How to relax more, worry less and lead a happier life

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An interactive communication skills workshop for all dental professionals

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Apocalypse now

Dentistry today in the UK can be likened to a mushroom cloud of pressure and legislation swallowing and consuming all in its path. Most clinicians and staff working in the current NHS and Private system would agree that we exist in one of the most heavily regulated and micromanaged healthcare environments, anywhere in the world. I personally also think it's how you see things too and how you have become conditioned, for example the glass half empty or the glass half full mindset can apply.

Whichever way you prefer to look, it is crucial to recognise what is clearly a reality. That for dentists and their teams to enjoy fulfilling experiences they must be aware of how important it is to maintain good physical and mental health and to do this its useful to understand the implications of stress.

Dentists and their teams experience a variety of stressors which begin in Dental School and when entering practice these will almost certainly increase too. For those who aren't prepared complications such as burnout, depression, general anxiety disorders, physical symptoms including back, neck and shoulder pain and stomach pains which could if left unchecked, lead to depressive episodes or thinking. These symptoms are brought on due to workplace, financial, practice management and societal issues that clinicians and their teams face each and every day.

The disorders mentioned left unchecked, will of course also lead to having wider spread effects on shared personal and professional relationships in addition to impacting on health and well- being.

Stress is difficult to define mainly because we all experience it in different ways and in different situations. It was first coined in 1936 by Hans Selye as **'The non specific response of the body to any demand for change.'** I like the following definitions; **''Stress can be defined as the biological reaction to any adverse internal or external stimulus-physical, mental or emotion that tends to disturb the organisms homeostatis.'' (Journal of Amercian Dentistry (Rada & Johnson-Leong 2004) 'Stress is simply the body's response to changes that create taxing demands.''**

We should also consider the 'Eustress' experience which is a short term response to the environment or situation, which will fire just off enough neural activation, not to be perceived as a threat but more of an activator, toward high performance achievement. Good examples of this may include the drive a practitioner and his nurse may have to ensure that a demanding patient has a naturally pleasing, highly-aesthetic looking restoration.

Dentistry attracts character types who are naturally drawn into its scientifically precise world. They harbour strong desires for technical perfection as well as patient wellbeing. This leads to them setting lofty goals in terms of personal expectations for income, performance for themselves and others. This drive for clinical excellence can result in them being particularly good at seeing the short comings of others, the system and their own efforts too. Indeed this obsessive nature in their wiring can itself be a burden which causes them difficulty.

Earlier stressful episodes can teach us things! Our brain being a pattern matching, meaning making device, can use the same learned stress response patterns to alert us about the onset of a stressful event perhaps sooner than someone who had never had a stressful experience of this type before.

How much stress anyone can handle of course will vary. Illness will decrease stress tolerance and many people can become aroused especially when short on sleep. The ability to handle stress can also be impacted when people are undergoing life changes, financial issues, moving house, family death, child birth, serious accidents and divorce. (Not an exhaustive list) Conversely, things that may serve to help will include people who live with us and whom we might work with. Clinicians and staff who work well together and have strong relationships can be great in helping tolerance in stressful events too.

From a psychotherapy perspective it's interesting how earlier stressful episodes can teach us things! Our brain being a pattern matching, meaning making device, can use the same learned stress response patterns to alert us about the onset of a future stressful event perhaps sooner than someone who had never had a stressful experience of this type before. If exposed to the same event repeatedly we can learn standardised responses to get what we need.

Stress in Dentistry

Studies of dentists reveal that they perceive dentistry as being more stressful than other occupations. When 3500 dentists were questioned about their experiences, around 38% indicated that they were always or frequently worried and anxious. A similar number indicated that they felt physically or emotionally exhausted and a quarter indicated they had headaches and backaches frequently or almost daily. In addition they experience intestinal and abdominal problems too. Along with the psychological disorders associated with stress come anxiety and depression. Although these symptoms don't necessarily mean an intervention is required by a specialist in these areas, they will almost certainly affect the dental professionals' ability to perform and quality of life.

Time management in the clinic and keeping within schedule is always one of the greatest reported stressors. Especially when there are several failure to attends which can't always be immediately replaced. Numerous surveys of dental professionals confirm what we experience. There isn't a workshop that goes by where we aren't discussing this topic. What is truly revealing is that anxious patients on the whole are considered less stressful than the clinician running behind on time. Other stressors that repeatedly appear are coping with

challenging or non compliant behaviours from patients, language barriers, cultural differences, the workload, governmental interventions, the failure of professional registration bodies being more supportive against the rising tide of litigation and of course the commercial pressures caused, from the rise of corporate dentistry here in the UK.

Mindfulness is not just about perception either, it's clear the working environment you're working in will have an effect too. The clinical room is often small and the clinical focus will be in an even smaller place for much of the day- the mouth! Dental clinicians and their DCP staff, remain seated much of the day, unless their computer is not immediately nearby, making small precise movements with their hands and their eyes focused on a specific spot. Most dentists report to us that they talk actively to patients but some will tend to leave the 'People Stuff 'to their DCP and support staff, as their concerns are clinical and getting the job done well and on time is of a high priority especially when they need keep meticulous records and see large volumes of patients in the working day.

Reports show also that where staff go onto manage a team, such as a dental nurse building her career to practice management and an associate becoming principal of their own practice. The main stressors are no longer clinical exposures but managing others. Interestingly too, a number of DCP and reception staff can find themselves stressed through significant uncertainty due to roles in the practice becoming confused or ambiguous. Some practitioners can struggle with the implementation of extended duties by DCP staff and can be resistant to change introduced by governing bodies as they see their roles being encroached upon. This resistance can sometimes lead to interpersonal conflict because the DCP may feel their skills are underused and this can impact on self esteem and a lack in their sense of perceived autonomy. Dentists even today don't receive much training during dental school on interpersonal skills within practice management and so may lack the skills to resolve these situations resulting in staff absenteeism or turnover.

Burnout in Dentistry

Longer term stress in dentistry can lead to professional burnout. This has been termed as the gradual erosion of the person and can be seen as emotional exhaustion, negative indifference or cynicism toward patients and colleagues (Dehumanization or Depersonalization) and dissatisfaction with a tendency for people in this mindset to consider their accomplishments and working achievements in a negative light. Any one of these three will almost certainly have a negative impact on the relationships that these people have with others in their lives.

Burnout can arise from prolonged exposure to the stress stimuli mentioned previously but more especially if the staff member fails to apply coping strategies to deal with the stressors themselves. A very high factor in burnout, can be the loss of career perspective (Gorter RC et al 1998) as well as over focusing on problems, lack of positive feedback, where the level of emotional stress is particularly high and where problems are perceived as chronic. That said burnout where a practitioner is young will more often as not, result in them remaining in their career but making changes into the way they worked and their routines.

