde, 2007). Other dimensions of well-being are a means to achieve happiness.

Researchers in therapeutic recreation have also attempted to conceptualize well-being. According to Carruthers and Hood (2007), “Well-being is a state of successful, satisfying, and productive engagement with one’s life and the realization of one’s full physical, cognitive, and social-emotional potential” (p. 280). Sylvester, Voelkl, and Ellis (2001) have defined well-being as including health and other basic needs, as well as values and attributes that contribute to a life of dignity and worth. These values and attributes include things like autonomy, enjoyment, play, and aesthetic experiences. Widmer and Ellis (1998) feel the terms well-being and happiness are value-laden and, to understand them, we as therapeutic recreation specialists must integrate ethics into our practice perspectives. They define “the good life,” based on Aristotelian ethics, as being achievable by these actions:

* Seeking only enough in our lives (not more or less than we need to meet our reasonable needs)
* Understanding the difference between real goods (those that help us lead meaningful, purposeful lives) and apparent goods (those that we seek for the sake of happiness, but that don’t actually help us find it)
* Choosing right over wrong desires (choosing real goods that help us lead the good life)

Well-being is a feeling, a goal, and a journey. Well-being is something we feel and experience in our everyday lives, yet it is an aspiration we hold to guide us forward in ways that are healthful and positive.

**What Does Well-Being Have to Do with Leisure and Therapeutic Recreation?**

Well-being is an important concept for us to understand in therapeutic recreation, whether it is conceptualized through a philosophical, scientific, or practical lens. Well-being is at the heart of therapeutic recreation practice, and many of our efforts focus on helping people achieve that promise through enhanced leisure and development of strengths. Well-being as an organizing concept gives purpose and clarity for our field, particularly when we recognize the important role recreation plays in achieving and maintaining it.

**What Does Well-Being Mean in Practice?**

Leisure, or recreation, is the core of recreational therapy practice because of its power to help people feel good about their lives and make the positive changes they want to see in their lives. When people have interests, preferences, talents, and passions that they pursue in life, they feel alive, vibrant, strong, and complex as a human being. Their lives are textured and interesting (Pedlar et al., 1999), infused with meaning and purpose. Involvement in high quality leisure experiences also leads to growth and adaptation. Leisure is a strength in and of itself and leisure provides a context to build strengths. When we develop strengths, we experience a higher level of well-being.

The strengths approach, where the goals and aspirations of participants drive the therapeutic recreation process, elevates leisure as a powerful force to help participants have the lives they want. The expert is the participant – the recreational therapist is the facilitator of increased freedom, autonomy, and enjoyment, and thus well-being. In the strengths approach, the leisure experience is preserved and enhanced, and therapeutic goals are realized through positive collaboration.

Therapeutic recreation, then, is the purposeful and careful facilitation of quality leisure experiences and the development of personal and environmental strengths, which lead to greater well-being for people who, due to illness, disability, or other life circumstances, need individualized assistance to achieve their goals and dreams. Improved well-being is holistic and inclusive (Anderson & Heyne, 2012a).

**Assessments to Support the Leisure Well-Being Index**

The Flourishing through Leisure Model provides a framework for outcomes that can be measured in relation to strengths-based interventions (Anderson & Heyne, 2012b). In therapeutic recreation, as in many other health and human services, there is an increased emphasis on and need for evidence-based interventions and practice (Stumbo & Wardlaw, 2011). The Well-Being Index provides a valuable tool for practitioners to help document changes in participants’ levels of well-being across the six domains delineated by the Flourishing through Leisure Model. Because it is brief, yet encompassing, the Well-Being Index is a practical and usable tool to administer prior to and at the end of service provision to measure changes in well-being, helping to provide evidence of the effectiveness of interventions. This model of measuring complex human functioning with a brief screening tool has been used extensively in other disciplines such as psychology (Deiner, 1984; Fredrickson, 2013; Lyubomirsky, 2013).

More in-depth measures can be administered for each area of well-being (leisure, psychological/emotional, cognitive, social, physical, and spiritual) as well. Using additional measures that focus more sharply in each domain of functioning can help recreational therapists and participants set goals and gauge progress.

To be consistent with a strengths-based ecological approach, the tools listed in Table 1 could help participants and practitioners discover interests, preferences, talents, dreams, goals, strengths, and aspirations (Anderson & Heyne, 2013) for the various aspects of well-being for the person and in the environment. The following section will briefly describe each of these tools.

**Assessments in the Leisure Domain**

*Assessments that Focus on Internal Strengths:*

*The Discover Your Passions Interview*

Some participants with whom you work will know their passions, and easily be able to identify them to complete the Passion Scale. Others will be unsure, and the “Discovering Your Passions” interview developed by McGill (1996) may be useful for the assessment process. The interview questions can be asked directly in a conversational interview or can be answered through sustained observation over the course of time. The questions in this interview protocol are designed to ascertain those things that most interest and excite a participant in leisure.

*The Pittsburgh Enjoyable Activity Test*

The PEAT scale assesses the frequency of engagement in a range of enjoyable activities that can be done alone or with others, in various locations, and are active and inactive (Pressman et al., 2009). The ten items on the scale tap into many different types of leisure and how often people pursued the activities during the past month. Researchers who developed the scale found enjoyable leisure activities, taken in the aggregate when measured by the PEAT, were associated with psychosocial and physical measures relevant for health and well-being. People who scored well on the PEAT had lower blood pressure, total cortisol, waist circumference, and body mass index as well as perceptions of better physical function. They also found that higher PEAT scores were associated with positive psychological states and lower levels of depression and negative affect (Pressman et al.).

