

**New Maudsley Skills Workshops for Carers
Additional Capsule – Caring for the Carer
“Put your oxygen mask on first”**

These workshop capsules have been created from real life scenarios considered in previous workshops and are designed to help carers to review and reflect on specific areas that can prove extremely difficult to challenge.

In this capsule we review and reflect on the challenges that carers often face when trying to look after their own emotional wellbeing.

It is so easy for carers to get sucked into their loved one’s eating disorder behaviours; to think and talk about nothing else; and very quickly the carer’s previous hobbies, support network and coping strategies can fall by the wayside one by one. This capsule is designed to help carers to take a step back from their loved one’s illness, and to reflect on how best to look after their own wellbeing. A distressed and exhausted carer will never be as effective as a carer that keeps hold of the bigger picture of life and role models that there is so much more to life than the eating disorder and that self care is of the utmost importance.

The first part of this capsule considers the type of language that can be helpful, and useful phrases to use if your loved one complains about you taking time out (this is very common)

The second part of this capsule contains these exercises:

Exercise One: Making the most of your family & friends support network

Exercise Two : Reflecting on the impact of ED on your everyday lives, and role model self care using SMART baby steps.

Exercise Three: Review of your helpful and unhelpful coping strategies

Exercise Four: When it all gets too much – compassion fatigue

Useful tools: 50 ways to take a break/ self care planner

Part One : Useful phrases if your loved one resists you taking time out

I am writing this section whilst we are in the midst of COVID 19 lockdown. Most families are really struggling to find time and space for individual family members to work, exercise, eat, relax and calm their fears about all the uncertainties brought about by the pandemic and the media sensationalism that accompanies that. For families affected by eating disorders there is another significant layer of pressure on top of all this. It is almost certain that the family member with the eating disorder will be making increased demands on those around them.

Scenario: Jenny (mum) usually goes running and does yoga several times a week. Her daughter Clare, age 16, is recovering from anorexia and was due to sit her GCSEs in the summer term. Clare has an older sister Steph, age 19, who is now home from university, and a younger brother Ben who is 14. Ben doesn't like school in normal circumstances and hates virtual school with a passion. Now four weeks into lockdown Jenny realises she hasn't been running or done any yoga. She is feeling exhausted and utterly fed up. She talks to her husband Steve who acknowledges he has been shutting himself away (working from home) and getting out on his bike every day for his exercise session. He hadn't realised how demanding the kids were being on Jenny and so agrees to help out more. Together they remind each other of some of the skills they learnt in the workshops and come up with some useful phrases to use if any of the kids complain that Jenny is taking time out:

Steve opens a family conversation whilst everyone is relaxing in the lounge on Sunday night "Just wondering how everyone is doing now we are in the fifth week of lockdown (he waits for responses and gets three grunts of -OK I suppose) and then continues

"I have noticed that mum is running around like crazy after you guys whilst I have been locked away in my office, and we have agreed that it is really important for her to get out running every day and to do an online yoga session once or twice a week"

Jenny chips in – "I would love it if any of you guys would like to join me. It will just be a gentle jog to get some fresh air, and you guys could help me find the best yoga sessions."

Clare is looking uncomfortable bursts into tears and rushes out of the room. Steph follows her. Ben shouts "OMG it is always about bloody Clare. What about me? I hate this bloody lockdown business and I don't know how much more I can take. Also, we have to have meals according to Clare's ridiculous schedule, and around her crazy diet choices."

Steve suggests to Clare that she goes after the girls and he responds to Ben using ALVS: Attend – "I can see your blood is boiling and it is making you shout. I imagine your heart is racing as well and I can almost see the steam coming out of your ears" (with humour)

Label – "you seem angry" (Ben agrees – really really angry - so Dad rolls with resistance and suggests they have a game of FIFA to help them both calm down)

Validate – later Steve validates Ben's anger "First of all thank you for telling me how you are feeling. You are angry **because** of lockdown, **because** Clare gets so much attention, **because** we have to stick with her meal schedule and **because** we can't eat your favourite food at the moment, and on top of that **because** you hate virtual school. I feel angry too at the moment, although my reasons are different, and watching the news doesn't help"

(Note : **because** is a powerful word in any validation)

Soothe: Now you are calmer I would like to remind you of how amazing you have been to Clare through her illness. (affirmation). I know it is hard and frustrating but remember how

you have always been her little ally against her illness, distracting her and even teasing her in a way only a younger brother could. I know how much you want her to be back to normal and she will be, but it takes time. Why don't we look at the week ahead and plan some time out together – maybe come with me on a bike ride, or a FIFA challenge, or anything else you fancy (distraction)?