This suggests that burnout need not have long term negative consequences. Researchers found that 3 types of dental clinician had various experiences when reviewing the levels of burnout. The highest levels of burnout occurred in general dentists and oral surgeons whilst orthodontists seemed to experience the lowest levels of burnout (Humphris G 1998 Dental Update and Kaney S 1999 Br Journal Orthodontics)

More recent research on burnout conducted in 2008 took 500 dentists from the United Kingdom's GDC council register and reviewed the opposite end of the spectrum by looking at work engagement levels. It demonstrated that 83% of dentists questioned in the postal poll had work engagement scores suggesting moderate or high work engagement. It showed that 8% of those questioned were very highly rated on all burnout rating questionnaires and 18.5% rated highly on two questionnaires. Dentists who succeeded in postgraduate studies and attended postgraduate education courses showed lower burnout ratings as did those who worked in larger teams and group settings. It's thought that this situation offers a support network to the staff. Dentists who worked a larger proportion of their time within the NHS showed lower engagement and higher levels of burnout. (No surprise their then!!)

The conclusions of the survey were that a small number of dentists in the UK experienced significant levels of burnout and a larger proportion showed low level engagement which suggested a negative attitude to their work. Higher burnout scores and lower engagement scores were found amongst those without postgraduate qualifications and those working in small teams and those working in the NHS. (Summary of Occupational burnout and work engagement. A national survey of dentists in the United Kingdom 2008 DA Denton, T Newton and EJ Boxer)

The availability of research on other staff reveals with Dental Hygienists for example that the incidence of burnout is fairly favourable when compared to other occupations. According to a report in the International Journal of Dental Hygiene May 2005 it was suggested that around one in eight dental hygienists felt emotionally exhausted and typically reported work stressors such as musculoskeletal pain, combining work with private life, long working hours, working in isolation, mostly without an assistant plus difficult and demanding patients, time management especially allowing time to unwind and doubts about their own capabilities.

What else stress's Dental Professionals?

Things like the drive for perfectionism amongst dentists and other characteristics that make a good clinician, can be at the very heart of what causes these complications. Peoples' personality and temperaments can play a significant part in their perception of stress and its effects. People who are highly decisive, tend to be self reliant, have a high value of self worth and are good at searching out information have good coping skills. The same observations apply to individuals even under pressure, maintain a positive self image and know how to relax so as to reduce pressure, they also cope better with stress and can be more open to being helped by others.

The urban legend that Dentists have the highest suicide rate dates back from the 1930's and is actually untrue. Vets according to the BBC reports, have nearly double the suicide rates of Doctors and Dentists. There in fact appears to be no statistical evidence to support this myth either, the American Dental Association undertook a survey which revealed that on the whole dentists do tend to enjoy good physical health and live longer than people in other occupations, but their general mental health has shown to be poorer.

When you explore more of the evidence its clear that the medical and dental professions tend to experience higher levels of depression than many other occupations and further more a complicating factor is that they are often uncomfortable and embarrassed with the idea that they too may need help from time to time.

Young dentists develop stress disorders for a variety of reasons, there are two UK studies demonstrating that the sources of stress can come from the enormous numbers of patients they are required to see on a daily basis, money and budgetary pressures, uncertainty as an associate as to what's expected of them plus fears about litigation and complaints and the belief that patients can be too demanding. Nearly 67% of young dentists in their final year of training had experienced extreme anxieties and many reported drinking to excess and experimentation with illicit drugs. (Baldwin et al BDJ 1999 Young dentists work, wealth, health and happiness) & (Newbury et al BDJ 2002 Changing patterns of drinking, illicit drug use, stress, anxiety and depression in dental students in a UK dental school)

Clearly there is importance to be placed on stress management for young dentists and those with more experience in the profession. Perhaps additional training is also required in the dental curriculum but what is encouraging is the development of more of these courses on postgraduate education programmes, certainly since early 2003. Workshops such as this are designed ideally as stress relievers. So within this programme, we'll be exploring the benefits of breathing and relaxation exercises as well as information and ideas on handling your thinking or mindfulness as its become known more recently. We'll take time to also explore how to manage time more effectively to get the work life balance aligned and the use of social support systems currently available to the profession.

Professional counselling for some individuals may be a necessity if stress is affecting your normal lifestyle equally there are several support groups available including the British Doctors and Dentists Group their web site can be located here. http://www.bddg.org

I have always found interesting how those who I work alongside in the tutor capacity often report the benefit they get from organising course or on line materials for the benefit of others in the profession. In support of this researchers have found that dentists and their staff, who take on teaching, tutor, mentoring or leadership roles in addition to their practice activity find it not only rewarding but stress relieving too. There is much speculation about why but some of the reasons could be increased social activity with people who are like them too, improved self esteem because they see themselves contributing to the greater good of the profession, an increased sense of autonomy about what is taught as well as a way of stimulation added interest in patients as a rich source of teaching opportunities.

Of course it's not always possible to remove stress inducing situations that come from a busy practice or lifestyle. Practice management and finance issues will continue whilst you are in the profession. It is possible however to change the way you focus your attention or mindfulness because stressors like personal expectations such as seeing sufficient patients numbers quickly enough, for UDA purposes, or booking sufficient private patients to meet life style expectations are something that can be perceived as a stress inflictor and source of pain. These can often be the issues you might reappraise as to whether they are realistic, achievable or indeed rational.

What are the complications of long term stress?

Anxiety Disorders

These aren't every day stress and performance arousal responses that we'd experience when speaking publicly to peers or colleagues. Anxiety disorders are relentless and grow progressively worse if left untreated. The two most common disorders are **Panic disorder** and **Generalized Anxiety Disorder** (GAD)

Panic Disorders

Symptoms range from pounding heart needed to send blood flying around the body, profuse sweating to cool the body, clammy hands, feelings of dizziness, nausea, chest pains, sensations of being smothered etc. At a psychological level, people report being outside of themselves too with events feeling unreal and a fear often illogically of impending doom.

Panic Attacks are a direct manifestation of panic disorders and are liable to occur anywhere, although brief, usually last no more than 10 minutes and come in waves usually over a 4 hour period and are often triggered by unconscious pattern matches in the limbic brain or chemical imbalances. They can and do occur in everyday situations like being in a busy place surrounded by strangers, or something as simple as getting on the bus or going to a grocery shop. Sometimes in more severe cases the person can experience panic attacks whilst asleep too. Here in the UK around 1 in 10 people experience panic attacks occasionally. The physical symptoms that occur with panic attacks do not mean there is a physical problem with the heart, chest, etc. The symptoms mainly occur because of an overdrive of nervous impulses from the brain to various parts of the body during a panic attack.

