

CAREGIVER WELLNESS WORKSHOP: ACTIVITY BOOKLET



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MEDICINE

INDEPENDENCE BLUE CROSS
FOUNDATION

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ACTIVITIES FOR EFFECTIVELY MANAGING STRESS

Stress Level Check-In: Caregiver Self-Assessment Questionnaire

Caregivers are often so concerned with caring for the relative's needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have ...

1. Had trouble keeping my mind on what I was doing:
 Yes No
2. Felt that I couldn't leave my relative alone:
 Yes No
3. Had difficulty making decisions:
 Yes No
4. Felt completely overwhelmed:
 Yes No
5. Felt useful and needed:
 Yes No
6. Felt Lonely:
 Yes No
7. Been upset that my relative has changed so much from his/her former self:
 Yes No
8. Felt a loss of privacy and/or personal time:
 Yes No
9. Been edgy or irritable:
 Yes No
10. Has sleep disturbance because of caring for my relative:
 Yes No
11. Had a crying spell(s):
 Yes No
12. Felt strained between work and family responsibilities:
 Yes No
13. Had back pain:
 Yes No
14. Felt ill (headaches, stomach problems or common cold):
 Yes No
15. Ben satisfied with the support my family (or friends) have given me:
 Yes No
16. Found my relatives living situation to be inconvenient or a barrier to care:
 Yes No
17. On a scale of 1-10 (1=not stressful and 10=extremely stressful) please rate your current level of stress: _____
18. On a scale of 1-10 (1=very healthy and 10=very ill) please rate your current health compared to what it was this time last year: _____

Scoring Your Stress Level Check-In

How to Determine Your Score:

1. Reverse score questions 5 and 15. For example, a “No” response should be counted as a “Yes” and a “Yes” should be counted as a “No.”
2. Total the number of “Yes” responses

How to Interpret Your Score:

Chances are that you are experiencing a high degree of distress if any of the below is true:

- If you answered “Yes” to either or both questions 4 and 11
- If your total “Yes” scores = 10 or more
- If your score on question 17 is 6 or higher
- If your score on question 18 is 6 or higher

Stress Activity 1: Differentiating Stress and Burnout

My Signs of Stress vs Burnout	
Stress	Burnout
<input type="checkbox"/> Over-engaged: Putting too much effort into things	<input type="checkbox"/> Disengaged: Putting in little to no effort
<input type="checkbox"/> Strong emotions and high emotional reactivity	<input type="checkbox"/> Distant emotions
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Feeling helpless
<input type="checkbox"/> Fatigue or reduced energy	<input type="checkbox"/> Reduced or lost motivation
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression
<input type="checkbox"/> Physically tolling	<input type="checkbox"/> Emotionally tolling

Stress Activity 2: Identifying Other Common Signs of Stress and Burnout

Common Signs of Stress and Burnout		
Physical	Emotional	Behavioral
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of motivation	<input type="checkbox"/> Unhealthy eating (under or over-eating)
<input type="checkbox"/> Sleep difficulties	<input type="checkbox"/> Increased irritability and anger	<input type="checkbox"/> Drug or alcohol use
<input type="checkbox"/> Stomachache	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Social withdrawal
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Depression or sadness	<input type="checkbox"/> Nail biting
<input type="checkbox"/> Muscle pain and tension	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Constant thoughts about stressors
<input type="checkbox"/> Headaches and/or migraines	<input type="checkbox"/> Inability to focus	<input type="checkbox"/> Other:
<input type="checkbox"/> Indigestion	<input type="checkbox"/> Mood instability	<input type="checkbox"/> Other:
<input type="checkbox"/> Nausea	<input type="checkbox"/> Decreased sex drive	
<input type="checkbox"/> Increased sweating	<input type="checkbox"/> Other:	
<input type="checkbox"/> Weakened immune system	<input type="checkbox"/> Other:	
<input type="checkbox"/> Neck and back pain		
<input type="checkbox"/> Other:		

Stress Activity 3: Emergency Self-Care

1. What are some signs you should look out for that might indicate you are stressed or burned out? What are signs other people may notice? What are basic needs you neglect in times of high stress (ex: sleep, healthy diet, personal hygiene, social needs, medical adherence, etc.)?