ALVS is a very powerful technique when emotions are running high and can be used for any family member.

Meanwhile Clare has locked herself in her bedroom and Steph is trying to persuade her to come out. Jenny suggests Steph go and make them all a cup of tea and then calmly speaks to Clare through the door:

“Clare its mum. I know you are upset (she could use ALVS because, because.....) and I am going to sit here quietly until you feel able to come out and have a hug. Steph has gone to make a cup of tea. You know she really cares about you. We all do, you are such an important member of this family and we love you very much. We all want to help you to beat this illness and you have been doing so well. We also realise how lockdown has made it so much more difficult for anyone struggling with an eating disorder. When you are ready to come out let's have a think about the next few days so that you don't feel abandoned at any stage. What sorts of thing could Dad, Steph or Ben do to help, for example? Yes, even Ben wants to help – when he is not so angry about virtual school (with humour). Remember what they said at the eating disorder unit about the benefits of planning ahead and making sure we have pleasurable activities with all family members involved in some way. Perhaps you could make one of your activity planners like the one you made for your GCSE revision schedule. You put all the happy things in first and then the revision you needed to do. I could help if you like.”

Other possible useful phrases when Edi is putting pressure on one of her carers to be with her at all times:

“We all need to take time out to recharge our batteries. I am just going out for xxx minutes and then I will be back”

“I am going to go out now because we have all got very upset and I need to take some time to calm down and be a more energised mum to all of you”

“We agreed that we all need to make sure we are doing relaxing activities to help us keep calm through lockdown”

“We agreed that I would do my yoga session at this time and that Ben would play a game of Boggle with you while I do that”

“I know you feel upset at the moment, Steph is here to watch TV with you while I go for a run”

“You are determined to manage these waves of high anxiety. Which of the relaxation techniques you described earlier might help – box breathing, thinking of your 5 senses, watching a funny cat youtube video?”

Think up your own phrases. Some phrases can be used time and time again and will continue to have that soothing effect as your loved one learns that you are connecting with and supporting her rather than arguing with the illness.

Part Two : A series of exercises to help carers review and reflect on their own self care levels

Exercise One: Making the most of your family & friends support network

Carers of a loved one with an eating disorder can quickly become incredibly isolated. Many people may have offered support, but in their distressed state carers have felt too ashamed to accept this offer, and/or simply haven't known what to ask for. Friends and family can be a key part of the *herd of elephants* support network, particularly once Edi has been discharged from treatment and still has some way to go in their recovery journey.

Questions to consider:

- What are the key characteristics of a good support person?
- Who is a good support person for me and why?
- What jobs can I give to people who are offering to help?
- Complete the table shown below in table 1

Possible Answers:

- **Characteristics of a Good Support Person**
 - Non judgemental
 - Good Listener
 - Empathetic
 - Good communicator
 - Positive
 - Good at distracting
 - Kind
 - Calm
 - Patient
 - Respecting confidentiality
 - Trustworthy
 - Sensitive to our moods
 - Able to look outside the box
 - Comfortable to give a fresh perspective
 - Unconditional love
 - Prepared to learn
 - Honest
 - Practical
 - Energetic
 - Proactive

- **Who is a good support person for me and why?**

“My Mum is really helpful because she loves us all unconditionally and is really practical in helping us organise our schedules around Edi’s treatment programme”

“My husband is really good at taking over a meal when he sees I am exhausted and he makes sure we get some time together away from ED each week”

“My GP is a great listener and gives clear instructions about how to get the best care for our son”

“My work colleague Peter is really good at engaging me in complex tasks which is a great distraction from ED and this helps to boost my self esteem”

“My yoga teacher is really calming”