What to do if you, a friend or your patient is having a panic attack?

It's easiest to begin by encouraging the patient to concentrate on consciously controlling their breathing. This slows their thoughts as a consequence. Suggest that they breathe slowly and deeply. A good tip here is to ask the patient to try using the 5-7 technique. Ask the patient to inhale through the nose, for the count of 5 and then exhale on the count of 7 out of the mouth. The outward breaths cause relaxation responses and a reversal of the flight or fight reactions. Breathing into a brown paper bag often will do the trick too as the patient is over

breathing. Doing this causes them to re-breathe their own carbon dioxide. This helps to correct the blood acid level that had been upset by over-breathing.

General Anxiety Disorder

GAD is characterized by chronic omnipresent and exaggerated worry and tension in spite of the fact that there is nothing to actually create this. Where people experience GAD they seem unable to dispel their fears despite knowing that the intensity of fear is itself quite unwarranted. Physical manifestations of this condition include extreme fatigue, tension, inability to swallow, physical shaking, twitching, sweating and hot flushes as well as muscular pain.

People who experience mild GAD can still engage productively in social settings or the workplace but in more extreme cases the symptoms can be debilitating. GAD develops in about 1 in 50 people at some stage in life. Twice as many women as men are affected. It usually first develops in your 20s and is less common in older people. When symptoms present it is often accompanied by other anxiety disorders such as depression and often substance abuse as a means of reducing its effects. In the event that the anxiety is completely debilitating then treatment is often necessary.

What is the treatment for Panic Attacks, Panic Disorders and General Anxiety Disorders?

If panic attacks are a rare occurrence. No treatment is needed if you have just an occasional panic attack. It may help if you understand about panic attacks. This may reassure you that any physical symptoms you get during a panic attack are not due to a physical disease. It may help to know how to deal with a panic attack.

Treatment can help if you have recurring attacks (panic disorder). The main aim of treatment is to reduce the number and severity of panic attacks.

Talking Therapies.

Brief Solution Therapy and CBT based therapies are probably the most effective talking based treatment. These will probably work for over half of people with GAD to reduce symptoms and improve quality of life.

- CBT will help you understand your current thought patterns and behaviours and is designed to show you that these maintain or even fuel anxieties and other associated mental health issues. It's aimed to help you avoid these ideas and help you think more appropriately as well as changing the associated behaviours. Weekly sessions appear to be helpful over several weeks especially if you are participative with the therapist and undertake any home working assignments like keeping a worry diary to log the thoughts you entertain that encourage the symptoms.

Brief Solution Therapies are also known for being particularly effective too and the work involves you focussing on an absence of the problem and how life will be different without the symptoms. It focuses on what the client wants to achieve rather than on the problem. It's a newer field but has received much acclaim in recent years and I personally found it very effective working in my own professional practice during previous years.

MEDICATION

Antidepressant medicines

These are commonly used to treat depression, but also help reduce the symptoms of anxiety even if you are not depressed. Research trials suggest that antidepressants can ease symptoms in over half of people with GAD. They work by interfering with brain chemicals (neurotransmitters) such as serotonin which may be involved in causing anxiety symptoms.

- Antidepressants take 2-4 weeks before their effect builds up. People do however sometimes stop early believing that their attempts aren't working so it needs the time.
- Antidepressants are not usually addictive. Several are available and each have positive aspects and contraindications too. Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants are the ones most commonly used for anxiety disorders. The two SSRIs licensed to treat GAD are escitalopram and paroxetine. Other antidepressants that have been found to help include venlafaxine and duloxetine.
- **Note**: after first starting an antidepressant, in some people the anxiety symptoms become worse for a few days before they start to improve.

Buspirone or Buspar

It is an anti-anxiety medicine, but different to the benzodiazepines (discussed below). It is known to affect serotonin, a brain chemical which may be involved in causing anxiety symptoms.

- Like the antidepressants mentioned above these require time to have affect
- Usually a low dose is started and gradually built up over 2-3 weeks.
- A common plan is to try an eight-week trial. If it does not help, it should be stopped and a different treatment tried. If it helps, it can be continued. It is not clear how long it should be taken for. It is licensed for short-term use only. However, specialists sometimes advise for it to be taken for several months. It is not thought to be addictive.
- It is less likely to work if you have taken a benzodiazepine medicine such as diazepam within the previous 30 days.
- Buspirone's chemical structure and mechanism of action are completely unrelated to those of the benzodiazepines, and its efficacy is not comparable to that of members of the benzodiazepine family, such as diazepam

- Some people get side-effects such as feeling sick, headaches and dizziness. These are less likely to occur if you build up the dose over 2-3 weeks. Read the leaflet that comes with the medication for a full list of possible side-effects.

Benzodiazepines such as diazepam

Not so common in their prescription because of their addictive nature and tend to have a fairly short time effect which seems to wear off. These used to be the most commonly prescribed medicines for anxiety and first marketed as Vallium. They usually work well to ease symptoms. Side effects include making you drowsy. Not recommended for persistent anxieties such as GAD. A short course of up to 2-3 weeks may be an option to help over short bad events or setbacks.

Hydroxyzine

This is an antihistamine associated with itches, allergies, nausea, insomnia and motion sickness. It is sometimes used to ease anxiety symptoms. A common side-effect though is drowsiness.

Pregabalin

Pregabalin is a medication used for several conditions (principally epilepsy). It has been found useful in GAD and is approved for use in European Union since 2007. It tends to be considered for GAD if the other treatments mentioned above have been unhelpful. Side effects include dizziness or drowsiness.

Betablocker medicines such as propranolol

These are sometimes used but not to be used if you are taking part in the Olympics!! They tend to work better in acute (short-lived) anxiety rather than in GAD. They may ease some of the physical symptoms such as trembling, but do not affect the mental symptoms such as worry.

A combination of treatments

Talk and Pharmacology based therapies work well with GAD and Depression but both have different effects on the brain. CBT changes activities in the Cortex to modulate mood and alters how you react to negative emotions in the environment. Drug based treatment strategies modulate the brainstems neurotransmitters which change basic emotional behaviours. In the Drugs change the chemical balance of the brain through effects at very specific target sites whilst CBT taps into different parts of the same depression circuit board. I personally suggest a mix of the two approaches but you should consult a medical practitioner to confirm the suitability of any medications you plan to take.