*Assessments that Focus on External Strengths:*

*The Inclusivity Assessment Tool*

The Inclusivity Assessment Tool assesses the physical and social inclusion of a recreation environment (Anderson, Wilkins, & Penney McGee, 2015). The Inclusivity Assessment Tool (IAT) assesses four major areas of a recreation resource: physical accessibility of the area or facility, administrative practices of the agency, program practices used by the staff, and adapted equipment. The IAT gives the participant and the therapeutic recreation specialist a clear picture of what the recreation amenity is like, and what changes, supports, or accommodations may be needed to facilitate full leisure involvement at the site. In order to use the IAT, the assessor must complete the training that accompanies the tool, *Inclusion U Online*.

*Leisure Resource Asset Mapping*

Sometimes called community asset mapping, you can create a visual map of the recreation resources available to a participant (Anderson & Heyne, 2012a). Information about the assets in the participant’s community can be gathered through interviews with family and friends, field trips, internet, phone books, newspapers, tourism bureaus, chamber of commerce, and other community groups. The information is used to develop a community leisure profile that can be organized according to these categories, as an example: physical resources, cultural assets, organizational assets, federal, state and local recreation assets, neighborhood assets, human resources assets, and more. The activity of creating a leisure resources asset map is like a treasure hunt, and involves the participant in the process. This asset map can then be helpful in identifying supports, strategies, and actions to help put the participant’s plan into place.

**Assessments in the Psychological/Emotional Domain**

*Assessments that Focus on Internal Strengths:*

*The Positivity Test*

Fredrickson (2009) has developed a tool to help people measure the level of positive to negative emotion they experience, called their “positivity ratio.” When you help participants assess their positivity ratio, you can then help them monitor how much they increase that ratio as they incorporate strategies and goals to achieve well-being in their lives. When one’s positivity ratio increases, one is able to benefit from the broaden and build effects of positive emotion. The Positivity Self-Test is meant to be a snapshot in time, and taken repeatedly to monitor change over time. It includes 10 items that measure positivity (amused, awe, grateful, hopeful, inspired, interested, joyful, love, proud, and serene) and 10 items that measure negativity (angry, ashamed, contemptuous, disgust, embarrassed, guilty, hate, sad, scared, and stressed). You can access the Positivity Self-Test online at the Positive Emotions and Psychophysiology Lab at the University of North Carolina Chapel Hill, where the test is automatically scored, and assistance given to interpret the results.

*The Mood Meter*

The Mood Meter was developed by the Yale University Center for Emotional Intelligence to help people assess and understand their own emotions (Brackett & Stern, 2014). The Mood Meter is an app that allows participants to identify how they are feeling, label that emotion, and understand what caused the emotion. In the app, the Mood Meter is a square divided into four quadrants of primary colors, where each color represents a category of moods. Green emotions are pleasant and low in energy (e.g., tranquility, satisfaction); blue emotions are unpleasant and low in energy (e.g., boredom, sadness); yellow emotions are pleasant and high in energy (e.g., excitement, joy); and red emotions are unpleasant and high in energy (e.g., anger, frustration). Participants plot their feelings and energy levels on an x-axis and y-axis. The app then provides the emotion word for the participant’s plotted mood, provides a method to reflect on what caused the emotion, and then helps identify strategies to change the emotion if desired. Using the Mood Meter can help participants become more mindful of how their emotions change throughout the day and in turn affect actions.

*Assessments that Focus on External Strengths:*

*The Supports Intensity Scale*

Developed and distributed by the American Association for Intellectual and Developmental Disabilities (AAIDD), the Supports Intensity Scale (SIS) is a way to assess the supports needed for a person to achieve their goals and dreams and be fully supported in community living (AAIDD, 2005). Section I of the SIS, the Supports Needs Scale, consists of 57 life activities grouped into six domains: home living, community living, lifelong learning, employment, health, and social activities. Through a semi-structured interview with the participant and his or her circle of support, the assessment determines what level of support is needed in the six life domains. The interviewer assesses what type (from monitoring to full physical assistance), frequency (how often) and intensity (amount of time needed to provide the support) of support would help the participant be fully included in the home and community environment. The SIS yields a Support Intensity Profile that will help the participant, his or her circle of support, and therapeutic recreation specialist in planning and implementation of services. The SIS is available from the AAIDD in print or web-based electronic formats.

**Assessments in the Cognitive Domain**

*Assessments that Focus on Internal Strengths:*

*The Mindful Attention Awareness Scale*

The Mindfulness Attention Awareness Scale (MAAS), developed by Brown and Ryan (2003), assesses the frequency of mindfulness states over time. It focuses on the presence of attention to and awareness of what is occurring in the present. Given that mindfulness directly contributes to well-being (Brown & Ryan, 2003), assessing participants’ level of mindfulness will help gauge the effectiveness of interventions that target this area, including mindfulness during leisure experiences. The 15-item scale is designed to assess a core characteristic of dispositional mindfulness, namely, open or receptive awareness of and attention to what is taking place in the present.

*Assessments that Focus on External Strengths:*

*The HOME Inventory*

The Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell & Bradley, 2003) measures both the quality and quantity of stimulation and support available to children and adolescents in the home environment. The focus is on the person in the environment and, through observation and interview, explores variables such as physical environment, learning materials, modeling, instructional activities, regulatory activities, variety of experience, and acceptance/responsiveness. The HOME Inventory has two subscales: cognitive stimulation and emotional support.

