

# THE WELLNESS HUB

# WORKSHEETS ONLY Mental wellness every day



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### **MENTAL TOUGHNESS**

#### Commitment

Focused on outcomes/goals

Control

Degree of control/influence/ autonomy

Mental Toughness

Opportunity for personal development

Challenge

Self-belief in their ability to succeed

#### Confidence

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# **BRIEF RESILIENCE SCALE**

This brief resilience scale can help identify your reaction when facing difficult events. Research indicates that building resilience is important to those who are recovering from terminal illness or trauma. It is a useful tool to use to determine how you are currently feeling and with the following worksheets what may be depleting your energy. Use this in conjunction with other material in this series to renew your resilience.

Respond to each statement below by circling one answer per row	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
l tend to bounce back quickly after hard times	1	2	3	4	5
l have a hard time making it through stressful events	5	4	3	2	1
It does not take me long to recover from a stressful event	1	2	3	4	5
lt is hard for me to snap back when something bad happens	5	4	3	2	1
l usually come through difficult times with little trouble	1	2	3	4	5
l tend to take a long time to get over setbacks in my life	5	4	3	2	1

**Scoring:** Add the value (1-5) of your responses for all six items, creating a range from 6-30. Divide the sum by the total number of questions answered (6) for your final score.

Total score: \_\_\_\_\_/6

My score: \_\_\_\_\_ (average)

BRS score	Interpretation
1.00-2.99	Low Resilience
3.00-4.30	Med Resilience
4.31-5.00	High Resilience

# **DEPLETION AND RENEWAL**

Take a moment to identify situations, habits or anything that depletes your energy. Place these at the bottom of the triangle (the pointed end). Consider when these are most likely to take place, which ones are in your control and can be limited. What changes might you be able to make to nullify some if not all, that deplete you?

Also take the time to identify situations, people and habits that nourish you and renew your energy levels. These are the factors that will support and boost your resilience (this is also known as the exhaustion funnel, renewing your energy links to all other worksheets in this series (DOSE, mindfulness, habit change).

What lifts/nourishes/energises you? What gives you vitality?

What drains you or Increases feelings of stress/anxiety or overwhelm?

#### D.O.S.E. JOURNAL

Take a moment to reflect on your day, specifically-actions/ interactions/ thoughts that have produced the desirable D.O.S.E. neurochemicals. This record is particularly useful for those moments when you are not feeling mentally strong. What strengths are apparent to you?

Positive thoughts

#### Positive actions

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#### Positive interactions

#### My strengths



# ABCDE MODEL



### ABCDE JOURNAL

Use the ABCDE model to complete this journal to understand a challenging situation. It will encourage you to reflect on your emotions, beliefs and actions to increase awareness of the skills you possess.

WHAT challenging event/ ADVERSITY took place?

**WHAT BELIEFS** do you already hold about this event? What thoughts did you have?



### ABCDE JOURNAL

Use the ABCDE model to complete this journal to understand a challenging situation. It will encourage you to reflect on your emotions, beliefs and actions to increase awareness of the skills you possess.

WHAT was the CONSEQUENCES of these beliefs/ thoughts?

**WHAT** helped you to **DISPUTE** these thoughts? (Be clear and specific to help replicate in the future).

### ABCDE JOURNAL

Use the ABCDE model to complete this journal to understand a challenging situation. It will encourage you to reflect on your emotions, beliefs and actions to increase awareness of the skills you possess.

**WHAT** was the **EFFECT** of challenging the thoughts? Think about actions (consequences immediately, an hour/ day/week later) and feelings?

**WHAT** skills and inner resources did you draw upon after following the ABCDE model?



#### MINDFULNESS MEDITATION Date/ time of meditation

What SENSATIONS did you experience during the meditation?

What FEELINGS did you experience during the meditation?

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# MINDFULNESS MEDITATION

Date/ time of meditation

What THOUGHTS did you have during the meditation?

What WORDS OF KINDNESS did you say to yourself?

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# MINDFULNESS MEDITATION

Date/ time of meditation

What difference in nature/ intensity of stress did you notice before/ after meditation?