Depression

According to the Mental Health Foundation in the UK one in four people will be likely to have a depressive episode during their lives. Major depression is an illness that affects the way people eat, sleep, feel about themselves and think about things. Around 60% of people suffering depression will also experience an anxiety disorder.

It's also not a sign of weakness or a condition that can be just simply wished away. Without treatment, symptoms can last weeks, months or even years. Depressive illnesses can often interfere with normal functioning and cause pain not only to those with the disorder but also those who live with them too. As a result of people not always recognising that this is a treatable illness the suffering it causes can be unnecessarily prolonged. It's driven by several factors for instance personality, the environment in which the sufferer lives and their own psychological wiring and their propensity to become depressed. It can often occur due to a major life changing event such as divorce, death of a loved one etc.

As we'll discover later it's often those who have low self esteem or a tendency to see the world from negative perspectives are most likely to become most impacted by depression. They are also likely to fall into the deepest and long lasting depressive episodes when compared to those with a sunnier disposition who will recover from depression more rapidly.

The first step to diagnosis of depression is to seek a full medical examination with a physician. If a physical reason for the depression is ruled out then a psychological evaluation needs be carried out. The presenting physical symptoms for depressed patients can come in the form of lower back pain, insomnia or migraine headaches. Of course doctors are now versed to ask the kinds of questions to rule out depression.

Criteria for major depressive episode Diagnostic and Statistical Manual IV are;

- *Depressed mood most if not all day, nearly every day!*
- *Loss of pleasure or interest in usual activities*
- *Disturbance of appetite*
- *Sleep Disturbance*
- *Psychomotor agitation and retardation*
- *Loss of energy*
- *Feelings of Worthlessness*
- *Difficulties in thinking and concentrating*
- *Recurrent thoughts of death or suicide*

When someone exhibits five or more of the above symptoms, including either one of the first two from the above list, for a two week period, they are considered to be suffering a major depressive episode.

Other physical disorders that affect dental teams

Top of the list is of course muscular skeletal disorders (MSD's) which affect most practitioners and their staff during their career. Interestingly enough some dentists actually reported that these issues began affecting them as early as their third year in practice. Researchers have found that in 80% of staff questioned, they'd experienced muscular skeletal issues in the past 12 months. A large study of Greek dentists for example showed around 30% had chronic complaints, 16% spells of absence with 32% seeking medical attention.

Lower back pain firstly is most prevalent and especially among those dental professionals who spend much of their day working in a seated position and have more severe lower back pain than those who alternate between sitting and standing when in clinic.

The prevalence of hand and wrist complaints among dental staff comes second and is especially high with hygienists, with the chronic nature of these complaints often leading to carpal tunnel syndrome symptoms.

Neck and shoulder complaints are less prevalent than lower back pain in most studies. That said those with lower back pain tended to report more neck, wrist and shoulder pain than those not experiencing lower back pain. These issues tend to be most prevalent where staff work long hours without a break to walk around or stretch therefore it is recommended that clinicians and their team members take time out of their schedules for brief stretching exercises in order to loosen up during the day.

The causes of MSD's common to dental operators are multifacited There is a relationship between biomechanics of the seated working postures, repeated unidirectional twisting of the trunk, working in one position for prolonged periods, operators flexibility and core strength condition all play a part in the onset of disorders and the frequency and intensity in which they are experienced.

The Journal of American Dentistry has some fantastic articles that you can refer to in much more detail here's the link to one that I found most useful as it speaks in layman language and has lots of nice pictures to accompany the dialogue. The authors reviewed the implications of prolonged, seated working postures on dental operator health and the potential development of musculoskeletal disorders, or MSDs. It will set you back around $15.00 though to access.

http://jada.ada.org/content/134/10/1344.full

Other material on this which is absolutely excellent is available here on Slide Share which is a brilliant and free information service **http://www.slideshare.net/msalary/mechanisms-leading-to-musculoskeletal-disorders-in-dentistry-new**

The ideas about ergonomics are tremendous.

The Holmes and Rahe Stress Scale

Our ability to cope with the demands of life is the key to our perception of how stress impacts on us. Imagine if everything in your life is going well then the idea of starting work in a new clinic can be exciting however, in the event of you starting a new job when moving house, experiencing money problems or worse still, suffering from the death of a loved one, it can mean the same event can have extreme stress effects.

Just how much will it take you to get pushed over the edge?

The Holmes and Rahe Stress Scale was first used in 1967 when psychiatrists Thomas Holmes and Richard Rahe studied 5000 medical patients to discover whether any of them had experienced any of the 43 life events in the previous two years. Each event is referred a life change unit (LCU). Each LCU has a different weighting for stress. The more LCU's a patient adds to his total the greater the increased weighting for stress.

Begin firstly by selecting the LCU's in your current life circumstances during the last two years and record the values in column 3. Then simply add the values at the bottom.

LIFE EVENT	LIFE CHANGE UNITS	TRANSPOSE VALUE BELOW:-
Death of a spouse	100	
Divorce	73	
Marital separation	65	
Imprisonment	63	
Death of a close family member	63	
Personal injury or illness	53	
Marriage	50	
Dismissal from work	47	
Marital reconciliation	45	
Retirement	45	
Change in health of family member	44	
Pregnancy	40	
Sexual difficulties	39	
Gain a new family member	39	
Business readjustment	39	
Change in financial state	38	
Death of a close friend	37	
Change to different line of work	36	
Change in frequency of arguments	35	
Major mortgage	32	

Foreclosure of mortgage or loan	30	
Change in responsibilities at work	29	
Child leaving home	29	
Trouble with in-laws	29	
Outstanding personal achievement	28	
Spouse starts or stops work	26	
Begin or end school	26	
Change in living conditions	25	
Revision of personal habits	24	
Trouble with boss	23	
Change in working hours or conditions	20	
Change in residence	20	
Change in schools	20	
Change in recreation	19	
Change in church activities	19	
Change in social activities	18	
Minor mortgage or loan	17	
Change in sleeping habits	16	
Change in number of family reunions	15	
Change in eating habits	15	
Vacation	13	
Christmas	12	
Minor violations of the law	11	
	Total amount of LCU's	

Score of 300+: At risk of stress related illness.
Score of 150-299+: Risk of stress related illness is moderate (reduced by 30% from the above risk).
Score 150-: Only a slight risk of stress related illness.

Putting First Things First

Transformational change is the creation of a new realm of possibility. We can't be with life, without adding a meaning. When something happens or something is said, we don't so much respond to what happened or what was said but more to the meaning we applied to the event.