2. What are some activities you can do when you're upset (think about activities at different places, like at home, work, or anywhere else):

- a. What will help you relax?

- b. What are some activities that you like to do when you're in a good mood?

c. What are some things that can help you throughout the day?

3. List people in your support system who you can reach out to when you're feeling stressed/burned out and you need support or a distraction:

4. List some positive things you can say to yourself when you are having a hard time:

ACTIVITIES FOR EFFECTIVELY ENGAGING IN SELF-CARE

Taking Your Self-Care Temperature: Self-Care Quiz

On a scale from 1-5, rate how good you are at taking care of yourself (5= More True; 1= Less True).

1. I take time for myself every day.	[5]	[4]	[3]	[2]	[1]
2. I make time for spirituality (in any form), mindfulness, or religious discipline.	[5]	[4]	[3]	[2]	[1]
3. I limit the amount of television I watch each day.	[5]	[4]	[3]	[2]	[1]
4. I limit the amount of Facebook/internet surfing I do each day.	[5]	[4]	[3]	[2]	[1]
5. I exercise at least 5 days a week for 30 minutes.	[5]	[4]	[3]	[2]	[1]
6. I drink 6-8 glasses of water each day.	[5]	[4]	[3]	[2]	[1]
7. I take care of my body:	[5]	[4]	[3]	[2]	[1]
a. I get 7-8 hours of sleep every night.	[5]	[4]	[3]	[2]	[1]
b. I brush and floss my teeth and practice good hygiene.	[5]	[4]	[3]	[2]	[1]
c. I eat approximately 5 fruits and veggies a day.	[5]	[4]	[3]	[2]	[1]
d. I limit junk food/fast food consumption.	[5]	[4]	[3]	[2]	[1]
8. My hair, nails, and appearance are good and I like most things in my wardrobe.	[5]	[4]	[3]	[2]	[1]
9. I generally wear clean clothes.	[5]	[4]	[3]	[2]	[1]
10. I get together with a friend at least once a month and enjoy hobbies regularly.	[5]	[4]	[3]	[2]	[1]
11. I have a relaxing routine before bed and a nurturing morning routine.	[5]	[4]	[3]	[2]	[1]
12. I usually know what I need and what I am feeling.	[5]	[4]	[3]	[2]	[1]
13. My organized environment supports my goals.	[5]	[4]	[3]	[2]	[1]
14. I take frequent breaks and have something to look forward to every evening.	[5]	[4]	[3]	[2]	[1]
15. I know what I am passionate about.	[5]	[4]	[3]	[2]	[1]
Total Your Score:					

Scoring and Interpreting Your Stress Level Check-In

Add up your scores:

72-90: Way to go! You are taking excellent care of yourself. Now you can delve further into things like getting massages, simplifying your life, and getting rid of as many stressors as you can.

54-71: You know how to take care of yourself. Now, do it consistently. Would it help to track your daily self-care? What can you do that would allow for some of these self-care habits to happen regularly?

36-53: You may value yourself, but can you prioritize self care a bit more? Set an evening just for you every week with no outside obligations. Examine your calendar to get rid of unimportant meetings, etc. Turn off the TV/Facebook/the internet after an hour of watching/surfing, etc. Put in a daily half hour for you in your appointment book. Let go of unrealistic standards of how much you can get done in a day. Cut your to do list for the day in half. Now use that time to work on one thing on the checklist above until you form a habit. Then move onto another one.

18-35: You feel guilty every time you take time for yourself. You need to realize that your family, friends, school and work don't want an empty vessel. They want a vibrant, authentic, energetic you. Talk with your family and friends about how you want to start taking better care of yourself. Is there a way you can use your friends and family to build in time for yourself care? If they are supportive, see if they are open to having you be accountable to them. Which thing from the above checklist do you think would have the most impact on your energy and wellbeing? Work on that action until it becomes a habit.

0-17: Your actions don't seem to reflect that you prioritize taking care of yourself. What are you prioritizing instead? You need to realize that your family, friends, school and work don't want an empty vessel. They want a vibrant, authentic, energetic you. Talk with your family and friends about how you want to start taking better care of yourself. Remember, you are just as important as the other people in your life. Shine for them! Pick an easy, non-threatening action to start caring for yourself. Maybe you can drink one more glass of water or take 5 minutes alone. Start small and work your way up.

