

Central East (HHS Region 3)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Work and Well-Being: A Guide for Addiction Professionals

This document was prepared by The Central East Addiction Technology Transfer Center (Central East) and managed by the Danya Institute. The contents of this publication are solely the responsibility of the authors and do not necessarily reflect the official views of the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, or the Center for Substance Abuse Treatment.



Central East (HHS Region 3)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

Program Director:

Renata Henry, MEd

Editor:

Stephen Reese, MS, MPA

Author:

Chad Morris, PhD

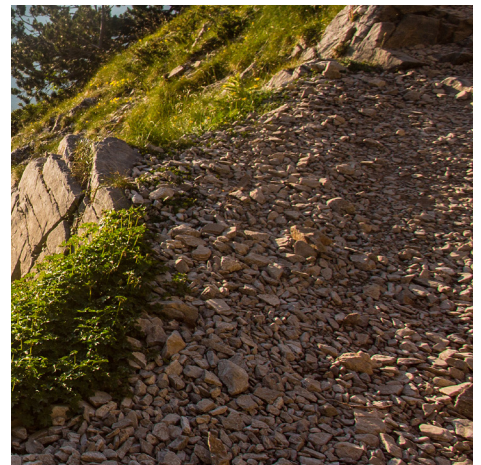
Behavioral Health & Wellness Program

University of Colorado School of Medicine

Published May 2017

#### Acknowledgments:

The Central East ATTC would like to thank the authors and advisory committee who created the first version of this guide, particularly Aaron Williams, Paula Jones, Thomas Durham, and Glenda Clare.



## Table of Contents

Introduction: Why is a Work and Well-Being Guide for Addiction Professionals Needed?	4
Section 1: Common Workplace Stressors	5
Section 2: How Agencies Support Well-Being	7
Section 3: Self-Care Strategies	20
Appendix	44



# Introduction

## Why is a Work & Well-Being Guide for Addiction Professionals Needed?

The work of an addiction professional can be hard. It can also be very rewarding. We have an opportunity to change the lives of our clients for the better. We often even help save lives. Our work can be physically, mentally, and emotionally demanding. As we assist others in their recovery, we are dealing with complex problems. We work with our clients around their addiction as well as their medical, legal, family, housing, and employment issues. It is easy to get overwhelmed by clients' needs or by the sheer number of people we are trying to treat.

Over time, high relapse rates among clients can also be a drain on our empathy (Rothschild & Rand, 2006). Given the intensity of our work, when we fail to pay attention to our own well-being, we are at risk for "burnout" or a secondary stress disorder commonly referred to as "empathy exhaustion" or "compassion fatigue" (Figley, 1985). And burnout, among other factors, can lead to extremely high staff turnover rates (McLellan et al., 2003). This can generate more stress for the remaining staff and

the agency as a whole due to higher caseloads and frequently onboarding new employees.

To break this cycle, we all have a responsibility to take care of our personal well-being. We know that healthcare professionals who strive to meet their own wellness needs not only report being happier and healthier, but also provide higher quality care to clients (Shanafelt et al., 2003; Shanafelt et al., 2010). If we are to lead balanced lives and maximize our effectiveness at work, it is essential that agency leadership promotes wellness, and that staff advocates for and takes advantage of wellness opportunities.

To create a healthy workplace, agencies and employees need to work together. It is towards this end that the Central East Addiction Technology Transfer Center (Central East) has developed this self-care guide for addiction professionals. This guide offers evidenced-based, practical strategies and resources to promote healthy lifestyles and productive professional lives. It is intended to assist agencies to create supportive work environments as well as provide guidance to employees on enhancing their own well-being.



This icon designates activities and worksheets in this guide that designed to support your well-being. Take time to complete these activities. The information you gain can provide insight and awareness, direct your focus, and guide your actions.

# Section 1: Common Workplace Stressors

Addiction professionals face many challenges, and burnout can be caused by a variety of factors (Maslach et al., 2001):

**Job-related factors** such as having too much to do and not enough time to do it, working with too many clients or many clients with highly complex issues, paperwork and client records, facing competing demands at work, being treated disrespectfully, interactions with co-workers, lack of freedom to practice or make career decisions autonomously.

**Organizational factors** including chaotic work environments, high staff turnover, insufficient agency funding and resources, fragmented treatment settings, lack of adequate and appropriate supervision, high productivity expectations, inappropriate or insufficient feedback about performance.

**Personal factors** like emotional exhaustion, which can occur when addiction professionals frequently work with low functioning clients, experience incongruence between their individual values and those of their employer, possess low levels of resiliency, employ a passive communication style, or are new to their jobs.

## Personal History of Recovery

Many addiction professionals come to the field as a result of their own experience with addiction, with at least half of addiction counselors in their own recovery (Center for Substance Abuse Treatment [CSAT], 2006). This personal perspective can result in unique and valuable insight and empathy. However, it can also put those in recovery at risk of relapse. Every day, addiction counselors work with people who are struggling with addiction in much the same

way they did. Addiction professionals who are in recovery must be mindful of the risks this work has for their own recovery and must ensure their own self-care plan is in place. Importantly, working as an addiction professional may be rewarding on many levels but it does not constitute a personal plan of recovery.

## Comorbidity

Because of the nature of addiction, there is a high rate of co-morbidity with other chronic illnesses (e.g., Dickey et al., 2002; Wadland & Ferencik, 2004). Professionals who are also in recovery may be dealing with other chronic diseases or infections as a result of their past drug use. Most of these conditions are manageable but may impact an individual's ability to perform their professional duties. Such conditions require regular, ongoing medical management, potentially necessitating time off the job for medical appointments.

Tensions can also arise as employees who are not confronted by such health issues are repeatedly asked to cover shifts and responsibilities of colleagues who must frequently address their medical conditions.

Addiction professionals also continue to smoke at much higher rates than other healthcare professionals, which may lead to increased rates of chronic disease (U.S. Department of Health and Human Services [USDHHS], 2014). The Spotlight Section later in this document provides further details regarding addiction professionals' high prevalence of tobacco use.

## Treatment Boundaries

Addiction professionals confront boundary issues on a daily basis. Persons with addictions often have poor boundaries and addiction professionals are continuously asked to assess the ethics of therapeutic relationships. Employees need to know how much of themselves they can give to clients and the extent to which they can help them. Burnout can directly result from a lack of appropriate boundaries (Rothschild & Rand, 2006).



## Symptoms of Burnout

When one or more stressful factors are present, addiction professionals may quickly become frustrated or dissatisfied with their work. Healthcare professionals who report less satisfaction with their work also report (Maslach et al., 2001; Shanafelt et al., 2012):

- Missing work frequently
- Impaired concentration and attention
- Lower levels of productivity
- Leaving the profession or retiring early
- Anxiety
- Depression
- Irritability
- Lower self-esteem
- Chronic fatigue
- Illegal drug use, problematic alcohol or prescription drug use
- Sleeping pattern changes
- Detachment from patients, colleagues, family, and friends
- Feelings of isolation
- Experiencing dread before going to work
- Suicidal ideation

## Section 2: How Agencies Support Well-Being

Goal of Section 2 — Identify ways agencies can reduce stress in the workplace and support well-being of employees

There are numerous benefits to promoting well-being in the workplace. Employees who are physically, emotionally, and mentally healthy are more productive, perform better, and are absent less often than other employees (Aldana, 2001). Agencies can play an important role in encouraging a culture and climate that facilitates self-care. The efforts of agencies to promote well-being in the workplace must focus on all employees, including (but not limited to) support staff, provider extenders, maintenance staff, and security. Every agency is unique; each has different strengths, resources, and needs. No single approach to worksite well-being will work in all workplaces. However, there are generally effective approaches that agencies should consider.



### SPOTLIGHT SECTION

#### A Model for Whole Health

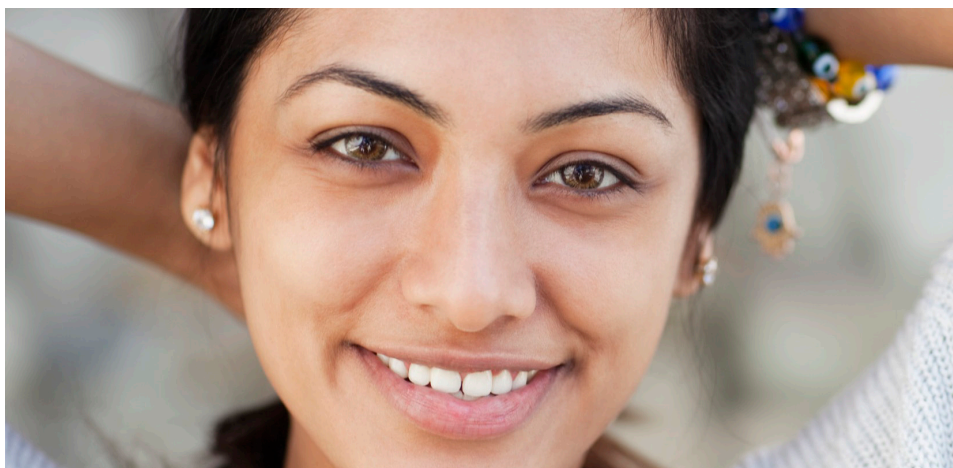
There exists a variety of wellness models. Wellness is not just the absence of illness, but a personal journey toward living the most meaningful life possible. From a whole-health approach, wellness is multi-dimensional, and there are multiple doors to wellness.

The University of Colorado Behavioral Health & Wellness Program's (BHWP) model of whole health encompasses eight dimensions (<https://www.bhwellness.org/about-us/philosophy>):

- **Emotional Wellness** involves awareness of your emotions as they occur, expressing and processing your emotions in a productive and positive way, using the insight provided by your emotions to guide your actions, approaching life with optimism, creating interdependent relationships that involve trust and respect, and utilizing healthy coping mechanisms.
- **Environmental Wellness** involves living and working in environments that are clean, safe, healthy, and facilitate a positive sense of well-being. Since our environments have a big impact on how we feel, it is important for your environment to be pleasing to you, free from clutter and exposure to toxins, and in balance with the broader natural environment.
- **Financial Wellness** involves accessing your financial resources and knowledge to direct financial decisions and planning. Depending on your financial state it may mean living within your means, paying your bills on time, or knowing how your investments are distributed and whether this is in alignment with your personal values and desires.



