



Managing Change & Stress

Meeting information

Topic: Managing Change & Stress

Date: Wednesday, March 13, 2013

Time: 12:00 pm, Pacific Daylight Time (San Francisco, GMT-07:00)

Meeting Number: 824 920 247

Meeting Password: stress

To start or join the online meeting

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WZiZGY1MmEw&RT=MiM0](https://uhc.webex.com/uhc/j.php?ED=180268477&UID=480680387&PW=NOWZiZGY1MmEw&RT=MiM0)

Stress: Overview

- Stress?
- Managing Change & Stress
- Stress Assessments
- Stress Reduction Techniques
- Take Home Tips

- **“Men are disturbed not by things that happen, but by their opinion of the things that happen.”**
 - Epictetus – 55 to 135 A.D.

Stress: Overview

- Stress is the bodies reaction to CHANGE

Waves of the Ocean

- Distress vs. Eustress
- External vs. Internal stressors

Greatest Stress Factors

- Security
- Survival
- Recognition

Deterrents of Successful Change

- **False**
- **Evidence**
- **Appearing**
- **Real**

FEAR

- I'd rather live with. . .
- The hope that I could have done it than the knowledge that I tried and I couldn't do it

FEAR

- I'd rather keep my . . .
- Old problems than change and inherit a new problem

FEAR

- I'd rather not risk. . . .
- Failure or Success
- 3x20 Course of Action
 - = **52 hours per year**

The Change Continuum

Full Apathy	Neutral	Full Endorsement
<i>Greatest Amount of Change</i>		<i>Agent of Change</i>

Your Greatest Options

Choice & Change

*The Only Thing That Is
Permanent Is Change.*

How Stressed Are You?

Assess Your Stress

- Life Stress Scale
- Depression Scale
- Balancing Work, Family, & Personal Needs

Work-Life Balance Tips

- Review your priorities
- Manage your time in relationships to your priorities
- Project & Prepare for upcoming events
- Know & Use your options & resources

Work-Life Balance Tips

- **Reduce your news intake**
 - Dr. Andrew Weil's – 8 Weeks to Optimal Health
- **Integrate**
- **Plan your work and work your plan**
- **If you fail to plan, you plan to fail**

When to Seek Medical Advice?

Stress Reduction Techniques

Aromatherapy

- Plant & essential oils that have psychological and physiological effects
- Potential Benefits
 - Stress relief, headache relief, sleep improvement, mood boosting, hormone regulation, muscle relaxation, immune system stimulation, blood circulation

Meditation

WHY?

- Practice achieving a calm & stable mind
- Deeper state of relaxation or awareness

Meditation

HOW?

- 5 – 15 min, Quiet room, Dim lights
- Focus attention (Candle, breath, flower)
- Quiet your mind
- Find stillness
- Repeat mantra (Om, Peace, Love)
- Walking meditation
- Guided meditation CDs

Present Moment Awareness

- Limit time spent thinking about past or future
- Notice your surroundings, how your body feels, your breath, your emotions, etc
- Enjoy each moment – be grateful
- Eckhart Tolle
 - “The Power of Now” or “A New Earth”

Breath Work

WHY?

- Enhance present moment awareness
- Seek moments of serenity
- 5 min = 20 min nap

Breath Work

HOW?

- Inhale deeply
- Feel your stomach expand
- Feel your lungs expand
- Hold your breath for a few seconds
- Slowly exhale
- Visualize tension leaving your body

Nutrition

- Drink plenty of water
- Eat at regularly scheduled times
 - Eat Breakfast, Lunch, & Dinner
 - Enjoy Healthy Snacks
- Reduce caffeine, processed foods, sugar, etc.

Exercise

Move More!

- Increase activities of daily living
- 30 min of activity each day
- 10,000 steps
- Stretch
 - Relieve tight muscles & stimulate circulation

Sleep

- Develop a healthy sleep pattern
 - Same time to bed, same time to rise
- 8 hours a night
- Sleep Journal
- Medical Advice

Massage

- Get a massage
- Learn self-massage
- Progressive Muscle Relaxation
- Hit the pool & hot tub
 - Water is transforming

Communication

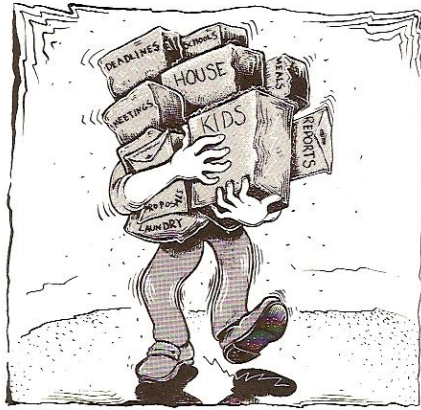
- Non Aggressive Communication
- Know your capabilities & limits
- Communicate your needs & limitations
- Share honest concerns with friends, family, co-workers