**Assessments in the Social Domain**

*Assessments that Focus on Internal Strengths:*

*The Lubben Social Network Scale*

The Lubben Social Network Scale (LSNS), developed by Lubben & Gironda (2003) is a brief instrument designed to understand social isolation in older adults by measuring perceived social support received by family and friends. The scale measures size, closeness and frequency of contacts of a participant’s social network. The LSNS was originally developed in 1988 and now has three versions available: a 6-item, a 12-item, and an 18-item version. All the LSNS scales measure the level of perceived support received from family, friends and neighbors.

*Assessments that Focus on External Strengths:*

*Circle of Friends*

Have you ever stepped back and thought about the kinds of people you have in your life and what role they play for you? About how many intimate friends versus acquaintances fill your life? The Circle of Support or Circle of Friends is a way to discover the current and potential network of friends in a participant’s life (Falvey, Forest, Pearpoint, & Rosenberg, 1997). The Circle is basically a social scan that helps clarify who is in the participant’s life and where he or she will want to add more relationships to improve well-being and quality of life.

To complete the Circle of Friends, four concentric circles are drawn and labeled. The participant puts him or herself in the middle, then fills in the people in each of the four circles:

* In *Circle 1: Circle of Intimacy*, the participant writes the names of all the people closest to her or his heart.
* In *Circle 2: Circle of Friendship*, the participant writes the names of people who are considered friends, but not as close as those listed in the first circle.
* In *Circle 3: Circle of Participation*, the participant writes the names of individuals or groups that they like, but who are not very close. This circle may include acquaintances, teammates, club members, and the like.
* In *Circle 4: Circle of Exchange*, the participant writes the names of people who are paid to be in their lives. This circle would include doctors, professors, housekeepers, mechanics, and the like. Often, for people with disabilities, this circle includes support staff and human service workers who are involved in their lives on a frequent basis.

Once the circles are completed, you can talk with the participant and his or her close supports about desired changes, especially if the participant wants to have more people in the inner circles of his or her life.

**Assessments in the Physical Domain**

*Assessments that Focus on Internal Strengths:*

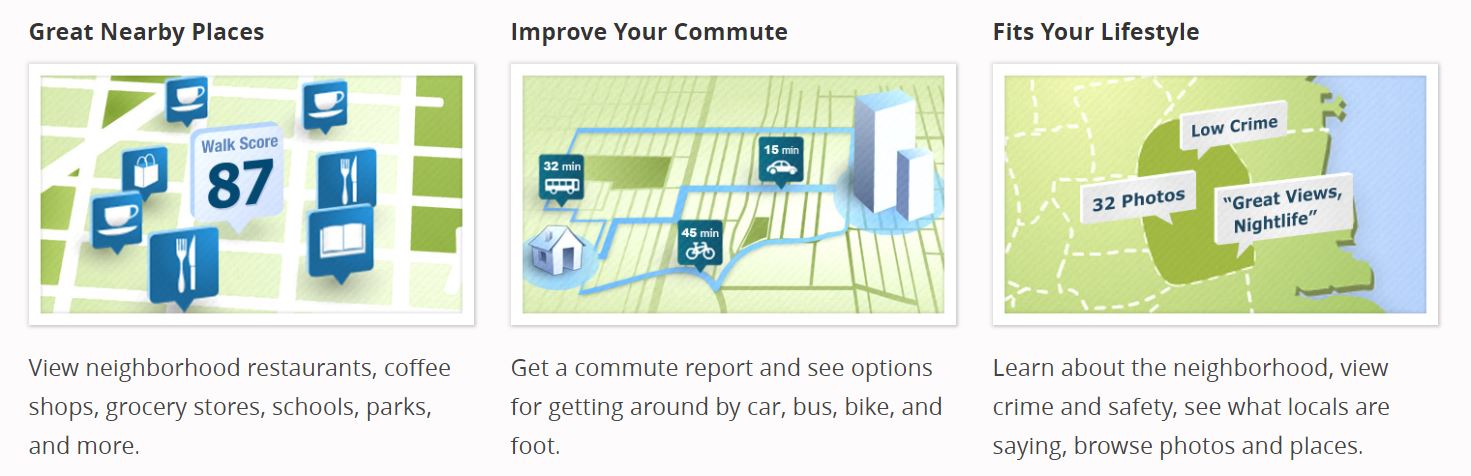
*Borg Rating of Perceived Exertion Scale*

The Borg Rating of Perceived Exertion Scale (Borg, 1998) is a useful and easy way for participants to determine how much effort they are putting into physical activity so that they can maximize the benefits of physical recreation. The self-assessed perception of exertion is based on sensations that one experiences during physical activity, such as increased heart rate, increased breathing rate, increased sweating, or muscle fatigue. According to the Centers for Disease Control (2009), perceived exertion ratings between 12 and 14 on the Borg Scale suggest that physical activity is being performed at a moderate level of intensity. Self-monitoring how hard your body is working can help you adjust the intensity of the activity by speeding up or slowing down your movements. This self-awareness or self-monitoring can help participants adjust their physical exertion to a level that will provide the most benefit to them. The Borg scale is an easy way to measure physical activity within therapeutic recreation services and activities, and has been shown to correlate highly with more sophisticated and complicated measures of physical exertion (Borg, 1998).