Draw any shapes/forms expressing your experience of meditation

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## SIGNS OF STRESS

Take the time to consider your signs of transitioning between the stretched and strain zone. We often choose to ignore these initial signs. This could be for a variety of reasons- we don't think they are serious or we become accustomed to them becoming the 'norm'. If the initial signs are not acted upon, what further changes might you observe? These are usually harder to ignore as others begin to notice, either a change in mood or behaviour. And if applicable, consider a time when excessive pressure was persistent. What were the symptoms? It tends to be an accumulation of physical and emotional ones.



# **RESPONDING TO STRESS**

Taking the time to observe the 'alarm bells' provides an opportunity to intervene, reduce the impact of stress and prevent the cycle from escalating. Using the same cycle consider which strategies are helpful at returning control to the stretch/ comfort zone. Implementing these strategies can increase the body' response to stressors and sense of emotional control. Consider all strategies that can help reduce the pressure. These may FULFIL an emotional (reading an inspiring book), physical (going for a walk) or social connection (speaking to a friend) need. Ultimately, this will help you to return to optimal functioning zones. You can also add other sections too (ie spiritual).



### WORKSHEET-FOOD HABITS

**INSTRUCTIONS**: Identify one food habit you would like to change and follow the process below, You can apply this to as many food habits as you wish. It is not advocated to give up pleasurable foods unless for health reasons. Life is for living!

What food habit would you like to change (i.e. like to eat less/ more of)?

**When** do you eat this particular food? Think about the environment (i.e. work) and possibly who, with or when would you like to consume it?

What **emotions** do you feel or would like to feel immediately after consuming it? What do you feel an hour later?

What **thoughts** do you have before, during and immediately after consuming it (i.e. it's been a tough day, I deserve a reward)?

Identify when you have felt like this but chosen not to consume it or consumed it if you are increasing intake.

### WORKSHEET-FOOD HABITS

A habit is more likely to be formed if there is a personal relevant goal attached to the habit. The goal cannot be vague. Once a small habit has been embedded, incrementally adding other small habits can help you work towards attaining a bigger goal.

What goal would you like to achieve by changing your eating habits (i.e. run without getting out of breath/ride a bike for a longer duration/having more energy)?

What small step would create the chain reaction? What could be your next steps towards your goal? Remember incremental change is more likely to result in achieving and sustaining the goal. Identify as many small steps as possible.

### FOOD AND WELLNESS

Below is a table of essential vitamins and nutrients and the consequences if there is a deficiency. This information is for preventative purposes and/ or to complement any current treatment only. It is not to replace medical advice, and if your symptoms persist, seek medical advice.

NUTRIENT	DEFIENCY	SOURCE
Vitamin B1	Poor concentration and	Wholegrains
Vitanini DI	attention	Vegetables
Vitamin B3	Depression	Wholegrains
vitamin 05	Depression	Vegetables
Vitamin B5	Poor memory Stress	Wholegrains
Vitamin D5	roor memory stress	Vegetables
Vitamin B6	Irritability	Wholegrains
Vitamin Do	Poor memory	Bananas
	Stress	Dananas
	Depression	
Vitamin B12	Confusion	Meat
Trainin D12	Poor memory	Fish
	Psychosis	Dairy products
	1 5 years	Eggs
Vitamin C	Depression	Vegetables
	p	Fresh fruit
Folic acid	Anxiety	Green leafy vegetables
	Depression	, ,
	Psychosis	
Magnesium	Irritability	Green vegetables
_	Insomnia	Nuts
	Depression	Seeds
Selenium	Irritability	Wheat germ
	Depression	Brewer's yeast
		Liver
		Fish
		Garlic
		Sunflower seeds
		Brazil nuts
		Wholegrains
Zinc	Confusion	Oysters
	Blank mind	Nuts
	Depression	Seeds
	Loss of appetite	Fish
	Lack of motivation	

#### WORKSHEET-MOVEMENT

If there is a new habit you would like to create, take a moment and consider what you felt before the activity and after. Take the time to use all your senses - sight/ sound/smell/taste/touch where possible. This increases dopamine and supports the development of a new positive neural pathway.

#### ACTIVITY 1

before the activity I felt...

after the activity I felt ...

small actions to embed change and sustain my preferred habits.