Self-Care Activities 1 & 2: Self-Care Practice

Self-Care Domain	Current Self-Care Practice	New Self-Care Practice
<p>Emotional and Intellectual: Coping effectively with life and recognizing creative abilities or expanding knowledge and skills</p>		
<p>Physical and Environmental: Recognizing the need for physical care and occupying pleasant, stimulating environments</p>		
<p>Social: Developing a sense of connection and a well-developed support system</p>		
<p>Spiritual: Expanding our sense of purpose and meaning in life</p>		
<p>Occupational: Personal satisfaction and enrichment derived from one's work</p>		
<p>Financial: Satisfaction with current and future financial situation</p>		

Self-Care Activities 3 & 4: Barriers to Self-Care

Self-Care Domain	Barriers to Self-Care Practice	Addressing Barriers to Self-Care
<p>Emotional and Intellectual: Coping effectively with life and recognizing creative abilities or expanding knowledge and skills</p>		
<p>Physical and Environmental: Recognizing the need for physical care and occupying pleasant, stimulating environments</p>		
<p>Social: Developing a sense of connection and a well-developed support system</p>		
<p>Spiritual: Expanding our sense of purpose and meaning in life</p>		
<p>Occupational: Personal satisfaction and enrichment derived from one's work</p>		
<p>Financial: Satisfaction with current and future financial situation</p>		

Self-Care Activity 5: Planning Weekly Self-Care

Instructions: Plan one small self-care activity for each day of the week and aim to address each wellness category at least once during the week.

Implementation of Self-Care: Week of _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- Emotional and Intellectual:** Coping effectively with life and recognizing creative abilities or expanding knowledge and skills
- Physical and Environmental:** Recognizing the need for physical care and occupying pleasant, stimulating environments
- Social:** Developing a sense of connection and a well-developed support system
- Spiritual:** Expanding our sense of purpose and meaning in life
- Occupational:** Personal satisfaction and enrichment derived from one’s work
- Financial:** Satisfaction with current and future financial situation

Note any observations, barriers or insights:

Self-Care Activity 5: Planning Weekly Self-Care

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Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- Emotional and Intellectual:** Coping effectively with life and recognizing creative abilities or expanding knowledge and skills
- Physical and Environmental:** Recognizing the need for physical care and occupying pleasant, stimulating environments
- Social:** Developing a sense of connection and a well-developed support system
- Spiritual:** Expanding our sense of purpose and meaning in life
- Occupational:** Personal satisfaction and enrichment derived from one's work
- Financial:** Satisfaction with current and future financial situation

Note any observations, barriers or insights:

Self-Care: At-Home Reflection

Instructions: After a few weeks of engaging in self-care, use this chart to reflect on which activities you found the most helpful and which activities you found the least helpful. After the chart is complete, respond to 4 questions on the back.

Self-Care Domain	Top 2 Self-Care Activities	Unhelpful Self-Care Activities
Emotional and Intellectual: Coping effectively with life and recognizing creative abilities or expanding knowledge and skills	1. 2.	
Physical and Environmental: Recognizing the need for physical care and occupying pleasant, stimulating environments	1. 2.	
Social: Developing a sense of connection and a well-developed support system	1. 2.	
Spiritual: Expanding our sense of purpose and meaning in life	1. 2.	
Occupational: Personal satisfaction and enrichment derived from one's work	1. 2.	
Financial: Satisfaction with current and future financial situation	1. 2.	