*Assessments that Focus on External Strengths:*

*The Walk Score*

The Walk Score was developed to measure walkability of any geographic location (Brewster et al., 2009). The Walk Score is given on a scale from 0 - 100 based on walking routes to destinations such as grocery stores, schools, parks, restaurants, and retail. Walk Score finds resources within a 1-mile radius of a user-entered address. Scores are the summed total of these resources, weighted by their distances from that address, and range 0 to 100. Resources include grocery stores, bars, movie theaters, libraries, schools, and more. Researchers found that a higher neighborhood Walk Score predicted higher levels of exercise and lower neighborhood levels of obesity, hypertension, and diabetes. Any address can be entered in the Walk Score search engines for nearby resources, transportation options, and other variables.



From https://www.walkscore.com/

**Assessments in the Spiritual Domain**

*Assessments that Focus on Internal Strengths:*

*VIA Strengths Assessment*

The Values in Action (VIA) Strengths Assessment measures character strengths and virtues (Peterson & Seligman, 2004). The VIA helps participants identify their strengths and virtues using a 5-point scale ranging from “very much like me” to “very much unlike me.” The VIA allows the participant to identify her or his top five strengths, called signature strengths. Knowledge of a participant’s character strengths is key to helping that person use those strengths every day, which in turn contributes to happiness and well-being. The VIA is available in a youth and adult version and short form, long form, and online version. The online version allows the participant to compare results to others in the region and the nation. The online version is available through the University of Pennsylvania’s Authentic Happiness website or the VIA Institute on Character website.

*Assessments that Focus on External Strengths:*

*The HOPE Questions*

The HOPE questions assesse via interview a participant’s sources of hope, role of organized religion, personal spirituality, and effects of spirituality on treatment decisions (Anandarajah & Hight, 2001). HOPE is a mnemonic that structures the interview questions. H stands for sources of hope, meaning, comfort, strength, peace, love and connection. O stands for organized religion. P stands for personal spirituality and practices. E stands for effects on medical care and end-of-life issues. Anandarajah and Hight (2001) provide examples of specific interview questions that can be used in each area of spirituality. Results from this assessment can help recreation therapists maintain respect for a participant’s spiritual beliefs and help to integrate spiritual practices and environmental modifications into care plans.

**Summary**

Well-being is at the heart of therapeutic recreation practice, and many of our efforts focus on helping people achieve that promise through enhanced leisure and development of strengths. Well-being as an organizing concept gives purpose and clarity for our field, particularly when we recognize the important role recreation plays in achieving and maintaining it. Because we focus on strengths, it is important for recreation therapists to identify and measure strengths. The Leisure Well-Being Index provides a way to measure overall well-being in a brief and accurate way. A variety of assessment tools are available to provide a more in-depth picture of well-being across leisure, psychological/emotional, cognitive, social, physical, and spiritual domains of human functioning. Through a focus on leisure well-being and careful assessment, we can help the individuals we serve strive toward a flourishing life.

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| --- | --- | --- | --- | --- |
| **INTERNAL STRENGTHS** | |  | **EXTERNAL STRENGTHS** | |
| **Assessment** | **Source of Assessment** |  | **Assessment** | **Source of Assessment** |
| **Domain: Leisure** | | | | |
| Discover Your Passions Interview | McGill, J. (1996). *Developing leisure identities*. Toronto, ON: Leisurability Publications. |  | Inclusivity Assessment Tool | Inclusive Recreation Resource Center at [www.inclusiverec.org](http://www.inclusiverec.org) |
| Pittsburgh Enjoyable Activity Test | Pressman, S., et al. (2009).  [www.cmu.edu/common-cold-project/](http://www.cmu.edu/common-cold-project/) | Leisure Resource Asset Mapping | Anderson, L. & Heyne, L. (2012). *Therapeutic recreation practice: A strengths approach.* State College, PA: Venture Publishing. |
| **Domain: Psychological/Emotional** | | | | |
| Positivity Test | Fredrickson, B. L. (2013) *at* [www.positivityratio.com/single.php](http://www.positivityratio.com/single.php) |  | Supports Intensity Scale | American Association for Intellectual and Developmental Disabilities. (2005, 2009). *The Supports Intensity Scale.* Washington, DC: AAID. |
| Mood Meter | Brackett, M., & Stern, R. (2014). Yale Center of Emotional Intelligence [www.ei.yale.edu](http://www.ei.yale.edu) and http://moodmeterapp.com/ |  |  | |
| **Domain: Cognitive** | | | | |
| Mindful Attention Awareness Scale | Brown, K., & Ryan, R. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822-848. |  | HOME Inventory | Caldwell, B. M., & Bradley, R. H. (2003). Home Observation for Measurement of the Environment: Administration Manual.  Tempe, AZ: Family & Human Dynamics Research Institute, Tempe, AZ: Arizona State U.  <https://www.nlsinfo.org/content/cohorts/nlsy79-children/topical-guide/assessments/home-home-observation-measurement> |
| **Domain: Social** | | | | |
| Lubben Social Network Scale | Lubben, J., & Gironda, M. (2003).  [www.bc.edu/schools/gssw/lubben.html](http://www.bc.edu/schools/gssw/lubben.html) |  | Circle of Friends | Falvey, M., Forest, M., Pearpoint, J., & Rosenberg, R. (1997). *All my life’s a circle.* Toronto, Ontario, Canada: Inclusion Press.  [www.inclusion.com](http://www.inclusion.com) |
| **Domain: Physical** | | | | |
| Borg Rating of Perceived Exertion Scale | Borg, G. (1998). *Borg’s Perceived Exertion and Pain Scales*. Champaign, IL: Human Kinetics. |  | Walk Score® | Walk Score® at [www.walkscore.com](http://www.walkscore.com) |
| **Domain: Spiritual** | | | | |
| VIA Strengths Assessment | Peterson, C., & Seligman, M. (2004) at [www.viacharacter.org/www/](http://www.viacharacter.org/www/) |  | The HOPE Questions | Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician, 63*(1), 81-89. |

**Technology and Well-being**

**Contributed by Julie Saville and Brian Malcarne**

The context of our contemporary time involves a rapid rate of technological advancement, an increased opportunity for individual access to technological devices (computers, cell phones, tablets, etc.), and a vast and growing selection of digital media applications offering interactive human-technology engagement. In light of these rapidly developing technological advancements and changing trends for increased human-technology interaction, it is important to consider the potential impacts of technology use on the various aspects of well-being.