- **Intellectual Wellness** involves engaging in mentally stimulating activities, creativity, and expanding your personal and professional knowledge and skills. Intellectual wellness also encompasses the exploration of new ideas and information.
  - **Occupational Wellness** involves finding personal satisfaction and fulfillment through work. It includes using your talents and skills to their fullest extent throughout your career as well as understanding the need for and creating a balance between work and personal time.
  - **Physical Wellness** involves being aware of and taking care of your body, including engaging in pleasurable physical activity and eating food that is healthy and nutritious. Physical wellness also involves obtaining regular medical check-ups, sleeping well, and living tobacco-free.
  - **Social Wellness** involves creating meaningful interpersonal relationships that feel supportive and satisfying. Social wellness also involves contributing positively to one's family and/or community.
  - **Spiritual Wellness** involves having a belief system that is meaningful and matches your values, and that establishes a life purpose and compassion towards others. Spiritual wellness does not necessarily mean having a religion; rather, it can focus on your ability to attribute meaning to life and the day-to-day interactions you experience.
- Depending on an individual's unique needs, each person's entry point toward well-being will be different. When a person takes steps towards wellness, they create momentum that translates into sustained health behavior change potentially spanning all dimensions.





### Provide Role Models

One of the most frequent reasons that wellness initiatives fail is that buy-in and support of senior leadership is lacking. If leadership is asking employees to attend to their own wellness, they need to “walk the talk.” Management and supervisors should model healthy behaviors and create a culture of wellness from the top down. This includes taking an active role in promoting organizational and employee wellness activities. Agency retreats present excellent opportunities to highlight staff wellness and provide employees a chance to relax, rejuvenate, and develop skills that promote mental wellness.

### Convene a Wellness Committee

To begin your process, it is critical to start by assembling a Wellness Committee if you don't already have one (Behavioral Health & Wellness Program [BHWP], 2015). Such a committee can efficiently address employee and client wellness and can assist the executive leadership to integrate self-care into an organizations' mission, values, and strategic actions. The Wellness Committee tasks are to:

- Receive input from staff;
- Adapt best practices based on unique organizational needs;
- Design, implement, and maintain related programming and policy.

The first step is to identify and recruit wellness champions. Being an agency champion is a calling and passion. The role of wellness champion should not be relegated to the human resources department if HR leadership isn't personally invested in whole health. Champions are respected employees who are opinion leaders. They have excellent communication skills that allow them to create a dialogue across diverse perspectives. The odds are your organization already has such champions waiting to be called.

Wellness initiatives, like most behavior change, have their fits and starts. Wellness champions ensure that agency plans do not stall in the face of expected barriers such as ever-emerging agency demands. Wellness champions and senior leadership convey that employee wellness is not “the flavor of the month” but an enduring component of the agency culture.



## Agency Wellness Assessment


Wellness initiatives should be data driven. If an agency has a baseline measurement of where they are in their pursuit of wellness, they can accurately gauge progress. This may include qualitative data you gather through employee focus groups and forums and quantitative data obtained from employee insurance as well as a review of the wellness benefits staff have through employee insurance, wellness policy, and/or community resources. Surveys are also instrumental in setting a quantitative baseline for change. There are a number of workplace wellness surveys that may be appropriate for your agency. As an example, the Behavioral Health & Wellness Program's Workplace Wellness Survey (<https://www.bhwellness.org/services/evaluation/organizational>) measures eight dimensions of wellness, exploring both personal wellness and how the workplace supports wellness for each dimension. Other survey examples can be found at [https://www.hap.org/employers/worksites/pdfs/sample\\_employee\\_interest\\_survey.pdf](https://www.hap.org/employers/worksites/pdfs/sample_employee_interest_survey.pdf) and <https://www.welcoa.org/resources/employee-needs-interest-survey/>

There are several factors to consider when implementing a wellness assessment. First, the anonymity of survey participants is critical. Staff may feel that healthcare benefits or relationships with leadership may be impacted if their responses aren't anonymous. Findings should be presented and acted upon in the aggregate. It is also imperative that if staff are encouraged to participate in a survey that they are presented with the aggregate findings and how agency leadership and the Wellness Committee intends to respond.

## Environmental Scan

Agencies should fully assess the work environment. Organizations can work to create workspaces with comfortable furniture, good lighting, and adequate meeting space. The workplace also needs to be safe (e.g., parking lot lighting, emergency response). If possible, amenities such as a quiet room, kitchen, and shower/changing facilities should be made available. As examples, to encourage employees to eat well, agencies can provide convenient access to affordable and nutritious food that tastes good, as well as information and training on nutrition. Agencies can provide drinking water throughout the office to make sure employees stay hydrated. Employers can encourage physical activity by providing exercise equipment and space, gym sponsorships, standing desks or other kinesthetic work alternatives, and/or promoting access to safe outdoor activities such as walking paths.

As a component of setting a workplace wellness baseline, agencies might engage in a more formal environmental scan using existing templates (see Appendix for an example).



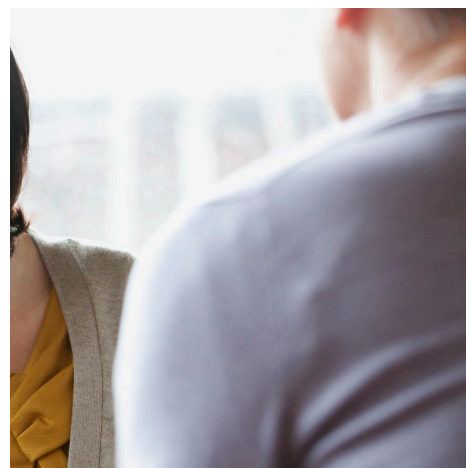
Wellness  
initiatives  
should be  
data driven.

## Promote Health Screening

One of the primary methods agencies can use to encourage personal wellness is to facilitate health screenings for employees. Personalized feedback from individual health risk assessments, in comparison to generic feedback, has been shown to have a positive effect on risk factors such as unhealthy diet or sedentary behavior (e.g., Goetzel & Ronald, 2008). Screening and referral activities are associated with increases in positive health outcomes, especially in the prevention and self-management of chronic physical illnesses like heart disease (Morris & Morris, 2014). Much like other healthy lifestyle changes such as regular exercise and a balanced diet, regular health screenings and visits to a primary care physician require planning and support. Addiction professionals, just like clients, may be easily overwhelmed by the number of treatment options and varying advice regarding physical health conditions.

Agencies can best assist employees by:

- Notifying them on a regular basis of their health screening benefits and giving them access to detailed information;
- Holding an agency health fair;
- Incentivizing them to visit their primary care physician regularly and, during those visits, ask questions until they are comfortable with the knowledge they have received;
- Encouraging them to ask for support from friends, family, and other members of their communities. Studies have shown that support from others leads to improved chronic illness outcomes. Healthcare professionals may be reluctant to ask for support because they feel it makes them appear weak or dependent. Also, people may be reluctant to mention certain conditions for fear that it may become part of their permanent medical record. Agencies and wellness champions can affirm that medical records will be kept confidential.





## SPOTLIGHT SECTION

### Addiction Professionals and Smoking

Tobacco use remains the single most preventable cause of morbidity and mortality in the United States (USDHHS, 2014). In the U.S., 540,000 deaths each year are attributable to illnesses associated with tobacco use. Another 42,000 deaths per year are attributed to second-hand smoke exposure (USDHHS, 2014; Grady, 2015; Carter et al., 2015). Currently, 17.8% of adults in the U.S. are daily tobacco users (USDHHS, 2015). While the number of tobacco users has been slowly decreasing in the general population, among those who struggle with an alcohol or substance use disorder, the rate of tobacco use has remained much higher than the general population; 40-80% of this population is tobacco dependent (Kalman et al., 2005; Substance Abuse and Mental Health Services Administration, 2014). Addiction professionals, many of whom are in their own recovery, smoke at much higher rates than the general population and other healthcare professionals.

Staff smoking is also a barrier to provision of smoking cessation services to clients (Guydish et al., 2007).

When asked, smokers who have also struggled with other addictions will report the same thing - "Smoking is one of the most difficult addictions to overcome." Many smokers attempt to quit on their own or "cold turkey." While unaided quit attempts do work for some people, the chances of quitting dramatically increase if smokers receive a combination of evidence-based treatments including cessation counseling and FDA-approved medications (nicotine replacement therapy, Zyban, or Chantix). Smokers should determine what treatments their insurance will cover and also schedule a visit with their primary care provider to determine which cessation medications are the best fit given their smoking history, level of dependence, and prior experience during cessation attempts.



## Several helpful tobacco cessation resources include:

**Nicotine Anonymous (“NicA”)** is a non-profit 12-step fellowship of men and women helping each other live nicotine-free lives. Nicotine Anonymous welcomes all those seeking freedom from nicotine addiction, including those using cessation programs and nicotine withdrawal aids. The fellowship offers group support and recovery using the 12 Steps (as adapted from Alcoholics Anonymous) to achieve abstinence from nicotine. <https://nicotine-anonymous.org>

**Smokefree.gov** is a website provided by the federal government. The site provides an online guide to quitting including support, tips, tools, and expert advice. <https://www.smokefree.gov>

**American Lung Association** provides smoking facts, proven tools, tips and support to help end tobacco addiction and begin a new, smoke free phase of life. <http://www.lung.org/stop-smoking/>

**1-800-QUIT-NOW (1-800-784-8669)** is the toll-free number that will connect smokers directly to their state’s quit line. All states have quit lines in place with trained coaches who provide information and help with quitting. Specific services and hours of operation vary from state to state. Many states also offer some types of cessation medications at no or low cost through their quit lines.

**The DIMENSIONS Tobacco Free Toolkit and companion Supplement for Behavioral Health Populations** provide evidence-based guidance for clinicians. The supplement describes special issues related to behavioral health populations (i.e. those with mental illnesses and addictions), including how cessation treatment is best tailored to meet the need of these individuals. <https://www.bhwellness.org/resources/toolkits/tobacco>

## Quality Supervision

Supervision is not simply a mechanism for determining whether employees are performing their jobs. Effective supervision also involves considering how personal wellness impacts performance. Research suggests that in addition to providing an ongoing evaluation of skills, appropriate clinical supervision can reduce staff stress and increase motivation (Powell & Brodsky, 2004). Supervisors should be both well-trained in supervisory techniques and have the time necessary to supervise staff adequately. This should include supervisors receiving continuing education and supervision themselves regarding listening and reflective skills as well as how to provide emotional support while maintaining professional boundaries.

Employees need regular, consistent feedback on both clinical and other work-related issues. This process should include formal, scheduled check-ins. Supervisors are often the first line of assessing staff wellness, including noticing concerning signs such as mood swings, weight gain or loss, tardiness, and/or absenteeism. Supervisors also have the essential role of recognizing employees when they are performing well. Recognition of a job well done is strongly associated with job satisfaction. For addiction professionals, research suggests that it is important that supervisors also address the following (CSAT, 2006):

- Relationships between recovering staff and clients;
- Professional credibility;
- Cultural bias and unfair treatment;
- Staff performance evaluations;
- Liability concerns;
- Impaired counselors.

Awareness is a necessary first step toward behavior change and an ongoing skill in sustaining desired behaviors. Individual health risk assessments are helpful as employees review their lifestyle choices and current emotional state. Supervisors can encourage staff to assess themselves through instruments such as the worksheets in Section 3: Self-Care Strategies. Supervisors are advised that self-assessments should not be used in isolation. Supervisors should directly communicate to supervisees that they are available to discuss concerns staff may have in response self-assessments. To do so, supervisors should receive adequate training in Motivational Interviewing.