#### ACTIVITY 2

before the activity I felt...

after the activity I felt ...

small actions to embed change and sustain my preferred habits.

#### MOVEMENT

Below are some simple stretches that you can do while at work, sitting at your desk. They are based on yoga positions and will help to boost your attention and alleviate both physical and mental fatigue (10). Please note it is your responsibility to ensure you are able to undertake these stretches without causing any injury. Ensure the immediate space surrounding you is clear to minimise the risk of items falling or hitting you or your colleagues (although this may be intended - you have been warned!). Aim to hold the stretch for 7-10 seconds and regulate your breathing.



### MOVEMENT

Below are some simple stretches that you can do while at work, sitting at your desk. They are based on yoga positions and will help to boost your attention and alleviate both physical and mental fatigue (10). Please note it is your responsibility to ensure you are able to undertake these stretches without causing any injury. Ensure the immediate space surrounding you is clear to minimise the risk of items falling or hitting you or your colleagues (although this may be intended - you have been warned!). Aim to hold the stretch for 7-10 seconds and regulate your breathing.



Self-care activities help to maintain good health- physical and mental. It is different for everyone and should form part of your daily routine. This assessment is to help you identify patterns, needs and areas of your life requiring more attention. It is a tool for reflection rather than wrong/right answers.

- 1 = I do this rarely or not at all
- 2 = I do this sometimes/ I'm ok at it
- 3 = I do this frequently/ I am good at this
- 👕 = I would like to do more of this/ improve on it



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#### **Emotional Self-Care**



- 1 = I do this rarely or not at all
- 2 = I do this sometimes/ I'm ok at it
- 3 = I do this frequently/ I am good at this
- = I would like to do more of this/ improve on it

#### Social Self-Care



- 1 = I do this rarely or not at all
- 2 = I do this sometimes/ I'm ok at it
- 3 = I do this frequently/ I am good at this
- = I would like to do more of this/ improve on it

#### Professional Self-Care



- 1 = I do this rarely or not at all
- 2 = I do this sometimes/ I'm ok at it
- 3 = I do this frequently/ I am good at this
- \star = I would like to do more of this/ improve on it

#### Spiritual Self-Care



Review the scores in each section and consider:

Are you happy scoring in each area of your life?

What would you like to do more of?

What small step could you take towards making this happen? (You can use the worksheets in this pack to help you set these).

#### **WORKSHEET** SLEEP HYGIENE-MORNING

	What time did you go to bed?	What time did you wake up?	How many hours slept in total?	No. of times awoken during sleep?
MON				
TUES				
WED				
THUR				
FRI				
SAT				
SUN				

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#### **WORKSHEET** SLEEP HYGIENE-EVENING

	No. of caffeinated drinks & time of last one?	Exercise/ movement today? (No. of mins)	Activity an hour before sleep?	Mood today? 0=awful 10=great
MON				
TUES				
WED				
THUR				
FRI				
SAT				
SUN				

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### WORKSHEET - BOUNDARIES

Take a few moments to identify circumstances in which you felt a boundary was compromised resulting in a negative impact (for example, additional pressure and energy or a loss of time/ money). Consider your preferred response should the situation arise in the future. The response should clearly communicate what you are able to do. An example has been provided.

Situation: You are asked to provide some childcare on a Saturday afternoon when you already have plans

Preferred response: Not this Saturday but I am available to look after the children on

Situation:

**Preferred response:** 

# VISUALISATION

Take a moment to consider a specific goal. Focus on how you WANT to be when physically performing it. Use all your senses and make the visualisation as vivid as possible. Imagine the scenario commencing before the activity and end the visualisation of your actions/emotions post-performance (9). The following diagram can help create a visualisation. Practising strengthens the pathway so spend a few minutes before getting out of bed and a few minutes before sleep. For example, you are giving a presentation to some students. Imagine feeling calm and confident prior to the meeting, having a coffee with some colleagues and feeling happy as you sit by the window observing the world. You imagine standing in front of the students, feeling relaxed- you see their faces, you hear them sitting down and chattering before starting. Your confidence grows as you stand tall, speaking loud and clear. After the presentation, you are filled with pride as students ask questions while you pack up. When they are all gone you do a little happy dance, filling you with joy.