As initial opinions weighed in on the potential impact of increased technology use and interaction on various factors associated with human well-being, many original stances presented tended to be cautionary with the notion that increased technology use and interaction brings with it a variety of disadvantageous unintended outcomes contributing to an overall negative impact on individuals. Some potential disadvantages highlighted in the media include how extensive use of technology may be contributing to a growing disconnection between children and nature (Louv, 2005), reduced physical activity, various health concerns, concentration and learning difficulties, increasingly limited social interactions, declining social skills, technology dependency and addiction, and psychological stress.

Despite the potential for negative impacts associated with technology use, more recent perspectives have started shifting and focusing on the potential positive outcomes available through technology. That is, rather than the solution being to totally avoid technology due to potential negative outcomes, researchers and practitioners are exploring ways to intentionally utilize technological applications to produce potentially beneficial outcomes to individuals and their overall well-being while avoiding potential disadvantages. For example, rather than avoid technology, Louv (2011) suggested that “utilizing both technology and nature experience will increase our intelligence, creative thinking, and productivity, giving birth to the hybrid mind” (p. 5). In an investigation of the positive and negative societal impacts of the increasing use of Smartphone, Sarwar and Soomro (2013) concluded with the importance of educating users on *using Smartphones smartly*. Thus, thoughtful and intentional use of technological resources and applications may yield positive impacts while minimizing negative unintended outcomes.

Great Smoky Mountain National Park provides an excellent example of embracing technology to promote their mission through the provision of several *handy digital resources* to engage, educate, and connect visitors with park resources such as Track a Bear, Find a Critter, Web Cams, Smokies Mobile App, Cemeteries Map, and their Discover Life project (Smokies Guide, Winter 2017-2018). Certainly, recreation and leisure professionals throughout various areas of service delivery ought to thoughtfully consider creative ways to advantageously utilize technological applications to achieve outcomes related to the mission of their agency. More specifically, therapeutic recreation practitioners ought to explore and add to their repertoire of resources a variety of technological applications that support intended client outcomes including the promotion of individual well-being.

**Technology as a Tool for Wellbeing**

Although technology can hinder our wellbeing, when used in moderation, it can be a tool to help us increase our wellbeing across multiple domains. There are many mobile applications (apps) for our smartphones and tablets that can help us be more mindful, encourage us to maintain or begin good habits, connect us with communities of people with shared interests, help us to reduce our stress levels, increase our fitness levels, improve our cognitive skills and put us in touch with our spiritual selves. Below are a few highly rated apps which focus on skills from each domain. All apps can be found in the Google App Store - <https://play.google.com/store/apps> or the Apple App Store on ITunes <http://itunes.apple.com> unless otherwise designated.

*Apps for Overall Wellbeing*

While most apps are focused on a specific domain of wellbeing, two apps are worth considering since they focus on a broader understanding of wellbeing. These apps are “Fabulous-Motivate Me!” And “Five Ways to Wellbeing” (Android only). Both apps focus on wellbeing in multiple domains and encourage you to track and change your habits to improve your wellbeing.

*Apps for Emotional Wellbeing*

In the area of emotional wellbeing there are two main focuses – stress reduction/meditation and anxiety/depression. Some apps of note include “Calm”, “Headspace” and “Insight Timer” for meditation to reduce stress and increase focus, and “Moodspace” (Android only), “Pacifica” and “Stop Panic and Anxiety Self-Help” to help with moods, anxiety and depression. Most emotional wellbeing apps include some type of meditation sessions that can be used anywhere, and can be done in short periods of time, whenever they are needed, helping you to regain focus, and bring yourself back to the present.

*Apps for Physical Wellbeing*

Physical wellbeing apps vary greatly, ranging from walking apps for beginners, to yoga for all levels, to powerlifting and training for 5K’s and beyond for the serious exercisers among us. Some of the most popular apps for all levels include “Down Dog: Great Yoga Anywhere”, “7 Minute Workout”, “MyFitnessPal” and “Fitbit Coach”. For those that are looking for more of a challenge, there is “C25K – 5K Running Training”, “Fitness and Bodybuilding”, and “Charity Miles”. For the serious athlete there is the “Nike+ Run Club”, “Sworkit”, “Gymster – Weightlifting Log & IIFYM diet recipes”, and “JeFit”. For those who are focused more on healthy eating there are apps such as “Lose It!” which is a calorie counter, “Oh She Glows” which provides plant-based recipes, and “Fooducate” (Android only) which helps you decide which food choices are best for you. The wide range of physical wellbeing apps makes it easy to find the right one for every fitness level and health goal.

*Apps for Cognitive Wellbeing*

While “Lumosity” may be well known, additional apps focusing on cognitive wellbeing exist including “Peak – Brain Games & Training”, “Elevate” and “Train Your Brain” (Android only). These apps focus on building memory, concentration, logic, problem solving, mental agility, and reasoning. If games are not something you enjoy, you can still stimulate your mind with apps like the “TED” app. This gives you instant access to over 2,000 talks from interesting people on a wide variety of topics. You can learn something new every day!