People who you interact with, aren't actually responding to you, they are reacting to their own meanings of the event itself. The event as it occurred isn't reality, the reality is in their heads and how they perceived it just as much as it is in yours.

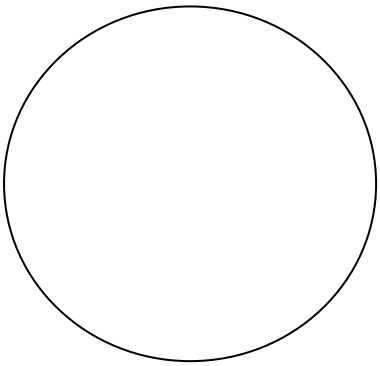
We are addicted to who we are from the past, we make interpretations often based on the thinking and associative patterns of our younger selves, in other words, we are driven by the thinking of our earliest experiences and meanings we applied to them.

We are pattern matching, meaning making machines.

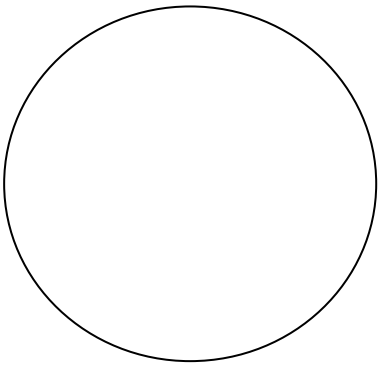
It's not the event that hurts but the way in which we perceive and process the experience. How we do this will often predispose our reactions to events in the future...

Think about one of the earliest childhood events you can where you felt unhappy/uncomfortable or uncertain….

What actually happened….??



The story I gave the event was….??



How did this event make you feel and how familiar are you with this feeling today???_____

_____

What was the positive intention you had by writing the story this way???

_____

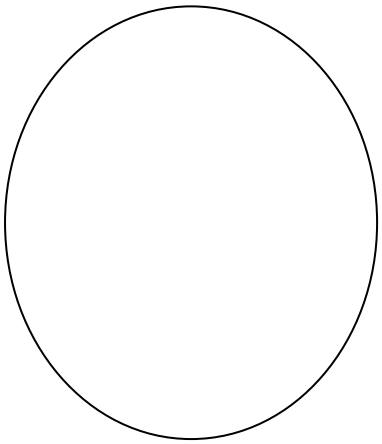
_____

Since that early event, how much effort have you put yourself through to avoid feeling this way again and in what way has this affected your personality?

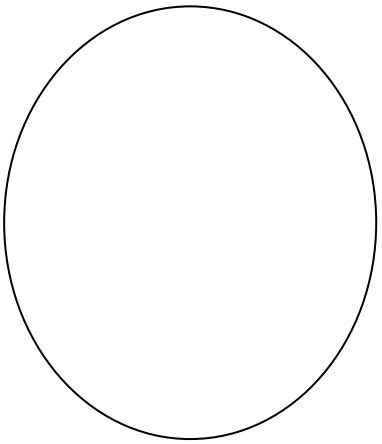
_____

Think about another event, more recently, where you felt unhappy/uncomfortable or uncertain….

What actually happened…??



The story I gave this event was…??



How did this event make you feel and how familiar are you with this feeling today???_____
_____

What was the positive intention you had by writing the story this way???
_____
_____

What patterns between the two events do you see or notice???

_____
_____

Human Truth's

The constraints of the past impose themselves on your current thinking and affect the way you think about the future too.

Human beings are totally self absorbed – they spend all their lives searching for evidence that validates their opinions of themselves…

That internal dialogue you have will always continue and if it's especially negative then just hang up…!!

It's not about what's wrong in life, it's more about what's possible…

Handling Setbacks and Life's Let Downs

Research from Martin Selligman professor of psychology at the University of Pennsylvania dating back from the early 1960's showed that people react to set backs and positive events in a variety of ways. There was evidence from his research that when faced with difficult or even successful outcomes, people would explain the meaning of these events, to themselves using explanatory styles. These styles were either optimistic or negative with varying degrees. The degrees of these styles were based on explanatory factors such as;

Personalisation (How I contributed to the event) *'It was all my fault'. 'I got it all wrong.'* Would be the language pattern of **someone who held negative beliefs** that were personalised to their actions. On the other hand the same event would affect **someone with an optimistic outlook** differently. They might say to themsleves *'It wasn't my fault. I didn't get this wrong, there were other factors or people that casued this.'*

Pervasiveness (How much of their life is affected by events) *'All the patients have it in for me at this practice'* Would be the thought pattern of **someone who held a negative explanatory style** and as you can by now guess **a practitioner with an optomistic stlye** might say to themselves *'Sometimes Mr Reece can be a difficult patient but at least the rest of them today are nice and so are the 2,000 others on my list….'*

Permanence (How long will the event effect me). *'I should never have become a dentist/nurse. I am just not cut out for this kind of work, never have been, never will!'* **Would be the explanitory style of a negative thinker** whereas **a more optimistic individual might think** *'It was a shame that filling fell out last week, Im usually good at these things still not to worry, Mr Smith will be back in again on Monday and I will help him with this then.*

It was also evident that people with **negative explantory styles** would apply the same principles when things went well too. Imagine passing a driving test for example. The **negative thinker might say to themselves afterwards;-** *'I was lucky today, good job he didn't ask me to do a 3 point turn in a tight space as I'd never have gotten around…phew thank goodness for that.'* **On the other hand a optimist might look at this situation and tell themselves** *'I passed my driving test today because I am a good driver, I knew I could do it..!'*

Working to Improve Your Explanatory Style…

Activating Event	A normally regular patient complains abruptly that your comments to her daughter weren't polite and she ought to complain to the higher authorities about your conduct…
Belief	What have I done wrong this time? These ungrateful people!
Consequence	This is a bloody nightmare I hope she doesn't take this further…going before the GDC is the last thing I need…the stress and the disruption will be awful…
Disputation	She's never been a problem patient before…perhaps she's had an off day.The vast majority of my patients like my work and are also really appreciative of what I do and repeatedly recommend their friends! Even if she did go further I have kept good records and no one else has complained about my conduct before, so this is a one off and an isolated case.
Energizer	I had better phone my defence organization to let them know, they'll be able to advise me what to do next and besides most complaints get settled quickly and I can move on from this. It will also a learning experience as to how to improve my communication with patients

Activating Event	Patient complained to me that the about the cost of work and that he'd not realised that this was a private treatment. He said I was ripping him off too in a gentlemanly fashion…
Belief	
Consequence	
Disputation	
Energizer	

Activating Event	
Belief	
Consequence	
Dispuation	
Energizer	

Disempowering Negative Beliefs and Explanatory Styles

What evidence is there that disempowers this thought?