Take the **Compassion Satisfaction/Fatigue Self-Test for Helpers** in the Appendix to assess how you are currently functioning in your role as an addiction professional

Informal team or group supervision check-ins may complement individual support and can take many forms. For example, supervisors may make a point of checking in with all staff at the end of the day when employees are preparing to go home or change shifts.

The clients we work with often lack healthy boundaries, which may be tied to histories of trauma, abuse, and/or addiction. Supervision is an ideal time to reinforce healthy boundaries. Employees require training on how to deal with certain commonly occurring situations. For example, counselors, especially those working in smaller communities, may encounter clients outside of work. Agencies need to prepare staff for these encounters and how to avoid dual relationships. Supervisors might further suggest strategies for setting clear boundaries. Effective strategies will allow employees to maintain their personal time and space while still fully and ethically addressing the needs of their clients.



Also, supporting staff in recovery can improve staff motivation and morale. The degree to which supervisors and agencies can support their employees in recovery will vary. Some agencies choose to incorporate recovery into their general wellness-related activities instead of having separate activities and programs for employees in recovery. Other agencies may hold support groups on site or provide opportunities for staff to attend AA or NA meetings.

Agencies should have a policy in place about the length of time counselors must be in recovery prior to being hired. People who have been in recovery less than a year are generally not hired for counseling positions. However, peer specialist, non-counseling, or volunteer positions may be appropriate for people in early recovery (CSAT, 2006), and provide a career ladder toward other agency job opportunities.

### Rapid Response to Stressful Events

Agencies should be mindful of events that increase stress in the workplace and be prepared to provide additional support to employees. Adverse community or national events as well as agency-specific occurrences demand a rapid response and referral to supportive services such as employee assistance programs (EAPs). For example, the death of a fellow employee or client should be acknowledged and support provided to help employees deal with such a loss. Opportunities to discuss what happened and decompress should be core components of standard operating procedures. This could be included under the scope of the agency Wellness Committee.

## Professional/Ethical Standards

Addiction professionals have a code of ethics, which provides standards of behavior and principles related to moral and professional obligations. Codes guide the conduct of professionals in their interactions with clients, colleagues, and society in general. The National Association of Addiction Professionals (NAADAC) code of ethics addresses nine principles (<http://www.naadac.org/code-of-ethics>). Supervisors are encouraged to download the recent 2016 code of ethics and review sections of these on a rotating basis throughout the year.

Various workplace challenges may lead to violation of ethical standards and subsequent declines in workplace wellness. Some of these lapses may be intentional, but often, staff may not have received training on what constitutes inappropriate or unprofessional behavior. Agencies should develop their own rules of conduct, provide appropriate training and supervision to staff, and ensure that these rules are universally observed and enforced.

## Characteristics of Ethical Addiction Professionals

- Familiarity with mandatory reporting requirements
- Adherence to professional standards and scope of practice
- Knowledge of the difference between a clinical relationship versus being a peer counselor or sponsor to a client
- Willingness to use clinical supervision and peer assessments to gain insights into clinical performance, especially areas of opportunity for professional growth
- Awareness of current research and trends in addiction and related fields
- Involvement in professional organizations
- Recognition of the effects personal bias toward other cultures and lifestyles can have on treatment
- Understanding of personal recovery and its effect on the provision of treatment
- Capacity to conduct self-evaluation
- Participation in regular continuing education and self-growth opportunities
- Use of self-care strategies
- Respect for clients from diverse backgrounds



## Professional and Personal Development

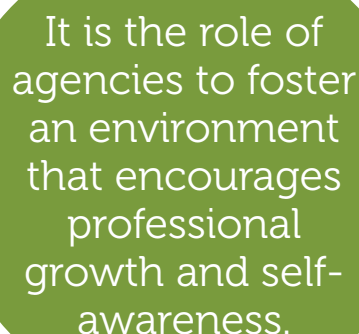
Agencies have an obligation to foster an environment that encourages professional growth and self-awareness. Employees should receive training on professional and ethical standards so that they have an understanding of expectations concerning professional conduct. Some agencies may have the resources to help employees pursue additional education by paying conference fees, providing tuition reimbursement, and/or allowing flexible schedules so that staff can attend in-services or community classes.

Wellness in-services can cover a broad spectrum of themes. Agencies might build a staff wellness curriculum based on the agency wellness survey previously described and other forms of staff input. The following are examples of common in-service topics:

- Stress reduction
- Healthy sleep
- Healthy physical exercise and eating
- Positive relationships
- Resiliency
- Mindfulness
- Motivational enhancement strategies
- Financial wellness
- Spirituality
- Dual relationships
- Conflict resolution

## Flexible Schedules

Conforming to a rigid schedule can create significant stress in employees' lives as they try to balance their health, recovery, professional growth, and family. Allowing flexibility in scheduling, such as multiple-shift options or variation from the traditional 9-5 workday, can give employees increased control over of their calendar, a perk directly tied to long-term job satisfaction. Similarly, some flexibility during the workday, such as when employees take lunch, might provide opportunities to address personal wellness needs like going to the gym or scheduling a therapy appointment. Some agencies have chosen to build personal wellness time into the standard work week. Adopting a "flex-time" policy that adjusts but does not reduce the hours worked may be the most feasible alternative. This might also include work from home or telework practices. Whatever the policy, it should be clearly stated and regularly communicated, ensuring that staff are made aware of what is and is not acceptable.



It is the role of agencies to foster an environment that encourages professional growth and self-awareness.

## National Recovery Resources

**Faces & Voices of Recovery** is a national organization of individuals and organizations brought together to support local, state, regional and national recovery advocacy by increasing access to research, policy, organizing, and technical support; facilitating relationships among local and regional groups; improving access to policymakers and the media; and providing a national rallying point for recovery advocates. <http://facesandvoicesofrecovery.org>

**National Association of State Alcohol and Drug Abuse Directors (NASADAD)** provides information about organizations that maintain a strong focus on treatment and recovery. <http://nasadad.org/treatment-recovery-resources/>

**The USDHHS's Partners for Recovery Toolkit** provides guidance on how to address substance use, misuse, and relapse in the addiction treatment workforce. [http://www.naadac.org/assets/1959/substanceuse\\_misusetoolkit.pdf](http://www.naadac.org/assets/1959/substanceuse_misusetoolkit.pdf)

## Employee Wellness Incentives

Providing wellness services is mutually beneficial for an agency and its employees. There is ample evidence that shows a return on investment (ROI) for agencies. Worksite wellness programs lead to decreased absenteeism, sick leave, and health plan costs, and improve employee satisfaction (e.g., Aldana, 2001; Morris & Morris, 2014).

Addictions agencies have opportunities to foster employee wellness by creating environments that make choosing a healthy behavior a normative choice (Aldana et al., 2012). Organizations can support peer interactions, provide environmental cues and resources, set internal policy, and be a point of linkage to greater community services (Morris & Morris, 2014).

Employers might provide interventions in areas such as nutrition, weight, fitness, smoking, substance abuse, sleep, and stress management. The interventions themselves are diverse, from health risk screening (e.g., body mass index, cholesterol) to interventions addressing health risks (e.g., pedometers to increase number of steps per day, walking groups, nutrition education), access to resources (e.g., gym membership), health benefits (e.g., employee assistance programs), financial incentives (e.g., reduced insurance rates for reaching weight management goals) and supportive environmental change (e.g., no-smoking policies, aesthetically pleasing surroundings).

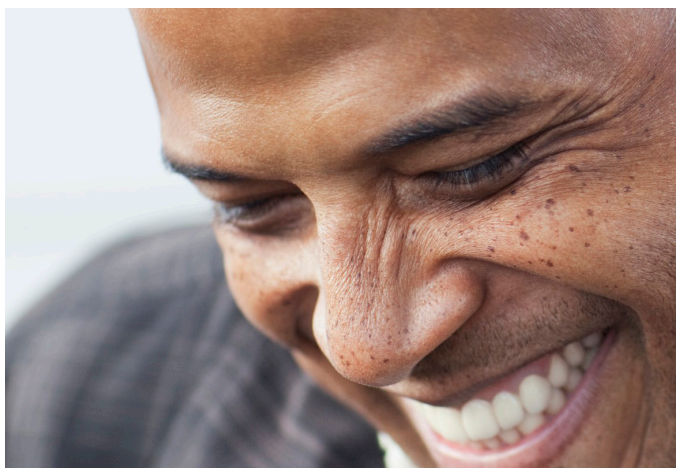
Providing access to multiple paths toward personal health goals increases the impact of wellness programming. Even if the initial behavior change is not related to the greatest

risk factors, a whole health approach will enable participants to build upon initial successes to eventually move with greater confidence toward more difficult lifestyle changes (Goetzel & Ozminkowski, 2008). Most employees are motivated to work on at least one area of personal health. Organizations that offer a menu of options fare the best in building skills by matching individuals' motivations, skill sets and learning styles.

Agencies might provide motivational consultation to shift employees' perspective toward changing their health behaviors. Motivational Interviewing (MI) is particularly suited for worksite health promotion programs with MI-based health coaching that addresses multiple behaviors, health risks and disease management (Butterworth et al., 2006). MI interventions can create a sense of organizational belonging that increases

personal satisfaction, improved mood and encourages a culture of worksite wellness (Seifert et al., 2012). MI interventions can easily be used in conjunction with other health promotion programs. For example, corporate health fairs are an excellent opportunity to offer brief MI interviews that complement biometric testing.

Another integral component of wellness programming is goal-setting. The best goals are a series of individually determined, short-term milestones that build toward ultimate healthy living goals. Short-term steps need to be challenging yet attainable. As an example, instead of making agency incentives contingent on an ultimate weight loss target, employees might be rewarded for reaching realistic goals such as losing five pounds.



## Section 3: Self-Care Strategies

Goal of Section 3 — Identify some of the self-care approaches employees can use to increase their well-being

This section identifies specific areas that employees can focus on in order to improve their well-being. Eating better, exercising regularly, and taking steps to enhance mental well-being can all have a significant impact on overall health and personal outlook. There is also a lot of overlap across the topics identified below. For example, regular exercise can reduce stress, which increases mental wellness. The areas identified below are good places to start. However, they are not the only ways to increase well-being. Personal happiness and well-being can be derived from various sources, whether a hobby, quality time with family or a significant other, or a rewarding volunteer commitment. This guide is designed to get you started in the right direction, but you should not limit your self-care efforts to these suggestions. It is important that you find a balanced, sustainable approach to wellness.

Many healthcare professionals report feeling tension between fulfilling client or patient care duties, maintaining a manageable workday, and achieving a balance between their work and home lives. By being aware of their actions and compassionate to their own needs, healthcare professionals can achieve the balance they seek (Nedrow et al., 2013; Weight et al., 2013).