*Apps for Social Wellbeing*

Most people think of social media when they think of apps used to connect with others, however, there are other apps available which can give the user the opportunity to connect on a deeper level. Some of those apps include video calling apps such as “Google Duo”, and of course “Skype” and “Facetime” (Apple only). Additional apps such as “GroupMe” and “Google Hangouts” make it easy to keep in touch with close groups of people. Specialty social networking apps include “Nextdoor”, which is for your neighborhood and “LGBT+ Amino Community and Chat”, which is the fastest growing social network for the LGBT+ community and their allies. “Caregivers in the Community” is another networking app specifically for those who care for others. This app allows caregivers to connect for advice, or just to support each other. One of the most interesting apps focusing on social connectedness is “Keep in Touch” by SikoApps. This app allows you to set up daily, weekly, or monthly reminders for you to call or contact certain people on your contact list. When used to genuinely connect with people who are important to us, these apps can positively influence our wellbeing.

*Apps for Spiritual Wellbeing*

Many of the spiritual apps available also focus on meditation, however, less for instant stress reduction, and more for getting in touch with yourself spiritually. These guided meditations and stories are meant to inspire and transform. Apps such as “Spiritual Transformation Daily” (Android only), “Spiritual Stories Daily” (Android only), and “Spiritual Wisdom Daily” (Android only) are designed to be used at the start of your day to center yourself. Other apps such as “Spiritual Workout” and “Spiritual Me: Masters Edition” were designed to be used at any time to refresh you spiritually during your day with meditation and chanting practices. These apps can be a respite for your spirit during busy times.

*Additional Apps*

On your journey to increase your wellbeing, there are many additional types of apps available to meet your needs. Apps which play music, books, and nature sounds can often provide people with a way to relax, or a way to motivate themselves during other activities such as exercise. Long commutes can be made more bearable with audio books or your favorite music, and sounds of the ocean or rain storms can help you fall asleep at night or act as a backdrop for meditation. Visual tours of other countries or famous museums can inspire us and help us feel more in touch with the world. However, like all leisure pursuits, the apps that help you increase your wellbeing are a very individual, personal choice. The best way to find what works for you is to explore the many options available in the Google App Store, or the Apple App Store on ITunes. New apps are being released every day! A list of some of the many highly rated apps can be found in the Appendix.

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Google Play Store - <http://play.google.com/store/apps>

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**What is Compassion Fatigue?**

**Contributed by Sharon McGloin**

Compassion fatigue is defined as, “a state of exhaustion and dysfunction-biologically, psychologically, and socially-as a result of prolonged exposure to compassion stress”. (Pearlman and Saakvitne (1995) Within professional literature, compassion fatigue is also known as secondary victimization (Figley, 1982), secondary traumatic stress (Stamm, 1995), secondary traumatization, secondary traumatic stress disorder or vicarious traumatization (Saakvitne and Pearlman, 1996) and secondary survivor (Figley, 1995). A similar concept, “emotional contagion,” is defined as an affective process in which “an individual observing another person experiences emotional responses parallel to that person’s actual or anticipated emotions” (Figley)

**What does Compassion Fatigue have to do with Therapeutic Recreation?**

In a review of the literature on compassion fatigue, there are several articles that speak to secondary trauma or vicarious trauma. According to Charles Figley (1995), secondary traumatic stress is “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person.” It used to be believed that only those who were exposed directly to the trauma experienced the results of the trauma. It has only been recently that researchers and practitioners have acknowledged that persons who work with or help traumatized persons are indirectly or secondarily at risk of developing the same symptoms as persons directly affected by the trauma. (Perry)

In a recent study that included 132 Marriage and Family Therapists (MFT), there was a significant relationship between compassion fatigue scores and caseload dissatisfaction. The results of the study determined that there is indirect evidence that perceptions about self worth (personally and professionally) and the value of family, friends, community, and other social resources are closely related to general morale. (Figley, 2002)

Secondary traumatic stress is sometimes confused with burnout. It should not be. Burnout is “a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations.” (Pines, Aronson and Kafry, 1981) Burnout is a result of frustration, powerlessness, and inability to achieve work goals. (Figley, 2002) There are a myriad of symptoms that have been identified including but not limited to sleep disturbance, headaches, irritability, aggression, physical and mental exhaustion, callousness, pessimism, cynicism, problems in work relationships and falling off work performance. Burnout is a condition that can become progressively worse whereas secondary trauma can occur after a single episode of interaction between the client and the adult professional. The concern is that repeated exposure to traumatized clients could result in compassion fatigue and lead to burn-out.

Counter transference is described “as the unconscious attunement to and absorption of victims’ stresses and traumas.” (Figley, 2002) Due to the fact that therapists have developed a degree of empathy towards their clients, the response to the client may be life saving. However, the result for the therapist may be the vicarious traumatization that has been described above.

Although the literature review does not speak directly to Therapeutic Recreation professionals, as a Recreation Therapist, the exposure to vicarious trauma or secondary trauma is very real. Your role requires you to complete assessments, meet with clients individually and participate in group sessions with clients as well. Daily exposure to the stories of your clients can lead to job dissatisfaction and the desire to leave the profession. There are strategies that can help you as the helper maintain a degree of balance and provide the quality of care that is needed in our profession.