“My dog loves me unconditionally and listens to everything I say without ever judging me”

“My sister never knows what to say but she is more than happy to help out with shopping, housework and ironing”

“My Dad is fantastic at distracting our daughter’s younger siblings and making sure they don’t feel left out”

“My friend Cathy just helps me to feel calmer and more optimistic”

“Laura has recovered from anorexia and is such a lovely girl. Being with her gives me so much hope for my daughter’s recovery”

➤ **What jobs can I give to people who are offering to help?**

Make your own list of things that would be helpful, so when someone makes a general offer to help, rather than declining or saying “I’ll think about it” you can say “Thank you so much. It would be really helpful if you could do xyz for me”

- Walk the dog
- Babysit
- Go to the supermarket
- Take and/or pick a sibling up from school
- Cook some meals
- Make some time for a coffee and a chat
- Help with housework
- Listen to me for half an hour a week
- Take me to the pub
- Come to yoga with me
- Go for a walk with me
- Send out an update e-mail to the class Mums every few weeks so I am not inundated with update requests
- Help siblings with their homework
- Help me plan a holiday
- Going to the cinema with me once a month
- Help to keep xyz (unhelpful person) out the way
- Put a date in the diary to play golf
- Take my ex husband to India for six months
- Bring the puppy round to distract my daughter at meal times

Table 1 Identifying Carer Support Network

Name of possible support person.....

	4	3	3	1	0
How easy is it to talk to this person about problems/challenges	Very easy	Quite easy	Not sure	Quite difficult	Very difficult
Is the person open to new approaches/ understanding about the eating disorder?	Always	Often	Sometimes	Rarely	Never
Could you talk to this person even when it seems that progress was slower or going backwards?	Definitely	Probably	Maybe	Probably not	Definitely not
Can you trust this person to be there when you need someone? No strings attached? No moral blackmail?	Definitely	Probably	Maybe	Probably not	Definitely not
How often are you in contact with this person?	At least once a week	At least once every two weeks	Every two to four weeks	At least once a month	Less than once a month
How confident are you that you can engage a close other to support you	Very confident	Quite confident	Not sure	Not very confident	Definitely not

Total points

16-20: You are in the lucky position of having a very good supporter near you. How will you equip the person with the necessary info and skills?

Under 16: Brainstorm ways you can engage support (sharing Skills Training materials, join or set up your own support group etc.)

If you are feeling really isolated and hopeless book an appointment with your GP to discuss what help is available locally to help you start to build a support network around you. See also exercise four on compassion fatigue

This exercise helps you to consider who is in your support network and how best to utilise the individuals in that network.

It can also be helpful for carers to categorise family and friends who:

- Can provide emotional support (good non judgemental listeners)
- Can provide practical support (with other kids, food shopping etc.)
- Can provide light relief (a night out, good company etc.)
- Keep at arms length and communicate on a need to know basis (other relatives who always say the wrong thing)

Family and friends are a core part of the *herd of elephants* support network and will be ever present long after Edi has been discharged from treatment, and facing the challenges of the later stages of recovery and beyond.

Exercise Two : Reflecting on the impact of ED on your everyday lives, and role model self care using SMART baby steps.

This exercise was developed by the Maudsley team to help carers to identify specific areas in their lives that have been adversely affected by ED, and to consider small steps towards regaining the quality of life they enjoyed prior to ED.

An example:

Looking after someone with an eating disorder is incredibly stressful and carers inevitably experience high levels of anxiety, depression and burden. It is extremely important carers look after their own physical and emotional wellbeing. Be kind to yourself. Show the same compassion to your own needs that you would like your loved one to show to her/his own needs. Live by example.....

- Think about how happy you are in each of the areas listed. 0 is very unhappy, 10 is very happy. How has your score changed? Add more areas if you think of any.
- Think about the specific reasons for changes to your score
- Think about specific things you could do to improve your current score.