### Healthy Behavior Change

There are some aspects of our health over which we have little or no control, such as genetics and environment. However, we do have the ability to positively impact our own health and well-being in many other ways. All behaviors, at their root, are the result of a process that includes cues, resulting routines, and rewards. Triggered by events, people, emotions, physical arousal, or any number of environmental cues, individuals react in ways that lead them towards obtaining a reward. The reward itself may vary greatly, from simply finding relief from negative experiences to attaining pleasurable experiences. Still other behaviors may be sought out to achieve a state of homeostasis (Hilario & Costa, 2008).

### Practice

Practicing new behaviors is the key to developing skills. Practice provides the opportunity to adjust and refine behaviors in order to discover ways to meet the unique needs of an individual or system. The best kind of practice involves taking small, manageable steps that can add up to significant change.

**To facilitate the process of developing new habits and behaviors:**



1. Identify cues for habits you want to change
2. Change the reward pathway by setting up new routines and rewards
3. Shape the environment to support the new behavior



As one example, the behavioral habit of smoking may be tied to cues throughout the day which prompt craving and the drive to take a smoke break. Often, the reward may actually be taking a needed break from daily tasks and/or the opportunity to socialize with others. While the cues remain, there is an opportunity to identify healthy behaviors that provide the same reward. In this case, it could be a fresh air break or short walk with colleagues while not smoking. As new cue-routine-reward cycles are repeated, the association is strengthened. So, while it may be difficult to take initial steps toward increasing behaviors that support well-being, new behaviors are reinforced with repetition (Hilario & Costa, 2008).

Delayed gratification that results from reaching ultimate health goals can be difficult. A long-term goal should be made up of many short-term steps or “microchanges,” which strengthens motivation by providing regular feedback on the small wins, which in turn sustains effort. For example, setting a goal to lose 50 pounds may actually lead to avoidance and decreased motivation, whereas losing one pound a month is much more realistic, motivating, and sustainable. As short-term goals are achieved, self-efficacy and enthusiasm grow, engendering feelings of satisfaction and accomplishment and building momentum for overall long-term health (Bandura, 1997).



## Creating Personal Goals: Getting Started

Consider your responses to the following questions:

*What is my first step?*

*What are my goals regarding my health?*

*What are potential barriers to meeting my health goals?*

*Who might support my wellness goals?*

### Cultivate Self-Awareness

A first step toward making realistic, healthy life choices is self-awareness. Taking time to engage in self-assessment is imperative to overall wellness. Addiction professionals who take the time to assess their values, goals, and level of well-being are able to make choices with greater clarity and confidence.



# Assess Your Wellness

Let's examine these 8 Dimensions of Wellness through a simple exercise. This exercise provides information about your specific level of wellness across these 8 dimensions. Consider the following questions as related to each dimension of wellness. Then rate yourself on a scale of 1-Low to 10-High in terms of your wellness in that area.

## ☐ Emotional Wellness

- Are you aware of your emotions throughout the day?
- Do you express your emotions in a way that is respectful to yourself and others?
- Are you generally optimistic?
- Do you practice coping skills that you perceive as healthy?

## ☐ Environmental Wellness

- Do you live and work in a safe and healthy environment?
- How are you affected by your home and work environment?
- Do you regularly spend time in nature or natural environments?

## ☐ Financial Wellness

- Are you intentional and aware in your spending?
- Do you have resources and knowledge to keep yourself financially healthy?
- Do you plan for and feel secure in your financial future?

## ☐ Intellectual Wellness

- Do you take advantage of opportunities for learning in your personal and professional life?
- Do you find ways to express yourself creatively?
- Do you keep up to date with current issues and ideas?

## ☐ Occupational Wellness

- Do you feel personally fulfilled and energized by your work?
- Do you look forward to going to work?
- Are you satisfied with the direction your career seems to be heading?

## ☐ Physical Wellness

- Do you choose to eat healthy foods?
- Are you physically active at least 3 days per week?
- Do you use drugs and alcohol to cope with stress?

## ☐ Social Wellness

- Are your interpersonal relationships close and meaningful?
- Do you actively engage in activities in your community?
- Are there people you can reach out to when you need support?

## ☐ Spiritual Wellness

- Do you find existential meaning in life events?
- Is it easy for you to treat others who have different values with respect?
- Is the work you do compatible with your values?

Review your responses to each of the 8 Dimensions of Wellness. Where do you rate yourself High (8-10), Moderate (4-7) and Low (1-3)? Consider the activities that facilitate or detract from your wellness in any one dimension. Is there a particular dimension of wellness on which you would like to focus your attention?



# Coping Index

- \_\_\_\_\_ 1. If you have a supportive family, give yourself 10 points.
- \_\_\_\_\_ 2. If you pursue a hobby at least 1–2 hours a week, give yourself 10 points.
- \_\_\_\_\_ 3. If you attend a social activity at least once per week, give yourself 10 points.
- \_\_\_\_\_ 4. If you are within 15 pounds of your ideal weight, give yourself 15 points.
- \_\_\_\_\_ 5. If you do at least 90 minutes of deep relaxation or meditation per week, give yourself 10 points.
- \_\_\_\_\_ 6. For each day per week you perform at least 30 minutes of aerobic exercise, give yourself 5 points.
- \_\_\_\_\_ 7. For each balanced meal you eat per day, give yourself 5 points (figure your average day, up to a total of 15 points)
- \_\_\_\_\_ 8. If you do at least one activity per week “just for you,” give yourself 10 points.
- \_\_\_\_\_ 9. If you have a place in your home where you can relax without interruptions, give yourself 10 points.
- \_\_\_\_\_ 10. If you use a time management program or process regularly, give yourself 10 points.
- \_\_\_\_\_ 11. For each pack of cigarettes that you smoke per day, subtract 10 points.
- \_\_\_\_\_ 12. For each day per week you use a form of medication to relax, subtract 5 points.
- \_\_\_\_\_ 13. For each day per week that you drink alcohol, subtract 5 points.
- \_\_\_\_\_ 14. For each day per week that you use alcohol to help you relax, subtract 10 points.
- \_\_\_\_\_ 15. For each day per week that you take work home, subtract 5 points (up to 35 points).
- \_\_\_\_\_ **Total**

## Coping Index Scale

0–25 points	Heading for serious trouble. Stress illnesses and/or burnout may be already happening or are imminent.
25–55 points	Index is still problematic. Some illnesses are likely.
56 points or higher	A healthy stress index. Good reserves for managing stress.

## Defining Values

To build a fulfilling and satisfying career, values are of the utmost importance. Values are guiding principles that can direct behavior and action, including setting life priorities and making decisions. Whether or not it is always apparent, values guide choices and actions every day. There is incentive to remaining true to one's values. An addiction professional's ability to see their own values represented in the work that they do is a significant factor in feeling as though they are making a positive difference in the world.

Conversely, not being able to work according to one's values can be a significant source of dissatisfaction and frustration.

Many addiction professionals report that care and compassion for others is an important value. This value system lines up with the professional ethic of doing what is in the client's best interest at all times. When addiction professionals feel they are in a situation where they cannot offer adequate care or compassion, the mismatch of values and practice can in turn lead to feelings of hopelessness and helplessness. This can result in demoralization, which is directly associated with burnout (Gabel, 2013; Shanafelt et al., 2014).

It is useful to take time to define one's values. When an individual defines their values, the knowledge gained can provide information about what is most important to them. Knowing and prioritizing values in everyday life can help in three key ways, by:

1. Prioritizing how to spend time and resources;
2. Bringing clarity to the decision-making process;
3. Resolving tension in conflictual situations.







# Define Your Values

**Step 1.** Identify times when you feel the happiest.

- What are you doing?
- Are you with anyone? Who are you with?
- What factors contribute to your happiness?

**Step 2.** Identify times when you feel most proud.

- Why are you proud?
- Are you with anyone? Who are you with?
- What factors contribute to your feelings of pride?

**Step 3.** Identify times when you feel most fulfilled.

- Why do you feel fulfilled?
- Are you with anyone? Who are you with?
- What factors contribute to your feelings of fulfillment?

**Step 4.** Determine your most important values. Review the list of values below (Miller & Rollnick, 2013). Identify 10 values that are important to you. Base your selection on your experiences of happiness, pride and fulfillment.

**Step 5.** Prioritize your top values. Take your list of 10 important values. Write them down in any order. Compare one value to another, asking yourself which you would choose if you could only choose one. Work your way through your list, shifting the order until it is correct.

**Step 6.** Reaffirm your values. Review your top 2 values. You will likely find that these values have guided your decisions throughout your life. Did these values lead you to addictions treatment as a career? Do you see these values reflected in your day-to-day work? If not, explore ways to integrate these values into your professional practices. Where do you envision these values being exemplified?

## Identify 10 values that are important to you.

Acceptance	Contribution	Freedom	Integrity	Openness	Self-Control
Accuracy	Compassion	Friends	Intimacy	Order	Self-Esteem
Achievement	Cooperation	Fun	Joy	Passion	Self-Knowledge
Adventure	Courtesy	Generosity	Justice	Pleasure	Service
Attractiveness	Creativity	Growth	Knowledge	Popularity	Sexuality
Authority	Dependability	Health	Leisure	Power	Simplicity
Autonomy	Duty	Helpfulness	Love	Purpose	Solitude
Authenticity	Ecology	Honesty	Loving	Rationality	Spirituality
Beauty	Excitement	Hope	Mastery	Realism	Stability
Benevolence	Faithfulness	Humility	Mindfulness	Responsibility	Tolerance
Caring	Fame	Humor	Moderation	Risk	Tradition
Challenge	Family	Independence	Monogamy	Romance	Virtue
Change	Fitness	Industry	Non-conformist	Safety	Wealth
Commitment	Flexibility	Inner Peace	Nurturance	Self-Acceptance	World Peace

Excerpted from: Behavioral Health & Wellness Program, Physician Work and Well-Being Toolkit, 2014

## Mindfulness

Mindfulness is defined as a way of being that enables one to attend to their experience, supporting well-being by “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994). Langer and Moldoveanu (2000) describe the subjective experience of mindfulness as being in a “heightened state of involvement and wakefulness or being in the present.” Practicing mindfulness is an excellent means of focusing on your own well-being. Living in a manner that is consistent with your values requires commitment, awareness and intention.

The goals of mindfulness are to (Fortney et al., 2013):

1. Maintain open awareness of one’s experience to support emotional balance and well-being;
2. Recognize habitual thoughts and behaviors that do not support well-being, which allows for new and different ways of being.

It is important to be mindful without judging, critiquing, or reacting to your inner experience, but simply observing and describing your experience in the moment (Baer, 2009). Observation includes noticing and attending to internal and external experiences such as thoughts, feelings, bodily sensations and other environmental stimuli. Description occurs when a person labels their experience with words. In order to act with awareness, an individual engages in behaviors with a focused attention. This practice can be contrasted with acting while on “autopilot.”