Self-Care: At-Home Reflection Questions

1. What changes do you notice now that you have been engaging in self-care more regularly?

2. What barriers did you experience and how did you deal with them?

3. What are some barriers to MAINTAINING self-care practice?

4. What could you do differently going forward to continue engaging in self-care?

REVIEW PART 1:
ASSESS STRESS LEVEL AND AMOUNT OF SELF-CARE

Stress Level Check-In: Caregiver Self-Assessment Questionnaire

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4. Felt completely overwhelmed:
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5. Felt useful and needed:
 Yes No
6. Felt lonely:
 Yes No
7. Been upset that my relative has changed so much from his/her former self:
 Yes No
8. Felt a loss of privacy and/or personal time:
 Yes No
9. Been edgy or irritable:
 Yes No
10. Has sleep disturbance because of caring for my relative:
 Yes No
11. Had a crying spell(s):
 Yes No
12. Felt strained between work and family responsibilities:
 Yes No
13. Had back pain:
 Yes No
14. Felt ill (headaches, stomach problems or common cold):
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15. Ben satisfied with the support my family (or friends) have given me:
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ACTIVITIES FOR EFFECTIVELY MANAGING DEMANDS

Managing Time Demands: Weekly Organization

Week of:						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Week of:						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Week of:						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Week of:						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Managing Time Demands: Monthly Organization

Month:

Appointments		
What Doctor	When	Where

What needs to be done this month:

-
-
-
-
-
-
-

Managing Time Demands: Prioritizing Matrix

	Urgent	Not Urgent
Important		
Not Important		

Managing Time and Energy Demands: Daily and Weekly Tasks

Daily Tasks:

-
-
-
-
-
-
-

Weekly Tasks:

-
-
-
-
-
-
-

Managing Financial Demands: Track Income

Source of Income	Amount	How Often: Weekly, Monthly, Quarterly, Yearly	Average Monthly Income

How to calculate Average Monthly Income: If income is

- Weekly: Multiply amount by 4
- Biweekly: Multiply amount by 2
- Quarterly: Divide amount by 3
- Yearly: Divide amount by 12

Managing Financial Demands: Track Spending

Day/Date	What did I spend it on?	How much did I spend?	Category (end of month)

Day/Date	What did I spend it on?	How much did I spend?	Category (end of month)

Day/Date	What did I spend it on?	How much did I spend?	Category (end of month)

Managing Financial Demands: Comparing Income and Spending

Total Average Monthly Income: _____

SUBTRACT

Total Average Monthly Spending: _____

=

TOTAL: _____

If your total is more than zero, that's awesome! This is money that can go into savings, be used to reduce debt, or whatever you would like!

If your total income is less than zero, re-evaluate your spending and prioritize what you *must* pay. Try to figure out what you do not need to spend money on. It can help to set spending limits or goals.

Total by Category	
Category	Average Monthly Spending

Spending Goal(s) for _____:

1. _____

2. _____

3. _____

ACTIVITIES FOR EFFECTIVE COMMUNICATION

Communication Activity 1: Communication Plan

Situation	Old Response	New Response

Communication Activity 2: At-Home Communication Log

Date	Situation	How you responded	Outcome of Situation	Thoughts about Situation

ACTIVITIES FOR EFFECTIVE PROBLEM-SOLVING

Problem-Solving Step 1: Identify and Define



Part 1: Identify the Problem

1. What is my most pressing problem? _____

2. How do I know this is a problem? _____

3. When and where does this problem happen? _____

4. What are the causes and consequences of the problem? _____

5. What do I have control of in this situation? _____

Problem-Solving Step 2: Brainstorm



1. _____

2. _____

3. _____

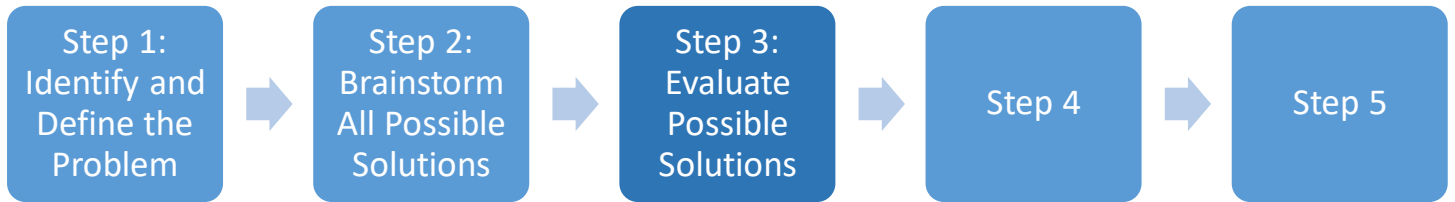
4. _____

5. _____

6. _____

Tip: Try to come up with at least 3 possible solutions and keep an open mind – there are no right answers!