Communication

- Learn to say “no”
- Learn to trust yourself
- Be kind to yourself
- Positive Self Talk
- Journaling

Bonus Tips to Reduce Physical Stress

- Determine your happy tunes
- Reduce noise exposure
- Loosen your belt
- Wear the correct shoe size
- Use lumbar and other support features
- Laugh & Smile, It's contagious



Balancing Work, Family and Personal Needs

Use this exercise to measure the degree of balance you have between the demands of work, family responsibilities and personal time.

Answer each question with a number from this scale:

ALWAYS					NEVER
5	4	3	2	1	

AT HOME

Does your family complain that you don't spend enough time with them?	
Do you often feel anxious about the demands of your family?	
Do responsibilities at home make you resentful?	
Do you expect your family to adapt to your career needs?	
SUBTOTAL	

AT WORK

Do you feel frustrated because your income is not enough?	
Do you feel guilty about the time you spend on your career?	
Do you resent having to bring work home?	
Do you worry that your work interferes with family needs?	
SUBTOTAL	

PERSONAL

Do you feel there's never enough time for yourself?	
Do you feel guilty about taking a vacation?	
Do you wish you got more exercise?	
Do you feel you never get to do what you like to do?	
SUBTOTAL	
TOTAL	

A total score of less than 20 indicates you have learned to balance family, career and personal needs successfully.

21-30 indicates a good balance with some need for improvement.

31-40 indicates a fair balance.

41-50 shows that you are barely managing the juggling act of home, career and personal needs.

A high score in only one area indicates a need to organize your life so that area takes less of your time and energy.

Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

Depression Scale

During the Past Week

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

Life Stress Scale

In the past 12 to 24 months, which of the following major life events have taken place in your life. Mark down the points for each event that you have experienced this year. When you're done looking at the whole list, add up the points for each event.

Check your score at the bottom.

- _____ 100 Death of Spouse
- _____ 73 Divorce
- _____ 65 Marital Separation or from relationship partner
- _____ 63 Jail Term
- _____ 63 Death of close family member
- _____ 53 Personal injury or illness
- _____ 50 Marriage
- _____ 47 Fired from work
- _____ 45 Marital reconciliation
- _____ 45 Retirement
- _____ 44 Change in family member's health
- _____ 40 Pregnancy
- _____ 39 Sex difficulties
- _____ 39 Addition to family
- _____ 39 Business readjustment
- _____ 38 Change in financial status
- _____ 37 Death of close friend
- _____ 36 Change to a different line of work
- _____ 35 Change in number of marital arguments
- _____ 31 Mortgage or loan over \$30,000
- _____ 30 Foreclosure of mortgage or loan
- _____ 29 Change in work responsibilities
- _____ 29 Trouble with in-laws
- _____ 28 Outstanding personal achievement
- _____ 26 Spouse begins or stops work
- _____ 26 Starting or finishing school
- _____ 25 Change in living conditions
- _____ 24 Revision of personal habits
- _____ 23 Trouble with boss
- _____ 20 Change in work hours, conditions
- _____ 20 Change in residence
- _____ 20 Change in schools
- _____ 19 Change in recreational habits
- _____ 19 Change in church activities
- _____ 18 Change in social activities
- _____ 17 Mortgage or loan under \$20,000
- _____ 16 Change in sleeping habits
- _____ 15 Change in number of family gatherings
- _____ 15 Change in eating habits
- _____ 13 Vacation
- _____ 12 Christmas season
- _____ 11 Minor violations of the law

_____ Your Total Score

This scale shows the kind of life pressure that you are facing. Depending on your coping skills or the lack thereof, this scale can predict the likelihood that you will fall victim to a stress related illness. The illness could be mild - frequent tension headaches, acid indigestion, and loss of sleep to very serious illness like ulcers, cancer, migraines and the like.

LIFE STRESS SCORES

0-149 Low susceptibility to stress-related illness

150-299 Medium susceptibility to stress-related illness.

Learn and practice relaxation and stress management skills and a healthy well life style.

300 and over High susceptibility to stress-related illness

Daily practice of relaxation skills is very important for your wellness. Take care of it now before a serious illness erupts or an affliction becomes worse.

Final Thoughts

- Accept change as the only constant in life
 - The only thing permanent is change
- Count your blessings
 - What good has arisen from recent changes?
- Remind yourself
 - “It is only change. I am safe!”
- Take Home Tips

Questions?