How can I prove these thought are true?

What would a confident friend of mine do in this situation?

How else could I choose to look at this situation?

What isnt a problem right now?

How will this appear to me in 18 months time?

What parts of my life arent affected by this event?

What is the most useful way to think about this right now?

What can I do to help fix the problem

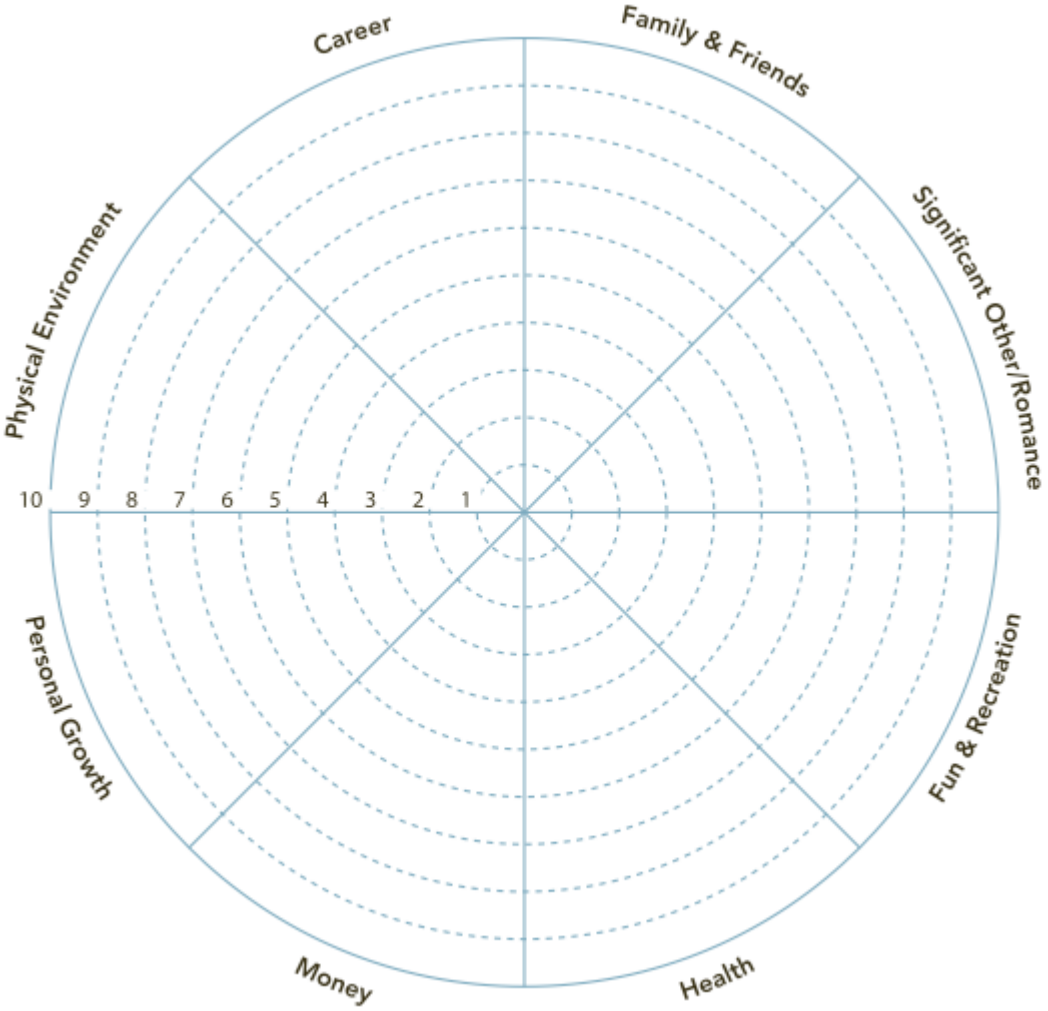
Who might I call on for advice and more perspective?

What can I learn from this episode and how much better am I now?

What is the next step?

The wheel of life

The eight sections within the wheel of life represent an area of your life. In order to lead a balanced approach to your existence each area requires attention and adjustment from time to time.



How to use this exercise.

Assessing your happiness with those areas of your life is only the beginning. As the wheel of life not only helps you figure out which areas require more attention it will also help connect you with the satisfaction and gratitude in the areas that are working well for you too. Use the wheel of life to help you connect with those areas where abundance exists and your potential for future happiness.

Use the wheel to work through 5 assessment stages but do take your time. There will be some that are easy to respond to and others that will simply elude you when completing this exercise today. You may like to revisit these areas everyday for a while in order that ideas can seep down from the unconscious mind to help you.

Stage 1

Ask yourself how satisfied or happy you are with each area of your life on a scale of 1 for least satisfied/happy and 10 being most satisfied/ happy. Shading in the area above the rating will immediately give you a visual feedback of the areas where there is most potential for growth.

Stage 2

Consider first the areas you have shaded in and even if there is a low score, this suggests that there is value here too. What do you have to be grateful for? What is working well and what do you feel pretty good about that you don't always notice or value in your daily life?

Career	
Family and friends	
Significant others/romance	
Fun and recreation	
Health	
Money	
Personal Growth	
Physical Environment	

Stage 3

Here is where we want to have you truly connect with your desires.

Try to distinguish between what you truly want and the advice and input of others have suggested that you want.

Ask yourself the question what would truly be most satisfying to me and what would the world I experience be like if it were a 10?

Career	
Family and friends	
Significant others/romance	
Fun and recreation	
Health	
Money	
Personal Growth	
Physical Environment	

Stage 4

Consider in each area, the way in which choices you have made to date have contributed to your current situation. If you are truly unhappy with your life then you need to take steps to change this.

You might like to pose the following questions to yourself.

Am I short changing myself and then complaining about feeling dissatisfied?

How can I give more to this area?

Is my reluctance to make changes an indication that I am more satisfied with where I am than I thought I was?

Career	
Family and friends	
Significant others/romance	
Fun and recreation	
Health	
Money	
Personal Growth	
Physical Environment	

If you have real difficulty in sorting how you really feel about an area of your life or if you feel that you will have difficulty making changes even though you know it's for the best, that's where a personal coach might can be of tremendous help. Don't be afraid to get help in order to understand your own hesitation and learning to make better more productive choices.

Stage 5

If you feel your ready to ask for more out of life. What do you feel you deserve more from each area? Can you let yourself accept and expect the best most satisfying life?