Table 2 Tool to Assess Impact of Edi on Carer Level of Happiness

My happiness with:	Rate current happiness (0-10)	Rate happiness before ED (0-10)	Reason for the change	Steps I can take to make improvements	Rank out of 10, difficulty to change:
My physical health	5	10	Exhausted, lost weight	Eat properly and sleep well	9
My social life	0	10	Exhausted, no time, ashamed	Organise some social activities	8
My job	3	8	Distracted by ED. Can't concentrate	Talk to my boss about priorities	9
My hobbies	0	10	ED takes all my time	Try to make some time	5

Financial issues	10	10		NA	NA
My emotional health	3	8	Exhausted, stressed, angry	Consider some counselling	7
My relationship with spouse/partner	6	10	Stressed, tearful, sad	Schedule some relaxing time out with my partner	6
My relationship with my other children	6	10	Stressed, worried about them	Schedule some relaxing time out with them	6
My relationship with my loved one with the ED	2 or 8	10	Frozen with fear	Talk to the person not the illness	6
My relationship with close friends	3	10	Stressed, ashamed	Try talking to one who I think might listen	7
My relationship with my extended family (parents, siblings etc)	Range 0 to 8	Range 5 to 10	Almost too exhausted to care	Don't beat myself up, they will still be there in the background	8

SMART goals are:

Specific – not general

Measurable – breaking things down into small time slots for instance – I will spend 5 mins today and 6 minutes tomorrow reading my book. The time or amount has to be a very small amount and then to slowly grow.

Achievable – setting a target that is a number 10 on the degree of difficulty scale is too ambitious, start with something at the bottom of the scale.

Realistic - All goals have to be grounded in detail so that they do not become too large and general.

Timely - All goals need a time scale after which they need to be reviewed, and they need to be done at an appropriate moment.

Reflecting on improving your self care.

Choose one thing you could start to work on in a SMART way.

Using the example of Hobbies consider these solution focused questions-

What specifically would you like to be different?

“I would like to go to my yoga class once a week.”

What specifically could you do to get started?

“Make sure those two hours are sacrosanct in my diary.”

If the first step is successful then what?

“Consider getting back to going twice a week.”

Who else (if anyone) could you ask for support and assistance?

“My husband.”

What could you ask them for?

“My husband could take over for those two hours”

What would be signs that things are going well?

“I get to my yoga class and allow myself to enjoy it”

How would you know if you were off track?

“Not getting there, or not allowing myself to enjoy it”

What obstacles do you foresee?

“A crisis just before I go, or me panicking that the household will fall apart”

How would you address these obstacles?

“I’d have to consider the crisis and decide. I need to prepare myself for the fact I will feel nervous about leaving my husband in charge.”

What would you do if you got off track?

“Discuss with my husband what is going wrong. Is it outside my control or inside my control? Is it an unrealistic target? How could I make it more realistic?”

Carers Role Modelling Self Care : Blank Assessment Tool

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My social life					
My job					
My hobbies					
Financial issues					
My emotional health					
My relationship with spouse/partner					
My relationship with my other children					
My relationship with my loved one with the ED					
My relationship with close friends					

	My relationship with my extended family (parents, siblings etc)					
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Reflecting on improving your self care.

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Consider these solution focused questions-
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If the first step is successful then what?

Who else (if anyone) could you ask for support and assistance?

What could you ask them for?

What would be signs that things are going well?

How would you know if you were off track?

What obstacles do you foresee?

How would you address these obstacles?

What would you do if you got off track?

Thinking about change can be uncomfortable to start with. Very often carers fear they will make things worse if they try to make changes. However, planning to make small achievable changes can be energising for carers. This approach can really help carers to actively move towards regaining some of their quality of life, whilst role modelling to Edi that self care is of utmost importance. It is the first step towards carers showing Edi that they are ready, willing and able to make some changes.

Exercise Three: Review of your helpful and unhelpful coping strategies

Distressed carers may find that they stop doing healthy and relaxing activities and instead take up unhealthy habits.

Fill in your own sheet of helpful coping strategies and self-esteem supports for future reference when you are feeling stressed and exhausted. Add any others not listed and review them regularly. These make up your toolbox of coping strategies.