Problem-Solving Step 3: Evaluate



Part 1: Cross off any solutions that seem improbable, ineffective, or impractical.

Part 2: Evaluate Possible Solutions:

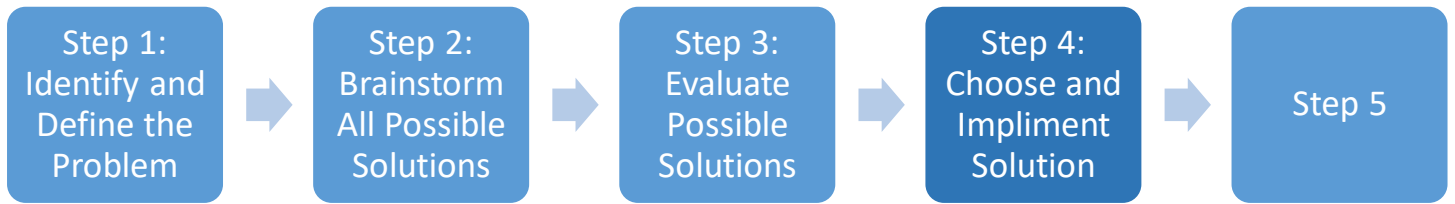
- Keep an open mind: You may think of more possible solutions or you may want to combine possible solutions.
- Think about what you hope to achieve.

Considerations:

- What are the strengths and weaknesses of each solution?
- What are possible consequences of each solution? Are they positive or negative?
- Is it a short-term or long-term solution?
- How likely is it that you will follow through with each solution?
- How will each solution affect other people?
- Will you need help from other people to implement each solution?
- Think about the steps involved in each solution.

	Pros	Cons
Solution 1:		
Solution 2:		
Solution 3:		
Solution 4:		
Solution 5:		

Problem-Solving Step 4: Choose and Implement



Part 1: Pick a solution that is realistic and achievable.

Part 2: Plan HOW to implement your solution:

1. What steps will you need to take to implement your solution?

2. Consider problems you may come across and how can you deal with such potential problems?

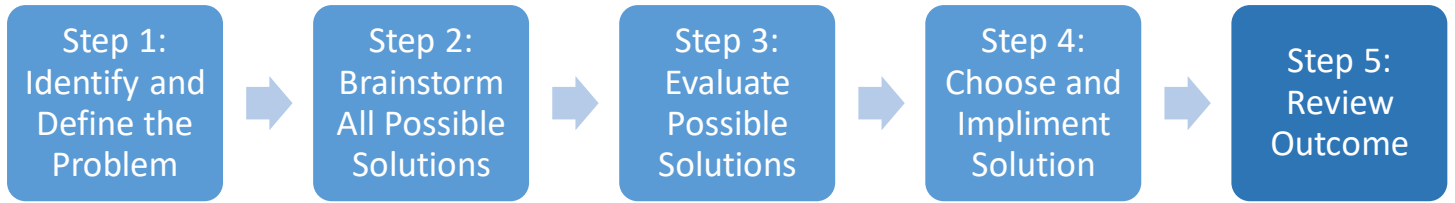
Part 3: Plan WHEN to implement the solution

1. If your solution *can* be scheduled, pick a time and place to implement the solution. Also, think of a way to remind yourself to implement the solution.

2. If your solution *cannot* be scheduled, how will you know when to use it?

Part 4: Implement the solution!

Problem-Solving Step 5: Review



Part 1: Evaluate Effectiveness

1. Was the solution effective or ineffective? Were some parts effective and other parts not?

2. Did you achieve what you hoped or expected?

Part 2: Think about future problems

1. Would you change anything about how you handled this problem?

2. If this problem were to come up in the future, would you handle it differently?

Part 3: Learning

1. What did you learn from this experience?

2. What advice would you give others with the same or similar problem?

Part 4: Moving Forward

1. If you solved your problem: AWESOME! Think about some other problems you may have that you want to work through.
2. If you did not solve your problem: Restart the problem-solving process with knowledge you gained from this experience.

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