Career	
Family and friends	
Significant others/romance	
Fun and recreation	
Health	
Money	
Personal Growth	
Physical Environment	

Mood Monitor Record Week 1

For every smiling face that you put on your chart please state the reason on the next page and explain what is happening at the time. Draw the most appropriate face to reflect your mood at the time.

	**Early morning**	**Mid Morning**	**Lunch time**	**Afternoon**	**Early Evening**	**Late Evening**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Mood Monitor Record Week1

	Explain any smiling faces and say what was happening at the time when you felt this way…
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Improve Your Mind Through Your Lifestyle Too…

Don't allow the weather, the economy, CQC, information governance or for that matter, primary care commissioning uncertainties amongst all the other things, affect your thinking and mood. Especially if you're looking forward to a great start in 2012

Eat Well....We are what we eat quite literally. In order to manage ourselves its essential that we consume foods that are high in Omega 3 fatty acids. Good sources for this is as you'd expect, Fish but also nuts, seeds, leafy fresh vegetables etc. People who fail to consume sufficient amounts are more liable to bouts of depression.

There has been recent research here in the UK, on patients that were depressed and this revealed that 70% of those given Omega 3 supplement as well as antidepressants went onto recover from their low mood, compared to 35% of subjects who took medication alone.

Exercise and Sunlight are important too. Aerobic activities like brisk walks, cylcling, ice skating and jogging if you fancy that too, will boost you mood through the production of natural feel good chemicals like dopamine and serotonin.

Researchers compared the effects of Serotonin with Lustral, a commonly marketed antidepressant. Their findings were interesting because they discovered that people who walked for 30 minutes three times a week did just as well as those taking the medication when overcoming depressive bouts.

Any exercise that puts you out of breath but leaves you capable of still holding a conversation will it seems also produce the brains growth hormone BDNF which will also reverse the negative toxic effects of rumination.

Remember to get as much sunlight as possible too. Your body's own clock can get out of sync and result in your circadian and ultradian rhythms changing which influences your sleep patterns, energy levels and appetite as well as your hormone levels. The disruption could cause increased risk of short term depressive episodes.

Socialising with friends is tremendously important because having fun with others tends to take your mind off your own worries and reduces opportunity to ruminate. Shared time with friends or loved ones is always time well spent. Go for dinner, listen to a concert, watch a movie at the cinema or have friends over for the evening will all do the trick.

Sleep is closely linked to your mood. A few nights interrupted sleep will leave you feeling vague and lethargic. When it goes on for much longer periods it can upset our ability to think straight and remain calm in spite of pressures working within the dental profession.

We think depression is an illness linked to sleep and dream states. Poor sleep patterns make you vulnerable. Try going to bed and getting up at consistent times each morning and night. If you are experiencing insomnia then simply start setting your alarm clock 30 minutes earlier than you have been doing recently and tell yourself when you get into bed that you are going to try and keep awake. Slightly counter intuitive but there's a degree of reverse psychology behind this....

Being powerful in the face of problems around change…

When introducing change in a behaviour it's easier to pseudo-rationalise our excuses for not doing something we know will provide benefit. So here's a little gem to help reduce unconscious resistance to changing for the better!

Language structured around change/problem behaviour inhibits the change itself…

I want a new job **but** I don't have the time to start looking''

I want to get fitter **but** none of my friends want to train with me at the gym

I want to pass my dental exams **but** I don't have the energy to study after clinic

Small changes in words can lead to bigger changes in feelings and actions than you might imagine!!!

Replace **but** with **and....so....** in your explanation style and notice how the way you hold the change/problem behaviour.

I want a new job **and** I don't have the time to start looking **so...** I'll ensure that I leave from home earlier to drop into the library to do my research after all I need the change

I want to get fitter **and** none of my friends want to train with me at the gym **so...** I'll need to start at first going on my own and make new friends there.

I want to pass my dental exams **and** I don't have the energy to study after clinic **so...** I will arrange to go to bed earlier at 10.00pm and get up at 6.30am to study for 30 minute

Add two examples adding **but** below then replace it with **and…so.....**

I want _____**but**_____

I want _____**but**_____

I want _____**and**_____**so....**

_____

I want _____**and**_____ **so...**

_____

Examine what mood change occurs in you once you have done this. Discuss how you hold this problem or behavioural change differently and make a note of what's just happened.

Begin with an end in mind…

Imagine many years from now you're attending a funeral, its for a close friend. As you enter the funeral home you begin to notice that there are several people there that you know. In fact it's exciting because the more you look, the more you're surprised to notice that there are more and more people there that you know. Some appear familiar and others really close to also.

As you approach the coffin to pay your respects to the deceased, imagine the surprise you'd feel to see a picture on a frame of you mounted before the coffin. It suddenly becomes clear that this is in fact the very day of your funeral.

Consider the kind of Eulogy you'd want them to give from a point in the future having made several changes if needed in your life. Have friends, acquaintances, business colleagues, patients and loved one's come up and begin reading their Eulogy of how they saw you and what you gave and how you helped them by your contributions to their lives. Make a list here of 4 people and write brief notes about what they'd say about you at your own funeral. This is a reflection of how you have chosen to live too for the future.

Name and relationship	What they say in their eulogy to describe you in the future…
1.	
2.	
3.	
4.	

Rules of Being Human

Take a few minutes to discuss these rules and making note any observations you made from your life and the lives of others in your group about they way they felt on reading these statements with you

You will receive a body. You may like it or hate it, but it will be yours for as long as you live. How you take care of it or fail to take care of it can make an enormous difference in the quality of your life.

You will learn lessons. You are enrolled in a full-time, informal school called Life. Each day, you will be presented with opportunities to learn what you need to know. The lessons presented are often completely different from those you think you need.

There are no mistakes, only lessons. Growth is a process of trial, error and experimentation. You can learn as much from failure as you can from success. Maybe more.

A lesson is repeated until it is learned. A lesson will be presented to you in various forms until you have learned it. When you have learned it (as evidenced by a change in your attitude and ultimately your behaviour) then you can go on to the next lesson.

Learning lessons does not end. There is no stage of life that does not contain some lessons. As long as you live there will be something more to learn.

"There" is no better than "here". When your "there" has become a "here" you will simply discover another "there" that will again look better than your "here." Don't be fooled by believing that the unattainable is better than what you have.

Others are merely mirrors of you. You cannot love or hate something about another person unless it reflects something you love or hate about yourself. When tempted to criticize others, ask yourself why you feel so strongly.