Table 3a Helpful Coping Strategies

	Often	Sometimes	Never
Meditate			
Stretch/ yoga			
Exercise			
Music			
Rest/ sleep			
Watch TV			
Go to the cinema			
Read			
Puzzles/ games			
Walk			
Health club/ spa			
Recreational activity			
Do something creative			
Gardening			
Socialise with friends			
Talk to people			
Pets			
Hobbies			

Watch out for a build-up of unhelpful coping strategies and add any others that you find yourself doing when you are stressed and exhausted:

Table 3b Unhelpful Coping Strategies

	Never	Sometimes	Often
Overeat			
Stop eating			
Drink excessive amounts of alcohol			
Drink lots of coffee			
Smoke tobacco			
Drive too fast			
Bite your nails			
Act violently			
Yell at someone			
Kick or hit something			
Throw something			
Pace up and down			
Take tranquilisers			
Take other drugs			
Procrastinate			
Withdraw from family and friends			
Stop sleeping well			
Work too hard			
Obsessions			
Compulsions			
Self harm			

This exercise can help carers to monitor how their own wellbeing and ways of coping with stress. When someone is stressed their unhelpful responses can naturally start to creep up. If a carer finds their unhelpful responses are starting to outweigh their helpful responses, they should consider asking someone to help them to readdress the balance and/ or consider seeing a counsellor.

Exercise Four: When it all gets too much – compassion fatigue

When there are two parents supporting Edi they can often take comfort in the fact that they have each other to turn to at times of distress and they can both quickly develop a

collaborative approach ensuring that they are singing from the same song sheet. Not everyone in a caring role is so lucky and it can be particularly difficult for partners, peers, and single parents to feel that they have a good support network around them. Of course, any carer can become exhausted, isolated and feel hopeless. Compassion fatigue is a common condition amongst carers of loved ones with an eating disorder.

"Compassion Fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper."

Dr. Charles Figley Professor, Paul Henry Kurzweg Distinguished Chair Director, Tulane Traumatology Institute Tulane University, New Orleans, LA

Caring too much can hurt. When caregivers focus on others without practicing self-care, destructive behaviours can surface. Apathy, isolation, bottled up emotions and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labelled: **Compassion Fatigue**. See <http://www.compassionfatigue.org/>

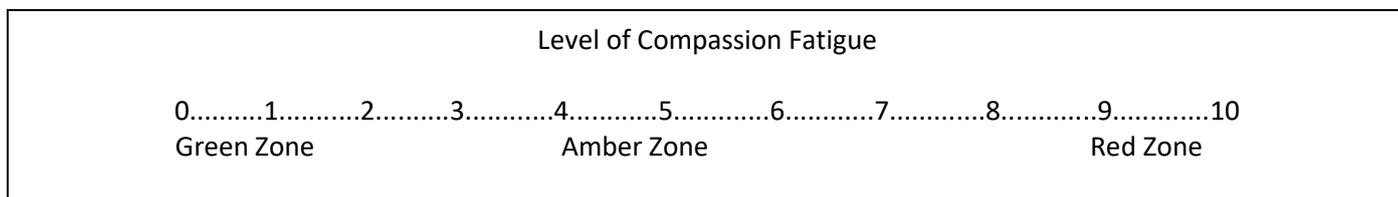
While the effects of Compassion Fatigue can cause pain and suffering, learning to recognize and manage its symptoms is the first step toward healing. The Compassion Fatigue Awareness Project© is dedicated to educating caregivers about authentic, sustainable self-care and aiding organizations in their goal of providing healthy, compassionate care to those whom they serve.

The most common signs and symptoms of compassion fatigue include:

- Chronic exhaustion (emotional, physical, or both)
- Reduced feelings of sympathy or empathy
- Dreading working for or taking care of another and feeling guilty as a result
- Feelings of irritability, anger, or anxiety
- Depersonalization
- Hypersensitivity or complete insensitivity to emotional material
- Feelings of inequity toward the therapeutic or caregiver relationship
- Headaches
- Trouble sleeping
- Weight loss
- Impaired decision-making
- Problems in personal relationships
- Poor work-life balance
- Diminished sense of career fulfilment

Measuring Compassion Fatigue

Knowing the signs and symptoms and continuing to check in with yourself can help you better prevent and manage compassion fatigue if it arises. Many people find that ranking their level of compassion fatigue on a scale of 1-10 is an effective strategy.



start to affect your quality of life both home and in your working life.