When a person can approach their daily routines and behaviors from a place of mindfulness, change is more likely to occur, and there is an increased awareness of one’s environment, openness to new information, and observation from different perspectives. All of these facilitate a sense of empowerment and control, which can lead to decreased stress and increased creativity (Langer & Moldoveanu, 2000).





# Mindful Awareness Attention Scale (MAAS)

Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1	2	3	4	5	6	
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never	
I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6
I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
I find it difficult to stay focused on what’s happening in the present.	1	2	3	4	5	6
I tend to walk quickly to get where I’m going without paying attention to what I experience along the way.	1	2	3	4	5	6
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6
I forget a person’s name almost as soon as I’ve been told it for the first time.	1	2	3	4	5	6
It seems I am “running on automatic,” without much awareness of what I’m doing.	1	2	3	4	5	6
I rush through activities without being really attentive to them.	1	2	3	4	5	6
I get so focused on the goal I want to achieve that I lose touch with what I’m doing right now to get there.	1	2	3	4	5	6
I do jobs or tasks automatically, without being aware of what I’m doing.	1	2	3	4	5	6
I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6
I drive places on ‘automatic pilot’ and then wonder why I went there.	1	2	3	4	5	6
I find myself preoccupied with the future or the past.	1	2	3	4	5	6
I find myself doing things without paying attention.	1	2	3	4	5	6
I snack without being aware that I’m eating.	1	2	3	4	5	6

Excerpted from: Brown & Ryan, 2003

Although there is not one “right” way to integrate a mindfulness practice into your professional life, there are many useful strategies to build momentum toward greater mindfulness. Here are a few to consider (BHWP, 2014):

**Set your intention.** Make the choice to live mindfully. Set this high on your list of priorities. As with any other skill, mindfulness will require focus and commitment to make it a reality.

**Practice.** Ask yourself reflective questions that promote curiosity about your internal experience. Focus on the present moment from an open and non-judgmental perspective. Use the information you gain to assist you in seeking out mindfulness practices that match your unique needs. There is no “right” or “wrong.” Draw on your wisdom to inform the choices you make.

Make the choice to live mindfully.  
Set it high on your list of priorities.

**Create space.** Whether it is by creating a physical, emotional, or mental space for mindfulness, you will need space to rehearse mindfulness behaviors. You may choose to reserve some time to meditate. Or you can participate in a workshop or seminar on mindfulness. It can also be as simple as taking time to practice deep breathing in between your meetings with patients and colleagues. Or you may just take a moment to check in with yourself.

### Mindfulness Resources

Skovholt, T. & Trotter-Mathison, M. J. (2010). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* (2nd ed). New York: Routledge.

Shapiro, S. L. & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.

Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York: W. W. Norton & Company.

## Stress Management

It is impossible to completely eradicate stress from daily life; there will always be situations that people experience as stressful. Stress can be activating, challenging people to find solutions to problems, elevating their performance, and drawing on personal and social resources. Various exercises centered around meditation, grounding, and muscle relaxation, can greatly enhance mental wellness. Increased ability to relax will have multiple benefits, including improved sleep and better physical health.

Whatever the source of the stressor is, our bodies have developed specific physical responses to cope with it in the short term. In other words, the body responds with the “fight or flight” stress response. The body’s response is to activate its energy reserves (and stop non-essential processes) to help escape the threat. The problem is that in the long-term, the stress response can become more damaging than the original stressor itself. The stressed body is not sustainable.

Chronic stress can have many negative consequences on the body, such as (Dallman et al., 2000; Buckingham, 2000):

- Depression and mood changes
- Insulin-resistant diabetes
- Hypertension and cardiovascular disease
- Immunosuppression and vulnerability to infection
- Poor tissue repair and wound healing
- Central adiposity (belly fat)
- Raised serum lipids and cholesterol
- Infertility, both male and female
- Increased susceptibility to ulcers







# Stress Style Test

- \_\_\_\_\_ 1. My heart beats faster.
- \_\_\_\_\_ 2. I find it difficult to concentrate because of distracting thoughts.
- \_\_\_\_\_ 3. I worry too much about things that don't really matter.
- \_\_\_\_\_ 4. I feel jittery.
- \_\_\_\_\_ 5. I get diarrhea.
- \_\_\_\_\_ 6. I imagine terrifying scenes.
- \_\_\_\_\_ 7. I can't keep anxiety-provoking pictures and images out of my mind.
- \_\_\_\_\_ 8. My stomach gets tense.
- \_\_\_\_\_ 9. I pace up and down nervously.
- \_\_\_\_\_ 10. I am bothered by unimportant thoughts running through my mind.
- \_\_\_\_\_ 11. I become immobilized.
- \_\_\_\_\_ 12. I feel I am losing out on things because I can't make decisions fast enough.
- \_\_\_\_\_ 13. I perspire.
- \_\_\_\_\_ 14. I can't stop thinking worrisome thoughts.

Give yourself a "mind" point if you checked the following questions: 2, 3, 6, 7, 10, 12, and 14.

**Mind Total:** \_\_\_\_\_

Give yourself a "body" point if you checked the following questions: 1, 4, 5, 8, 9, 11, and 13.

**Body Total:** \_\_\_\_\_

Based on your score, you can determine whether your stress reduction should focus on the body or the mind.

Created by Daniel Goleman

Stressful experiences are interpreted differently based on a person's unique individual characteristics as well as their social and environmental resources. The processes that moderate a person's response also include their personality (e.g., optimism, neuroticism, tendency to "open up" to others).

There are three main types of coping strategies (Glanz et al., 2008; Lazarus & Folkman, 1984):

- **Problem-focused.** These strategies are directed at changing the stressful situation.

- **Emotion-focused.** Instead of focusing on changing the situation, these strategies are directed at changing the way a person thinks or feels about the stressful situation.
- **Meaning-focused.** These strategies are directed at using the stressful situation to create meaning or understanding of self.

It is important to ask what is within or outside of your control or ability to change. Focusing on the aspects of the problem that you can control will help you cope effectively.



## Stress Reduction Tips

The following strategies can assist with stress reduction:

**Identify the cause.** Take time to check in with yourself. Explore why you feel stressed and the source of this stress. Even if you cannot alleviate the stress, you can develop a plan for minimizing it.

**Monitor moods.** Try to determine when, where, and why you have negative moods. This can help you identify stressful situations so you can take steps to address or avoid them.

**Take a break.** Personal time can allow you to take a step back from stressful situations and rejuvenate. Consider taking at least a few minutes several times a day. Whenever possible, set aside longer periods several times a week. Use this time to relax, meditate, exercise, look at a magazine, or engage in some other form of mental "escape."

**Manage anger.** Employ anger management techniques such as counting to ten or taking a walk, in order to avoid emotional outbursts, which can greatly increase stress.

**Consider your priorities.** An overly full schedule and too many responsibilities can create stress.

**Review your responsibilities and prioritize them.** Assess whether your responsibilities match your values. Are there ways to delegate or eliminate some of the less important responsibilities?

**Cut yourself some slack.** Perfectionists are often very stressed-out people. Set reasonable standards for yourself and others.



## Choosing a Relaxer

**Body.** If stress registers mainly in your body, you will need a remedy that will break up the pattern of physical tension. This may be a vigorous body workout, but a slow-paced - even lazy - relaxation exercise may be equally effective. Here are some suggestions:

- Aerobic exercise
- Progressive relaxation
- Swimming
- Tennis
- Hiking
- Biking
- Rowing
- Running
- Walking
- Yoga
- Massage
- Deep breathing

**Mind.** If you experience stress as an invasion of worrisome thoughts, the most direct intervention is anything that will engage your mind completely and redirect it, such as meditation. On the other hand, some people find that the sheer exertion of physical exercise clears the mind wonderfully and is very effective therapy. Here are some suggestions:

- Meditation
- Physical exercise
- Reading
- Crosswords
- Movies
- Games
- Knitting or sewing
- Carpentry
- Handicrafts
- Any absorbing hobby
- Creative imagery

**Mind/Body.** If you are a mixed type, you may want to try a physical activity that also demands mental rigor, such as:

- Competitive sports (tennis, racquetball, squash, volleyball)
- Other activities that combine mind and body

## Mental Wellness

In order to provide optimal services to clients, addiction professionals must be mentally healthy. We live in a very stressful society, and addiction professionals often have stressful jobs. In the addictions field, adverse events occur during client care. These events can cause providers to experience emotional upheaval, which can then impact multiple aspects of their lives. Providers who receive help from peers, supervisors, and mental health professionals as needed have healthier emotional experiences when dealing with stressful events such as client deaths or negative treatment outcomes.

Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals bounce back after challenges while also growing stronger (Southwick & Charney, 2012). Counselors or outreach workers who are struggling with stress or depression may be unable to respond to their clients' needs, and in this line of work, that can have serious repercussions. Therefore, it is imperative that

addiction professionals develop a regimen of self-care that promotes mental wellness.

It is crucial to know the signs that indicate you may need help from a mental health professional. In particular, if you have thoughts about hurting yourself or someone else, you should immediately seek care from a mental health professional. Other key signs include symptoms that:

- Disrupt performance of regular activities
- Become markedly more severe
- Become a regular pattern instead of an intermittent occurrence
- Increase in number

Many mental health and addiction professionals find it beneficial to participate in support groups designed specifically for "helping" professionals. Others benefit from individual sessions with a therapist. Just because you spend all day helping others, it doesn't mean that you too cannot benefit from help.



## Mental Wellness Resources

In emergency situations:

- Call 911, Go to Emergency Department
- National Suicide Hotline (800) 273-8255

**MentalHealth.gov** is an online resource provided by the U.S. Department of Health and Human Services that provides resources and links to mental health services

**American Psychological Association's Psychology Help Center** is an online resource featuring articles and information related to psychological issues affecting your daily and physical and emotional well-being. <https://www.apa.org/helpcenter/>

**The Substance Abuse and Mental Health Services Administration's Behavioral Health Treatment Services Locator** is a confidential and anonymous source of information for persons seeking treatment. <https://findtreatment.samhsa.gov>

## Maintain Healthy Boundaries

It is essential to maintain boundaries in interactions with clients. These boundaries must apply to emotional engagement, professional ethics, and interactions with clients outside the workplace. Failure to observe these boundaries can create significant job-related stress, severely impact professional performance, and compromise the quality of care provided to clients.

Many individuals working in the field of addiction are in recovery themselves. Being in recovery can help addiction professionals empathize with clients; however, it can also be problematic if professionals have unresolved issues related to their own addiction. Addiction professionals are more effective maintaining boundaries when they have resolved or are actively working through their own issues.