**Strategies for Self Care and Balance in your Life**

First and foremost, you must believe that you are the most important person in your life. A good starting point is to determine your score in the area of compassion satisfaction, compassion fatigue and burnout. A tool that is available is the ProQOL-The Professional Quality of Life Scale developed by B. Hudnall Stamm, Ph.D., Institute of Rural Health, Idaho State University, [www.isu.edu/~bhstamm](http://www.isu.edu/~bhstamm). The Professional Quality of Life Scale is available free online and has been included at the end of this document. Follow the directions to score and see where you fall in the three identified areas.

There are three areas have been identified that could impact clinicians lives as a result of vicarious trauma. These include feelings of vulnerability and fear; difficulty in trusting in personal relationships and a changed view of the world. (Clemans, 2004) Listening to stories day in and day out may erode the self protection mechanism and over time result in the feeling that safety is unattainable. Relationships both personal and professional are affected by these stories as well with the ability to trust a large undertaking. Daily interactions with traumatized clients change a worker’s ability and willingness to see the world as a good and safe place for themselves and those they love. (Clemans)

In order to counteract these stressors, there are several strategies you can incorporate into your daily life that include physical, mental and emotional.

**Physical Strategies**

1. Physical activity-run, walk, swim, bike, exercise
2. Progressive relaxation- tensing and relaxing of major muscles in the body
3. Breathing-slow deep breathing
4. Good nutrition-try not to skip but one meal a day

**Mental Strategies**

1. Change your mind- let the mind be diverted by different thoughts
2. Re-labeling-the art of seeing a promise in every problem
3. Whispering-the art of giving yourself positive messages when things are going wrong
4. Imagination-guided imagery and fantasy
5. Letting go-you can’t control anyone of anything except yourself
6. Time management-what are your priorities?
7. Positive self talk-approaching a negative experience in a positive self-affirming way
8. Brainstorming-generating ideas as solutions to problems.

**Emotional Strategies**

1. Support System-having a network of friends, co-workers, family, feedback and support
2. Break time-taking a break from an emotionally charged situation
3. Humor-the art of laughter at oneself and problems
4. Assertiveness-the art of being direct about your needs and rights without blaming, threatening or infringing on the rights of others
5. Expression of feelings-sad, mad, glad, angry, scared

As you review the list of strategies, ask yourself how many of these do you already incorporate into your life. Many times as helping professionals, we don’t do such a good job of following our own advice that we give to clients everyday for a happy and healthy lifestyle. Choose one thing that you can begin to incorporate into your daily routine. The hard part is getting started. Let’s begin.