As compassion fatigue grows, your ability to self care naturally reduces.

For example, a rank of 6 might mean you are declining social invitations due to feeling drained and a 7 might be difficulty sleeping due to excessive worry about someone else's well-being.

Cultivating a high level of self-awareness and understanding of how your 6 differs from your 7 can help you gauge where you are so you can implement necessary strategies to avoid the red zone that would likely be a 9 or 10.

It is not only the caring for a close family member that poses a risk, but the person's life conditions as well. For example, someone who is not only taking care of people at home, but also has a caring role in their working life may be even more susceptible to compassion fatigue. If you are currently experiencing increased life stressors at home as well as in the workplace, prevention strategies against compassion fatigue are all the more important.

Compassion Fatigue Scenario

James is a 45 year old teacher who is head of Year 11. He teaches music and drama, and is popular with staff and students. Students have always found it easy to talk to him and in recent years he has noticed that more and more students are crumpling under the pressure and resorting to unhealthy coping strategies such as self harm, disordered eating, drugs, alcohol and unhealthy relationships.

When the UK government announces a scheme to offer Youth MHFA training to one member of staff in each secondary school he has no hesitation in volunteering to take on this role. He is now jokingly referred to as the school mental elf.

James has always been highly organised and loves 5 a side football which he plays on Wednesday evenings and Saturday mornings. He has two teenage daughters and his wife is a highly successful city stockbroker.

James's younger daughter has recently been diagnosed with anorexia nervosa and he has taken on the main caregiving role as he is based locally whereas his wife is very often travelling with work.

Recently a colleague has noticed that James seems to have lost some of his energy and joyfulness, he has heard him having difficult conversations with family members on the phone, he seems to have stopped playing football and looks tired and grey. He is making a huge effort to support several students at present and you suspect he might be struggling with Compassion Fatigue.

When his colleague enquires “How are things? You don’t seem yourself.” James hands over a poem he has written

The Scale of Unhappiness

On the 0 to 10 scale of unhappiness I’m at 10
The emotional pain is overwhelming
It becomes a physical pain
Bang bang bang in my head
Thud thud thud in my heart
Twist turn burn in my stomach and my brain
Sleep eludes me
Cramps cripple my legs and my toes out of the blue
I’ve picked all the skin off my thumb
Numb stopped working a while a go
What next?

Distraction, too tired to play football, wine doesn’t work, teaching works a bit. Teaching is good. Everyone likes my teaching. Teaching needs concentration and research and passion and empathy and humour. I’m good at that. But then the teaching stops.

The carer support group is good. We talk and reflect.
Everyone is in the same boat.
Such lovely people, mums, dads, siblings, partners.
It feels safe and no one judges
Everyone cares and understands the challenges
There are lots of good ideas and some laughter which is uplifting
I will be calm and supportive and positive and less emotional
We will get a balance back
I see a green shoot. I’m good at growing things. There is a light at the end of the tunnel.

BUT THEN

Nothing changes quickly
I feel like I am wading through mud
Numb doesn’t work, sleep eludes me
Bang bang bang in my head
Thud thud thud in my heart
Twist turn burn in my stomach and my brain
Sleep eludes me
Cramps cripple my legs and my toes out of the blue
I’ve picked all the skin off my thumb
Numb stopped working a while a go
What next?

What happens after 10 on the 0 to 10 scale of unhappiness?