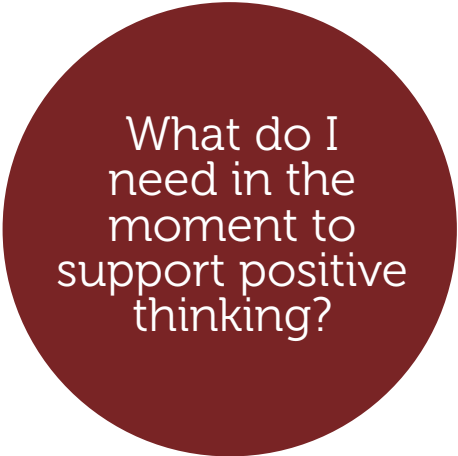
## Create Positive Personal Rituals

Some counselors rely on personal rituals to help clear their minds and refocus their thoughts. Whether you are performing a specific ritual or just taking a break, try to take a few minutes between clients to decompress, relax, and refocus. Personal wellness rituals can be performed at the start of the day, between client

visits, or at the end of the day. For example, one visualization technique some counselors use between clients is to imagine they are enclosed in a bubble. The positive energy from the counselor can travel through the bubble to the client. However, any negative energy from the client is stopped by the bubble. Others have a specific ritual for the end of the day, such as making a “To Do” list for the next day, to help ensure that work is left at the office and not brought home.

## Preventive Care

An important aspect of wellness is to take the necessary steps to monitor your health. This includes regular physical exams and the recommended screenings for your age group (e.g., cholesterol screenings, mammograms, prostate exams). By detecting health-related problems early, intervention can begin earlier and hopefully address problems before they become serious.



What do I  
need in the  
moment to  
support positive  
thinking?



## Healthy Social Contact

Wellness does not happen in a vacuum. In order to create wellness in any environment, collaboration and support from others is essential. This support can occur one-on-one or in group settings as well as through virtual learning communities, social media, or smartphone apps that support health behavior change. Not only can social support encourage the practice of healthy behaviors, but positive relationships reduce work stress and are in and of themselves healthy (BHWP, 2017). Some people find it helpful to maintain close relationships with co-workers who provide support and feedback, and who can be sounding boards for regular check-ins on issues related to your values and personal integrity.

Addiction professionals benefit when they share experiences - including both perceived successes and failures - with others. These are opportunities to exchange ideas about how you may incorporate mindfulness into your practice, and to elicit direct feedback from others about their observations of your professional practices and ways to refine your professional growth. Use these exchanges to continually assess and make adjustments to your personal growth objectives.

## Importance of Spirituality

Spirituality has been generally defined as a "search for the sacred," and typically emphasizes the boundaries of human material existence (Miller, 1998). However, spirituality can mean different things to different people and may not be easily defined.

For the purposes of this guide, we will not attempt to define spirituality, because it is intensely personal. For many, it is crucial to well-being. Key elements of spirituality may include:

- Development of greater self-awareness
- Seeking out interconnectedness
- A relationship with a higher power
- A feeling of hope

Some people choose to take an individualized approach to spirituality while others seek out the fellowship of others.

## Mindful Eating

A lot has changed in the last century in terms of how Americans eat. Innovations in food processing have created products that are convenient, long-lasting, and cheap. The focus has shifted to producing foods that are ready-to-eat, as opposed to foods that require preparation and cooking. Also, the advent of fast-food and take-out restaurants has led to Americans increasingly consuming foods outside of the home. Finally, the introduction of ingredients like vegetable oil and high fructose corn syrup has drastically changed the way foods are manufactured and how Americans eat them. These changes have had a dramatic effect on how much sugar, fat, and salt we consume.

Healthy eating looks different for different people. Given the many variables that influence health (biology, genetics, environment, etc.), what may constitute healthy eating for one person may not be the same for another person. However, given what we know about nutrition and metabolism, there are choices people can make about what and how they eat, with the goal of improving health. Dieting and calorie restriction are usually not effective because these behavior changes are not sustainable, but there are ways to actively engage in healthy eating habits (BHWP, 2017).

Healthy  
eating looks  
different  
for different  
people.

- **Be mindful.** Awareness of thoughts, feelings, and behaviors around eating can go a long way to support decisions to eat healthy. With increased awareness comes the opportunity to choose to do things differently.
- **Track habits.** Many people are not aware of their daily eating habits. Paying attention to when and how much you eat can lead to healthier choices.
- **Reduce guilt.** Pay attention to how you talk to yourself about your eating. Be kind to yourself and allow yourself flexibility in your eating.
- **Decrease certain foods.** Avoid over-consumption of sugars and refined carbohydrates, which can lead to insulin resistance, obesity, and other chronic diseases.
- **Avoid processed foods.** Processed foods, including convenience foods that are ready-to-eat or ready-to-heat, are usually not healthy options because they often contain high amounts of sugar, salt, vegetable or hydrogenated oils, and food additives.
- **Use unprocessed ingredients.** Prepare meals from diverse, raw ingredients.

- **Schedule healthy meals.** Consume regular meals that support feeling full. For example, foods high in sugars are less apt to curb your hunger, which can lead to over-eating. Make the choice to eat whole foods with high dietary fiber that are satisfying and sustaining.
- **Limit or stop alcohol use.** Besides being addictive, many alcoholic drinks are full of carbohydrates and sugars that will lead to weight gain.
- **Cut out sugary beverages.** One of the most straightforward means of increasing your healthy eating is to reduce or stop consumption of sodas/soft drinks, “energy drinks,” and coffee drinks with added sugar.
- **Use portion control.** Serve meals in the kitchen rather than at the table. Measure single servings of snack foods so that you only have access to the proper serving size, for example at work.
- **Get support.** Supportive people - including significant others, friends, family, co-workers, neighbors, and other community members - can make it easier to eat healthy. People can support each other through accountability and creation of supportive environments.
- **Plan ahead.** Consider your schedule so you can plan meals and prepare food around you and your family’s other daily commitments. With healthy meals or ingredients at hand, it is easier to make the choice for healthy eating.
- **Shop with a list.** Set your intention for the meals you want to make. Create a shopping list and follow that list. This will decrease the likelihood of impulse buys of foods that are high in simple sugars and starch, and can also potentially lower your food costs.



## Sleeping Well

Factors such as age, gender, activity levels, or illness can affect an individual's sleep needs. For adults, healthy sleep is generally described as having the following characteristics:

- Falling asleep within 15 minutes of lying down;
- Sleeping 7-9 hours in a 24-hour period;
- Having sleep that is continuous (i.e., no long periods of wakefulness);
- Waking refreshed, and feeling alert and productive throughout the day.

Both getting too much sleep (usually defined as more than 9 hours) or too little sleep (usually defined as less than 6 hours) are correlated with health risks, but getting too little sleep is far more common and is more clearly linked to increased illness (Cappuccio et al., 2010; Luckhaupt et al., 2010). Sleep deprivation has a number of metabolic consequences, including increased hunger - particularly for high-carbohydrate foods.

Work schedules (e.g., shift work) can be particularly problematic in terms of sleep loss, stress, and negative health consequences (Puttonen et al., 2010; Wang et al., 2011). Shift workers typically get much less sleep and may never fully adapt to an alternate schedule. The long-term physical consequences of shift work are very similar to those that result from chronic stress. Sleep deprivation affects memory, attention, motor skills, reaction time, verbal fluency, and executive function. The impacts of these effects are far-reaching, from increased risk for motor vehicle accidents to poor work performance.

While we may not have much control over where we live, our work schedule, or some of our medical conditions, there are modifiable behaviors we engage in that can substantially impact sleep. There are several ways you can increase healthy sleep (BHWP, 2017):

- Keep a regular sleep schedule;
- Minimize screen time in the bedroom;
- Do not work or read in bed;
- Decrease caffeine, nicotine, or alcohol use, particularly close to bedtime;
- Take short naps of around 15 minutes, but avoid long daytime naps;
- Use relaxing exercises like yoga, meditation, or guided imagery prior to sleep;
- Exercise regularly, with vigorous exercise ideally limited to the morning or late afternoon;
- Avoid large meals, particularly spicy foods, close to bedtime;
- Get adequate exposure to natural light (e.g., walks outside) to maintain your circadian rhythm;
- Make sure your bed is comfortable;
- Set an ideal temperature (in the 60-66F range) for sleeping;
- Address a partner's snoring through medical assessment and treatment as needed;
- Avoid overusing sleep medications which fail to address the causes of poor sleep;
- Seek effective psychological treatment such Cognitive Behavioral Therapy (CBT).

## Get Active

Physical activity affects our bodies in a number of important ways. Blood flow increases as a result of exercise, carrying life-giving oxygen throughout our bodies. In our brains, exercise stimulates the formation of new neurons and neural pathways and improves overall function. During exercise, increased heart rate and gas exchange in the lungs delivers oxygen to cells throughout the body, supporting removal of waste products and new growth of blood vessels. Strength training and weight bearing exercises build stronger muscles and bones through a process of stress and rebuilding.

Not only does exercise help prevent or reduce risk for chronic disease, evidence also shows that exercise is effective in treating numerous chronic conditions including cardiovascular diseases (hypertension, coronary heart disease, heart

failure), musculoskeletal disorders (osteoarthritis, osteoporosis, back pain, rheumatoid arthritis), pulmonary diseases (COPD, asthma, cystic fibrosis), cancer, neurological diseases (multiple sclerosis, dementia, Parkinson's), and metabolic diseases (type 1 and 2 diabetes, obesity, high cholesterol and triglycerides) (e.g., Pedersen & Saltin, 2015).

Exercise enhances efficient and effective functioning. People who are physically fit have fewer symptoms associated with chronic stress and higher overall well-being. In the Physical Activity Guidelines for Americans (USDHHS, 2008), major findings about the benefits of physical activity are described, including:

- Regularly engaging in physical activity lowers the risk for many adverse health outcomes;
- Some physical activity is better than none;
- Additional health benefits can result from increasing physical activity through higher intensity, greater frequency, and/or longer duration;
- Most health benefits occur with at least 150 minutes a week of moderate intensity physical activity;
- Both aerobic (endurance) and muscle-strengthening (resistance) physical activity have health benefits;
- The benefits of engaging in physical activity are much greater than the chance of having an adverse outcome caused by being active.

## How Much Exercise Should I Get?

Get at least 150 minutes per week of moderate intensity activity or 75 minutes per week of vigorous intensity activity; include strengthening activities twice per week.\*

**Moderate intensity** activities are ones in which a person can talk but not sing.

**Vigorous intensity** activities are activities in which a person can only say a few words before taking a breath.

(CDC, 2010; NIH, 1996; USDHHS, 2008; WHO, 2010)

\* Consult with your physician before starting any exercise program.