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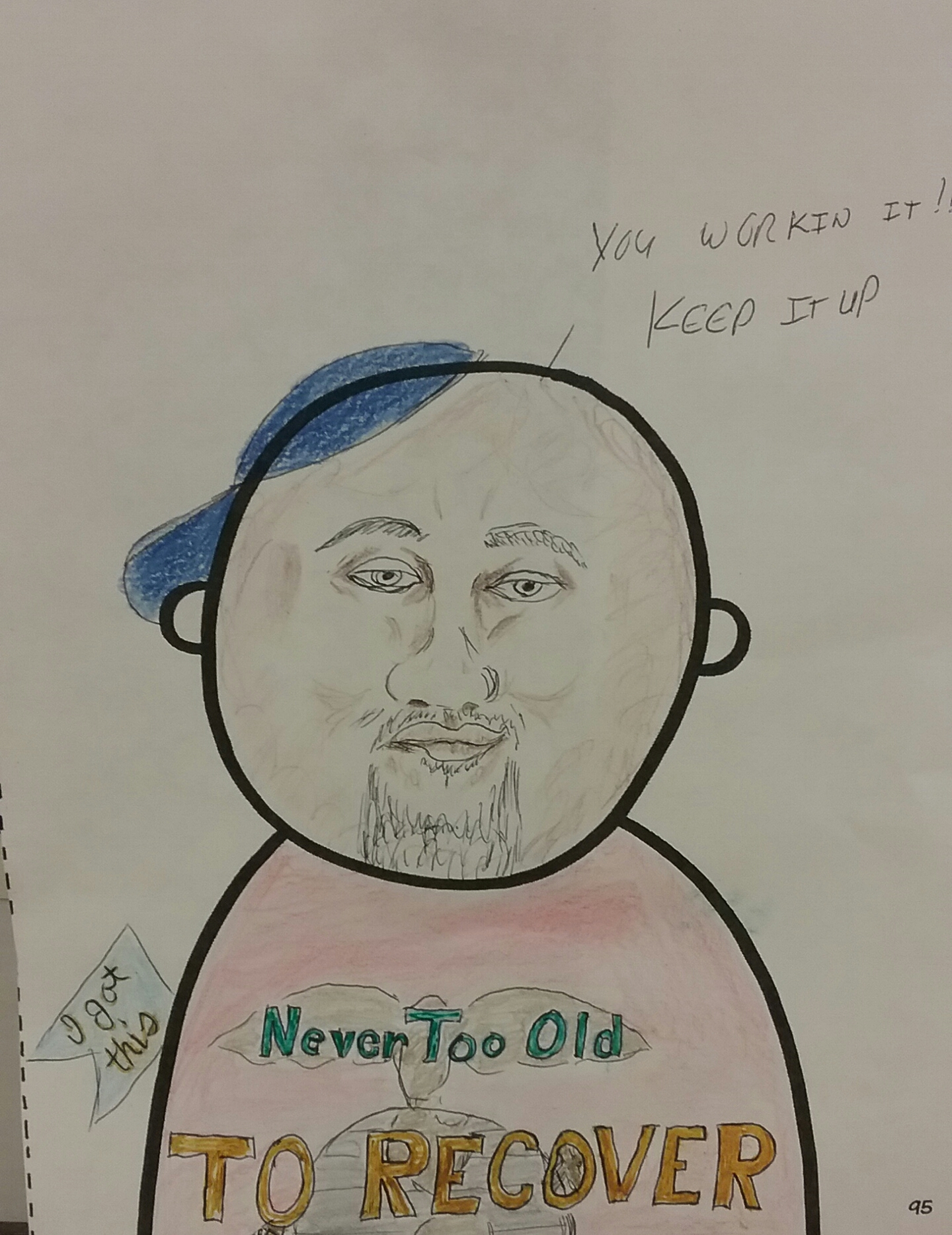
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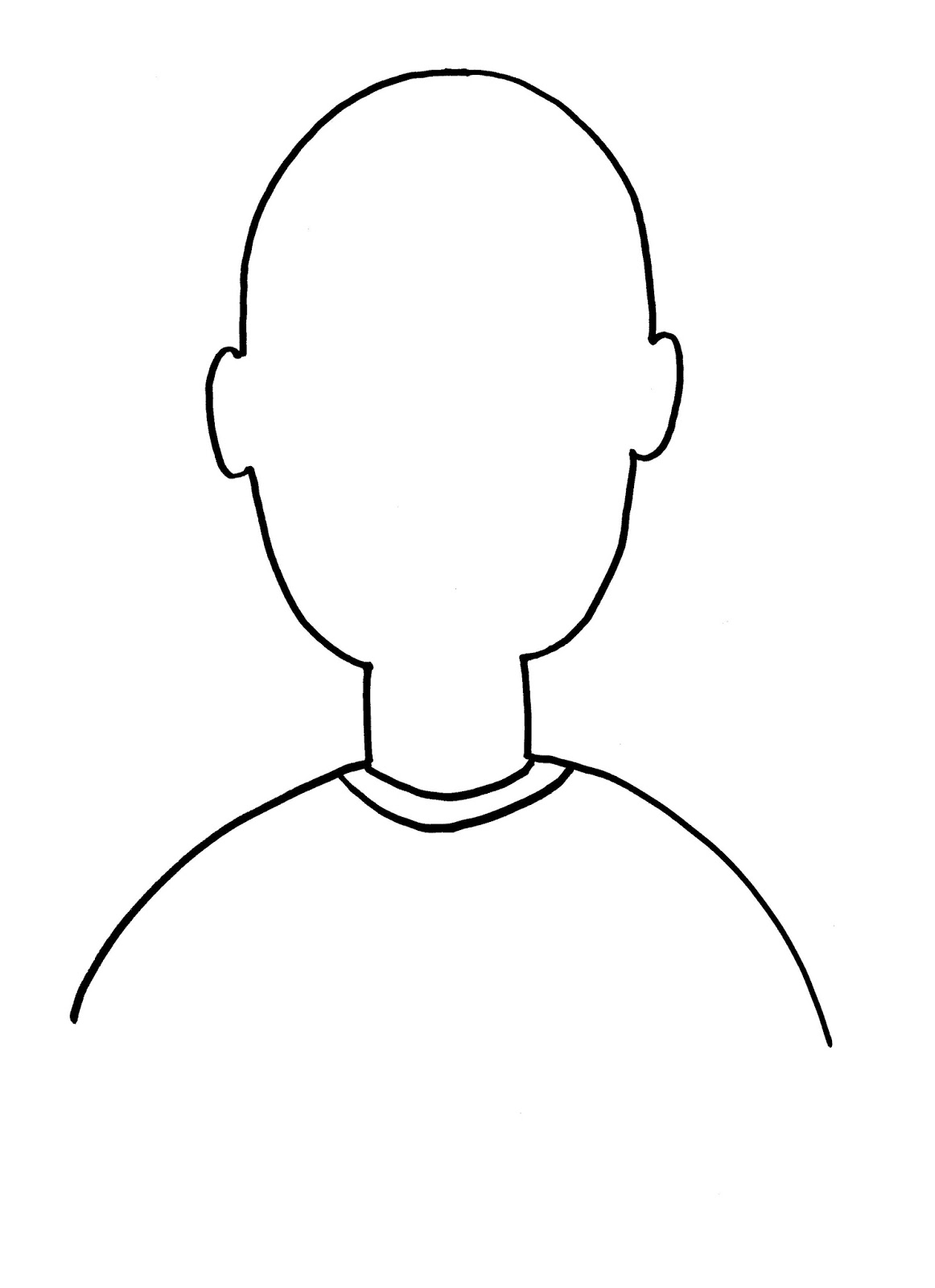
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# Recreation Therapy

|  |  |
| --- | --- |
| *Name of Activity* | Me & Recovery |
| *Category* | Coping through Recreation-Expressive Arts |
| *Author* | Jane Helsing, CTRS |
| *Materials* | A printable blank self-portrait, markers & clip art stickers as desired |
| *Time Duration* | 60 minutes |
| *Overview or Concept* | Visualize continued recovery |
| *Goal* | Positivity self-image |
| *Objective & Processing* | Patients are to design one self-portrait & process with the group |
| *Activity Directions* | Ask the patients to take all the positive coping skills that they have learned during treatment to make a self-affirmative positive recovery self-portrait |
| *Contra-Indications* | Lesson plan could be a negative trigger |
|  |  |

# Example and Worksheet:



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