The Scale of Unhappiness – Part Two Fear

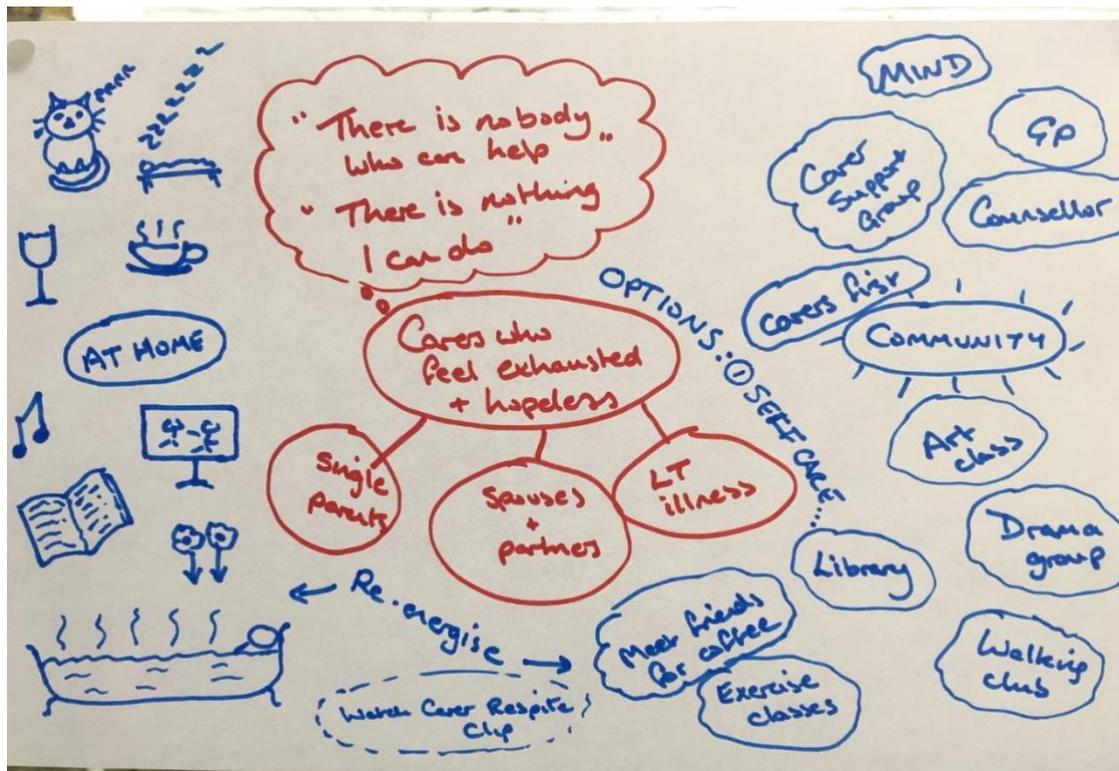
Can anyone understand my scale of unhappiness?
I try to explain but I don't seem to be very good at that..... any more
 She mentions depression
 He mentions "looney bin"
 Oversensitive or insensitive
 Crushed, suffocated, keep quiet
 Don't talk about it, don't ask for help, go underground
 Put on a brave face
 SMILE
 Bang bang bang in my head
 Thud thud thud in my heart
 Twist turn burn in my stomach and my brain
 On my scale of unhappiness after 9.9?
Teaching is good. Everyone likes my teaching. Teaching needs concentration and research
and passion and empathy and humour. I'm good at that.
I teach that the one thing greater than FEAR is HOPE