## Tips for Healthy Physical Activity

- **Make it a priority.** Plan your schedule and make decisions based on your physical activity goals.
- **Create a daily routine.** The more habitual physical activity becomes, the more likely you will engage in it. And the easier it will become over time.
- **Make it easy.** Keep what you need to be physically active close at hand (e.g. walking shoes, gym bag).
- **Set realistic goals.** To build energy and momentum, choose activities based on your interests and preferences.
- **Make it social.** Be physically active with others. Not only will this increase activity, it makes it more fun.
- **Keep it interesting.** Some people thrive on the same routine but for many, doing the same thing repeatedly can get boring. Exploring new activities can not only make things more interesting, but can also reduce the chance of injuries.
- **Utilize technology.** Wearable monitors or other supportive technologies may be a great way to support your exercise routines.

Creating well-being, in work and life, can feel daunting. This guide provides ideas for agencies and addiction professionals on how to create realistic and sustainable goals. Start where you at. Pick one goal that is a priority. And support the wellness goals of your peers.

Get Aware.  
Get Active.  
Pass it On!

# References

- Aldana, S. G. (2001). Financial impact of health promotion programs: A comprehensive review of the literature. *American Journal of Health Promotion, 15*(5), 296-320.
- Aldana, S. G., D. R. Anderson, T. B. Adams, R. W. Whitmer, R. M. Merrill, V. George, and J. Noyce (2012). "A review of the knowledge base on healthy worksite culture," *Journal of Occupational and Environmental Medicine, 54*(4), 414-419.
- Baer, R. A. (2009). Self-focused attention and mechanisms of change in mindfulness-based treatment. *Cognitive Behaviour Therapy, 38*(S1), 15-20.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W. H. Freeman.
- Behavioral Health and Wellness Program [BHWP] (2014). Work & Well-Being Toolkit for Physicians. University of Colorado School of Medicine. <https://www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians.pdf>
- BHWP (2015). Tobacco Free Policy Toolkit. University of Colorado School of Medicine. <https://www.bhwellness.org/toolkits/Tobacco-Free-Facilities-Toolkit.pdf>
- BHWP (2017). Well Body Program, Advanced Techniques Manual. University of Colorado School of Medicine.
- Brown, K. W. & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822-848.
- Buckingham, J. C. (2000). Glucocorticoids, role in stress. In G. Fink (Ed.), *Encyclopedia of stress* (Vol. 2, pp. 261-269). New York: Academic Press. .
- Butterworth, S., Linden, A., McClay, W., & Leo, M. C. (2006). Effect of motivational interviewing-based health coaching on employees' physical and mental health status. *Journal of Occupational Health Psychology, 11*(4), 358-365.
- Cappuccio, F. P., D'Elia, L., Strazzullo, P., & Miller, M. A. (2010). Sleep duration and all-cause mortality: A systematic review and meta-analysis of prospective studies. *Sleep, 33*(5), 585-592.
- Carter, B. D., Abnet, C. C., Feskanich, D., Freedman, N. D., Hartge, P., Lewis, C. E., ... Jacobs, E. J. (2015). Smoking and mortality — Beyond established causes. *New England Journal of Medicine, 372*(7), 631-640.
- Centers for Disease Control and Prevention [CDC]. (2010). *Promoting physical activity: A guide for community action, 2nd edition*. D. Brown et al. (Eds). Champaign, IL: Human Kinetics.
- Center for Substance Abuse Treatment. (2006). *Substance abuse: Administrative issues in outpatient treatment*. Treatment Improvement Protocol (TIP) Series, Number 46. DHHS Publication No. (SMA) 06-4151. Rockville, MD: CSAT.
- Dallman, M. F., Bhatnager, S., & Viau, V. (2000). Hypothalamo-pituitary-adrenal axis. In: G. Fink (Ed.), *Encyclopedia of Stress*, (Vol. 2, pp. 468-477). New York: Academic Press.
- Dickey, B., Normand, S. L. T., Weiss, R. D., Drake, R. E., & Azeni, H. (2002). Medical morbidity, mental illness, and substance use disorders. *Psychiatric Services, 53*(7), 861-867.
- Figley, C. R. (1985). The family as victim: Mental health implications. *Psychiatry, 6*, 283-291.
- Fortney, L., Luchterhand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care physicians: A pilot study. *Annals of Family Medicine, 11*(5), 412-420.
- Gabel, S. (2013). Demoralization in health professional practice: Development, amelioration, and implications for continuing education. *Journal of Continuing Education in the Health Professions, 33*(2), 118-126.
- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2008). *Health behavior and health education: Theory, research, and practice*. San Fransisco, CA: John Wiley & Sons.
- Goetzel, R. Z., & Ozminkowski, R. J. (2008). The health and cost benefits of work site health-promotion programs. *Annual Review of Public Health, 29*, 303-323.
- Grady, D. (2015, February 12). Smoking's toll on health is even worse than previously thought, a study finds. *New York Times*. Retrieved from <http://www.nytimes.com>
- Guydish, J., Passalacqua, E., Tajima, B., Manser, S.T. (2007). Staff smoking and other barriers to nicotine dependence intervention in addiction treatment settings: a review. *Journal of Psychoactive Drugs, 39*, 423-433.
- Hilario, M. R. F. & Costa, R. M. (2008). High on habits. *Frontiers in Neuroscience, 2*(2), 208-216.
- Kabat-Zinn, J. (1994). *Wherever you go there you are: Mindfulness meditation in everyday life*. New York: Hyperion

Kalman, D., Morissette, S. B., & George, T. P. (2005). Co-morbidity of smoking in patients with psychiatric and substance use disorders. *American Journal on Addictions*, 14(2), 106-123.

Langer, E. J., & Moldoveanu, M. (2000). The construct of mindfulness. *Journal of Social Issues*, 56(1), 1-9.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.

Luckhaupt, S. E., Tak, S., & Calvert, G. M. (2010). The prevalence of short sleep duration by industry and occupation in the National Health Interview Survey. *Sleep*, 33(2), 149-159.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.

McLellan, A. T., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment*, 25(2) 117-121.

Miller, W. R. (1998). Researching the spiritual dimensions of alcohol and other drug problems. *Addictions*, 93(7), 979-990.

Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: helping people change, Third edition*. New York: The Guilford Press.

Morris CW, Morris CD (2014). Chapter 10: Increasing healthy habits and health behavior change in corporate wellness programs. In R. J. Burke and A. M. Richardsen (Eds.), *Corporate wellness programs: Linking individual and organizational health* (pp. 215-240). Gloucestershire, United Kingdom: Edward Elgar Publishing Ltd.

Nedrow, A., Steckler, N. A., & Hardman, J. (2013). Physician resilience and burnout: can you make the switch?. *Family Practice Management*, 20(1), 25-30

NIH Consensus Development Panel on Physical Activity and Cardiovascular Health (1996). Physical activity and cardiovascular health. *JAMA*, 276, 241-246.

Pedersen, B. K., & Saltin, B. (2015). Exercise as medicine—evidence for prescribing exercise as therapy in 26 different chronic diseases. *Scandinavian Journal of Medicine & Science in Sports*, 25(S3), 1-72.

Powell, D. J. (2004). *Clinical supervision in alcohol and drug abuse counseling: Principles, models, methods*. San Francisco, CA: John Wiley & Sons

Puttonen, S., Härmä, M., & Hublin, C. (2010). Shift work and cardiovascular disease—pathways from circadian stress to morbidity. *Scandinavian Journal of Work, Environment & Health*, 36(2), 96-108.

Rothschild, B., & Rand, M. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York: W.W. Norton & Company.

Seifert, C. M., Chapman, L. S., Hart, J. K., & Perez, P. (2012). Enhancing intrinsic motivation in health promotion and wellness. *American Journal of Health Promotion*, 26(3), 1-12.

Shanafelt, T. D., Balch, C. M., Bechamps, G., Russell, T., Dyrbye, L., Satele, D., ... & Freischlag, J. (2010). Burnout and medical errors among American surgeons. *Annals of Surgery*, 251(6), 995-1000.

Shanafelt, T. D., Boone, S., Lltjen, T., Dyrbye, L. N., Sotile, W., Satele, D., ... Oreskovich, M. R. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of Internal Medicine*, 172(18), 1377-1385.

Shanafelt, T. D., Kaups, K. L., Nelson, H., Satele, D. V., Sloan, J. A., Oreskovich, M. R., & Dyrbye, L. N. (2014). An interactive individualized intervention to promote behavioral change to increase personal well-being in US surgeons. *Annals of Surgery*, 259(1), 82-88.

Shanafelt, T. D., Sloan, J. A., & Habermann, T. M. (2003). The well-being of physicians. *American Journal of Medicine*, 114(6), 513-519.

Southwick, S. M., & Charney, D. S. (2012). The science of resilience: Implications for the prevention and treatment of depression. *Science*, 338(6103), 79-82.

Substance Abuse and Mental Health Services Administration (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings, NSDUH Series H-48, HHS publication no. (SMA) 14-4863*. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

U.S. Department of Health and Human Services [USDHHS]. (2008). Physical activity guidelines for Americans. ODPHP No. U0036. Washington DC: U.S. Department of Health and Human Services. Retrieved from <https://health.gov/paguidelines/pdf/paguide.pdf>

USDHHS (2014). *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

USDHHS (2015). Current Cigarette Smoking Among Adults in the United States. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/)

Wadland, W. C., & Ferenchick, G. S. (2004). Medical comorbidity in addictive disorders. *Psychiatric Clinics of North America*, 27(4), 675-687.

Wang, X. S., Armstrong, M. E. G., Cairns, B. J., Key, T. J., & Travis, R. C. (2011). Shift work and chronic disease: The epidemiological evidence. *Occupational Medicine*, 61(2), 78-89.

Weight, C. J., Sellon, J. L., Lessard-Anderson, C. R., Shanafelt, T. D., Olsen, K. D., & Laskowski, E. R. (2013). Physical activity, quality of life, and burnout among physician trainees: The effect of a team-based, incentivized exercise program. *Mayo Clinical Proceedings*, 88(12), 1435-1442.