The Scale of Unhappiness – Part Three Day Off

I'm having a day off my scale of unhappiness

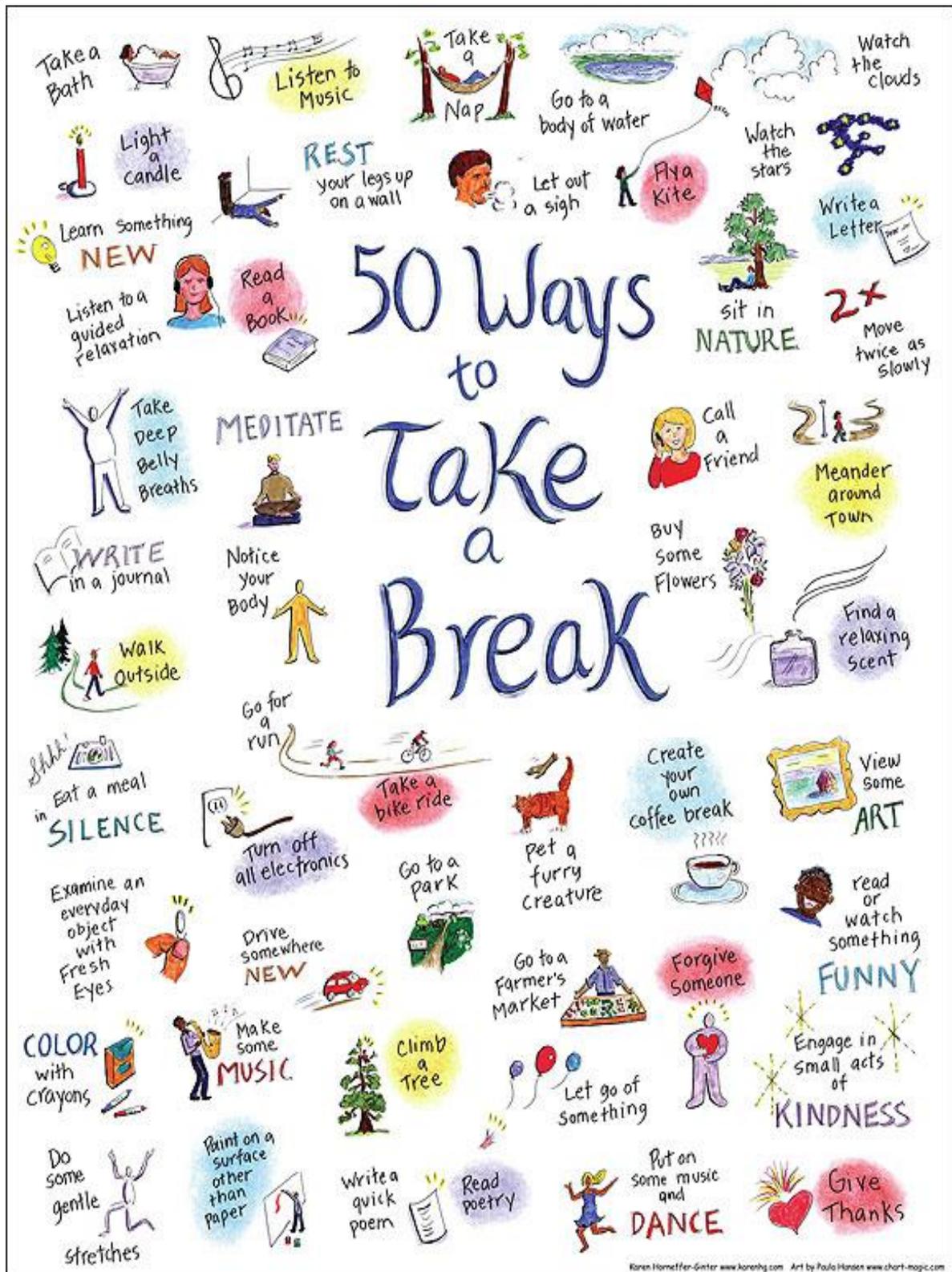
Imagine you are meeting James for coffee. You know he is feeling exhausted, isolated and hopeless having had a particularly difficult time with Edi over the past few months. He tells you:
"There is nobody who can help. There is nothing I can do"
Help him to create a spider diagram of his options:

Possible response:



For some carers the *herd of elephants* support network might seem like a distant dream. This exercise can help all carers to think about small things they can do at home to re-energise, and any local support groups as well as on line support. The GP is also an option for a distressed and exhausted carer who might need some extra support for themselves. Carers within a support group and/or carer skills workshops also often keep in touch and provide each other with moral support long after the workshops have finished.

Some ideas to boost your quality of life in 5 or more minutes:



Karen Hornell-Fer-Ginter www.karengy.com Art by Paula Hansen www.chart-magic.com

<http://www.fullcupthirstyspirit.com/posters.php>

:- An Utterly Useful Self-Care Planner :-

Keyword this week:

OBSTACLES / REFLECTION:

☐ ☐ ☐ Self-care non-negotiables

	HYDRATION	MOOD
Monday —	☺☺☺ ☺☺☺ ☺☺	
Tuesday —	☺☺☺ ☺☺☺ ☺☺	
Wednesday —	☺☺☺ ☺☺☺ ☺☺	
Thursday —	☺☺☺ ☺☺☺ ☺☺	
Friday —	☺☺☺ ☺☺☺ ☺☺	
Saturday —	☺☺☺ ☺☺☺ ☺☺	
Sunday —	☺☺☺ ☺☺☺ ☺☺	