World Health Organization [WHO] (2010). Global recommendations on physical activity for health. Geneva: World Health Organization. Retrieved from [http://www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/?platform=hootsuite](http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/?platform=hootsuite)

# Appendix

## Workplace Environmental Scan

Created by the Behavioral Health & Wellness Program, University of Colorado, 2015

Worksite: \_\_\_\_\_

Building/Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Observer: \_\_\_\_\_

Number of people employed at the worksite: \_\_\_\_\_

Name/Contact for Site Visit Guide: \_\_\_\_\_

### Building Structure

Number of buildings at the worksite (verify ahead of site visit, if possible)	No. = _____
If the worksite is located in more than one building, is the intervention being conducted in all buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of floors	No. = _____
Is worksite all or part of building?	<input type="checkbox"/> All <input type="checkbox"/> Part
Stairwells: Unlocked Convenient Reminder sign to take stairs Attractive	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
ADA Compliance (This is not a formal determination) Ramps Automatic doors & elevators	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Security Single entrance Receptionist or Check-In for Visitors Secure Access for majority of building	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	



## Rest Rooms

Hand washing Sign	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
Stalls Adequate size and number Hooks on stall doors ADA accessible stall, wider access, handrails, etc. Seat covers available	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Water Fountain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
Cleanliness	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Pleasant/Inviting Toiletries Available	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Options Changing rooms Showers Scales	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	

## Room

Lighting Overhead Lighting Lamps/Alternative Lighting Natural Light	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Interior Healthy plants General scent/smell of place Cleanliness	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Secure Area for Personal Belongings of Staff	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Furniture Condition Accommodates different body types	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Walls & Flooring Condition Artwork	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Signs/Bulletin Boards Physical Activities Nutrition Tobacco Cessation Training Opportunities/Career Advancement Financial Services (401k, credit union, etc.)	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Messaging (such as TV programming, products displayed, magazines, etc.)	
Comments	

## Fitness Center

Not applicable (there is no fitness center) ☐ Hours of operation: \_\_\_\_\_

Treadmills Condition	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Bikes Condition	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Elliptical Machines Condition	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Strength training equipment / Free weights Condition	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Classes Available onsite Diverse class types	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Environment Crowded Open Spaces available for stretching, exercising, etc. Accessible to the outdoors (for running/walking) Televisions Number Programming Volume Music Programming Volume	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	

### Cafeteria (or Other Resource that Substitutes for a Cafeteria)

(e.g., canteen, on-site sandwich shop, food vendor, lunch cart)

Not applicable (there is no cafeteria or similar other) ☐

Healthy Options available	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Appropriate portion size	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Diversity of food	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Fresh Fruits	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Fresh Vegetables	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	

## Lunch Room /Break Room

Not applicable (there is no lunch/break room) ☐

Microwaves Condition Cleanliness	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Other ovens or toasters Condition Cleanliness	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Refrigerator/Freezer Condition Cleanliness	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Sink Condition Cleanliness	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Seating in or near the food preparation area Condition Cleanliness	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Signs/Bulletin Boards Physical Activities Nutrition Tobacco Cessation Training Opportunities/Career Advancement Financial Services (401k, credit union, etc.)	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Vending Machine Bottled water Regular Soda Diet Soda/Juice Fruit Juice Candy Chips Crackers Nuts Low-Fat/Low Sugar/Low Calorie Snacks	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	

## Grounds and Parking

Bicycle Parking	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Racks outside the building	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Racks inside the building	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Vehicle Parking	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Parking is convenient to work location	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Parking is well-lit	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Emergency call-boxes (or equivalent security measure)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	
Grounds	
Volleyball Court	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball Hoops	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open space/Large grassy area for physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Walking path on or adjacent to grounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landscaped	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
Picnic Tables for lunch/breaks/employee activities	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Shaded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appealing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
Tobacco Policy	
Tobacco Free Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Designated Smoking Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proximity to building entrances, other areas, etc.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Adherence to facility tobacco policies	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments	



## Community

Site description: Rural\_\_\_\_\_ Suburban\_\_\_\_\_ Urban\_\_\_\_\_

*What is the approximate distance from the worksite (in miles) to the nearest:*

Town, downtown or city:	_____ Miles
Restaurants or fast food outlets:	_____ Miles
Park or other natural area:	_____ Miles
Comments	
Bike Lanes/ Traffic/ Mass transit	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Sidewalks	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Fast food chain outlets--featuring high fat foods:	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Café, deli's, cafeteria	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Ethnic/Family Restaurants	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Grocery stores	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Open-space/ Large grassy area/ Athletic Field	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	
Fitness Facility/Recreation Center	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> A Few <input type="checkbox"/> Many
Comments	

### Observations/Interactions

Note any relevant comments that the employee made while facilitating the tour:

---

---

---

---

---

Observe any interactions amongst staff, staff & customers/clients, vendors, etc.:

---

---

---

---

---

Conclusion/Comments:

---

---

---

---

---

# Compassion Satisfaction/Fatigue Self-Test for Helpers

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self-test helps you estimate your compassion status: how much at risk you are of burnout and compassion fatigue and also the degree of satisfaction with helping others. Consider each of the following characteristics about you and your current situation. Write in the number that honestly reflects how frequently you experienced these characteristics in the last week. Then follow the scoring directions at the end of the self-test.

**0=Never   1=Rarely   2=A Few Times   3=Somewhat Often   4=Often   5=Very Often**

## Items About You

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I find my life satisfying.
- \_\_\_\_\_ 3. I have beliefs that sustain me.
- \_\_\_\_\_ 4. I feel estranged from others.
- \_\_\_\_\_ 5. I find that I learn new things from those I care for.
- \_\_\_\_\_ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- \_\_\_\_\_ 7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- \_\_\_\_\_ 8. I have gaps in my memory about frightening events.
- \_\_\_\_\_ 9. I feel connected to others.
- \_\_\_\_\_ 10. I feel calm.
- \_\_\_\_\_ 11. I believe that I have a good balance between my work and my free time.
- \_\_\_\_\_ 12. I have difficulty falling or staying asleep.
- \_\_\_\_\_ 13. I have outbursts of anger or irritability with little provocation.
- \_\_\_\_\_ 14. I am the person I always wanted to be.
- \_\_\_\_\_ 15. I startle easily.
- \_\_\_\_\_ 16. While working with a victim, I thought about violence against the perpetrator.
- \_\_\_\_\_ 17. I am a sensitive person.
- \_\_\_\_\_ 18. I have flashbacks connected to those I help.
- \_\_\_\_\_ 19. I have good peer support when I need to work through a highly stressful experience. I have had first-hand experience with traumatic events in my adult life.
- \_\_\_\_\_ 20. I have had first-hand experience with traumatic events in my adult life.
- \_\_\_\_\_ 21. I have had first-hand experience with traumatic events in my childhood.
- \_\_\_\_\_ 22. I think that I need to "work through" a traumatic experience in my life.
- \_\_\_\_\_ 23. I think that I need more close friends.
- \_\_\_\_\_ 24. I think that there is no one to talk with about highly stressful experiences.

- \_\_\_\_\_ 25. I have concluded that I work too hard for my own good.
- \_\_\_\_\_ 26. Working with those I help brings me a great deal of satisfaction.
- \_\_\_\_\_ 27. I feel invigorated after working with those I help.
- \_\_\_\_\_ 28. I am frightened of things a person I helped has said or done to me.
- \_\_\_\_\_ 29. I experience troubling dreams similar to those I help.
- \_\_\_\_\_ 30. I have happy thoughts about those I help and how I could help them.
- \_\_\_\_\_ 31. I have experienced intrusive thoughts of times with especially difficult people I helped.
- \_\_\_\_\_ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
- \_\_\_\_\_ 33. I am preoccupied with more than one person I help.
- \_\_\_\_\_ 34. I am losing sleep over a person I help's traumatic experiences.
- \_\_\_\_\_ 35. I have joyful feelings about how I can help the victims I work with.
- \_\_\_\_\_ 36. I think that I might have been "infected" by the traumatic stress of those I help.
- \_\_\_\_\_ 37. I think that I might be positively "inoculated" by the traumatic stress of those I help.
- \_\_\_\_\_ 38. I remind myself to be less concerned about the well-being of those I help.
- \_\_\_\_\_ 39. I have felt trapped by my work as a helper.
- \_\_\_\_\_ 40. I have a sense of hopelessness associated with working with those I help.
- \_\_\_\_\_ 41. I have felt "on edge" about various things and I attribute this to working with certain people I help.
- \_\_\_\_\_ 42. I wish that I could avoid working with some people I help.
- \_\_\_\_\_ 43. Some people I help are particularly enjoyable to work with.
- \_\_\_\_\_ 44. I have been in danger working with people I help.
- \_\_\_\_\_ 45. I feel that some people I help dislike me personally.
- \_\_\_\_\_ 46. I like my work as a helper.
- \_\_\_\_\_ 47. I feel like I have the tools and resources that I need to do my work as a helper.
- \_\_\_\_\_ 48. I have felt weak, tired, run down as a result of my work as helper.
- \_\_\_\_\_ 49. I have felt depressed as a result of my work as a helper.
- \_\_\_\_\_ 50. I have thoughts that I am a "success" as a helper.

### Items About Being a Helper and Your Helping Environment

- \_\_\_\_\_ 51. I am unsuccessful at separating helping from personal life.
- \_\_\_\_\_ 52. I enjoy my co-workers.
- \_\_\_\_\_ 53. I depend on my co-workers to help me when I need it.
- \_\_\_\_\_ 54. My co-workers can depend on me for help when they need it.
- \_\_\_\_\_ 55. I trust my co-workers.
- \_\_\_\_\_ 56. I feel little compassion toward most of my co-workers.
- \_\_\_\_\_ 57. I am pleased with how I am able to keep up with helping technology.
- \_\_\_\_\_ 58. I feel I am working more for the money/prestige than for personal fulfillment.
- \_\_\_\_\_ 59. Although I have to do paperwork that I don't like, I still have time to work with those I help.
- \_\_\_\_\_ 60. I find it difficult separating my personal life from my helper life.
- \_\_\_\_\_ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
- \_\_\_\_\_ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role as a helper.
- \_\_\_\_\_ 63. I have thoughts that I am a "failure" as a helper.
- \_\_\_\_\_ 64. I have thoughts that I am not succeeding at achieving my life goals.
- \_\_\_\_\_ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
- \_\_\_\_\_ 66. I plan to be a helper for a long time.

# Scoring Instructions: Compassion Satisfaction/Fatigue Self-Test for Helpers

Please note that research is ongoing on this scale and the following scores should be used as a guide, not confirmatory information.

Be certain you respond to all items.

Mark the items for scoring:

Put an x by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.

Put a check by the following 16 items: 17, 23-25, 41, 42, 45, 48, 49, 51, 56, 58, 60, 62-65.

Circle the following 23 items: 4, 6-8, 12, 13, 15, 16, 18, 20-22, 28, 29, 31-34, 36, 38-40 and 44.

Add the numbers you wrote next to the items for each set of items and note:

*Your potential for Compassion Satisfaction (x):*

118 and above = extremely high potential

100-117 = high potential

82-99 = good potential

64-81 = modest potential below

63 = low potential

*Your risk for Burnout (check):*

32 or less = extremely low risk

33-37 = low risk

34-50 = moderate risk 51-75 = high risk

76-85 = extremely high risk

*Your risk for Compassion Fatigue (circle):*

26 or less = extremely low risk

27-30 = low risk

31-35 = moderate risk 36-40 = high risk

41 or more = extremely high risk

Chart by circling the appropriate score categories below for your assessed level of risk.

Level of Risk	Burnout Level	Compassion Fatigue (CF) Level	Satisfaction Level
High/Extremely	51 or more	36 or more	82 or more
Moderate	34 – 50	31 – 35	64 – 81
Extremely Low/Low	32 or less	30 or less	63 or less

[Adopted by B. Stamm and included in a chapter in C. R. Figley (Ed.) (in press), *Treating Compassion Fatigue*. Philadelphia: Brunner/Mazel]