What you make of your life is up to you. You have all the tools and resources you need. What you create with those tools and resources is up to you. Remember that through desire, goal setting and unflagging effort you can have anything you want. Persistence is the key to success.

The answers lie inside of you. The solutions to all of life's problems lie within your grasp. All you need to do is ask, look, listen and trust yourself.

You will forget all this unless reviewed from time to time!

Mindfulness Based Stress Relief: The Evidence….

(Extracts from www.themindfulmanifesto.com)

Trials have shown that patients who have suffered more than two episodes of depression are twice as likely to stay well in the year after a mindfulness-based cognitive therapy course as those who have not received MBCT. (1) Based on these trials, the National Institute For Clinical Evidence, which advises on which treatments should be given on the NHS, has recommended that MBCT be made available.

In a recent survey, 72 per cent of GPs said they thought it would be helpful for their patients with mental health problems to learn mindfulness meditation (69 per cent also thought it would be useful for their patients in general). However, only one in 20 GPs said they referred their patients to MBCT 'very often', and more than two-thirds said they rarely or never did so. This may be because only a fifth of GPs have access to courses they can direct their patients to. (2)

Mindfulness-based stress reduction has been shown to have a significant impact on anxiety levels. In one US inner-city trial, participants' anxiety levels fell by 70 per cent after they took the course, and their medical symptoms reduced by 44 per cent – they also visited theirdoctor much less often. (3) The effects seem to be long-lasting – another trial found that not only did participants get less anxious during and after the course, but they were still feeling the benefits three years later. (4). Mindfulness-based treatments have also been used successfully for people with other mental health problems, including borderline personality disorder, obsessive-compulsive disorder, and social phobia. (2)

81 per cent of us agree that 'the fast pace of life and the number of things we have to do and worry about these days is a major cause of stress, unhappiness and illness in our society,' while 86 per cent agree that 'people would be much happier and healthier if they knew how to slow down and live in the moment.' (2)

Mindfulness and physical health

Compared to control groups, clinical pain patients have reported feeling less pain at the end of an MBSR course, as well as being less restricted by their pain. 65 per cent of patients who don't respond to standard medical treatments are less troubled by pain after learning mindfulness. (7,8)

Mindfulness can help people manage physical illnesses, including cancer. One study followed 38 women who took a mindfulness course after they'd had surgery for breast cancer, andfound that the women who took the course had lower levels of the stress hormone cortisol, and that their immune systems recovered more quickly than 31 women who did not take the course – they showed a higher level of what is called 'natural killer cell activity'. Natural killer cells can recognise and destroy cancer cells – the more active they are, the better the chance of being able to completely clear the cancer, and prevent it from returning. (5)

Another small study examined the effects of mindfulness meditation on the immune systems of 48 people with HIV.13 They measured the patients' levels of CD4 T cells, which help coordinate the immune system when it has to respond to a threat - these are the cells that the HIV virus destroys. Levels of CD4 T cells in participants who had eight weeks of

mindfulness training remained constant during the course, compared to a control group whose CD4 T cell count dropped. Those participants who did the most mindfulness practice during the period of the course showed the greatest benefit to their immune systems. (6)

Mindfulness training has also been associated with improvements in patients with stress-related conditions such as psoriasis, fibromyalgia and chronic fatigue syndrome. (21,2)

Mindfulness and addictions

In a trial of mindfulness among 18 women with a diagnosis of binge-eating disorder, the average number of weekly binges dropped from four to between one andtwo, while only four of the participants continued to show symptoms severe enough to be classed as binge-eating disorder. The women also reported feeling less depressed and anxious. (9)

A study conducted bythe University of Washington team to evaluate the impact of a 10-day mindfulness intensive offered to inmates recently released from prison found that, three months after the course, those who had taken part took far fewer drugs and drank far less alcohol than a control group who didn't. (10)

A trial of mindfulness-based stress-reduction for a group of smokers trying to quit found that of 13 participants, only three had relapsed 6 weeks after the course . This compares to a previous group of would-be quitters who were given just counselling and in which only 33 per cent stayed smoke-free after 6 weeks. (11)

Mindfulness at work and school

Among participants in a mindfulness-based programme offered to workers at Transport For London, days off sick due to stress, depression and anxiety fell by over 70 per cent in the following three years (absences for all health conditions were halved). Participants on the course also reported improvements in their quality of life – 80 per cent said their relationships had got better, 79 per cent said they were moreable to relax, and 53 per cent said they were happier in their jobs. (2) In another study of mindfulness training in the workplace, the course resulted in participants feeling more positive, more energetic, more engaged in their work and less stressed. (12)

Mindfulness training for doctors has been shown to reduce burnout and exhaustion, and also increased the physicians' ability to be empathetic with their patients. (13) Two-thirds (64 per cent) of GPs would like to receive training in mindfulness. (2)

Early research of mindfulness training for schoolchildren has suggested it may significantly reduce problems such as anxiety and depression, as well as attention span difficulties. (14, 15)

Mindfulness in relationships

A mindfulness-based programme for couples has shown it improves their relationship satisfaction, levels of closeness and acceptance of each other, and decreases their levels of relationship distress. (16). The ability to let go and be present whichmindfulness cultivates is even being used to enhance people's sex lives – one study has found that women who practise mindfulness report greater arousal and better orgasms. (17, 18). There is also preliminary evidence for mindfulness to play a role in helping reduce stress during pregnancy. (19)

Mindfulness and the brain

Mindfulness training has been shown to shift activity in the brain from the right prefrontal cortex to the left prefrontal cortex. Greater activity in the left prefrontal cortex is associated with a more positive mood, while greater activity in the right is associated with states such as depression. (12)

Researchers at Harvard used MRI scans to look at the brains of people who had practised mindfulness meditation for many years, and found that areas of the brain associated with attention and sensory processing were thicker than in people who had never meditated, with the difference in cortical thickness greatest in those subjects who had been meditating the longest. The results seem to suggest that mental training in mindfulness might have actually bulked up the meditators' brains, just as a programme of physical training can bulk up the muscles of the body. They have also found that a key part of the limbic system – the amygdala, which is sometimes called the brain's fear centre – became smaller in the brains of people who practised mindfulness meditation. (20)

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Exercise spares…

Being powerful in face of problems around change…

Add two of your own examples adding **but** below then replace it with **and…**

I want _____**but**_____

I want _____**but**_____

****

Iwant_____**and**_____**so**_____

_____

Iwant_____**and**_____**so**_____

_____

Examine what mood change occurs in you once you have done this. Discuss how you hold this problem or behavioural change differently and make a note of what's just happened.

_____

_____

_____

_____

Mood Monitor Record Week2

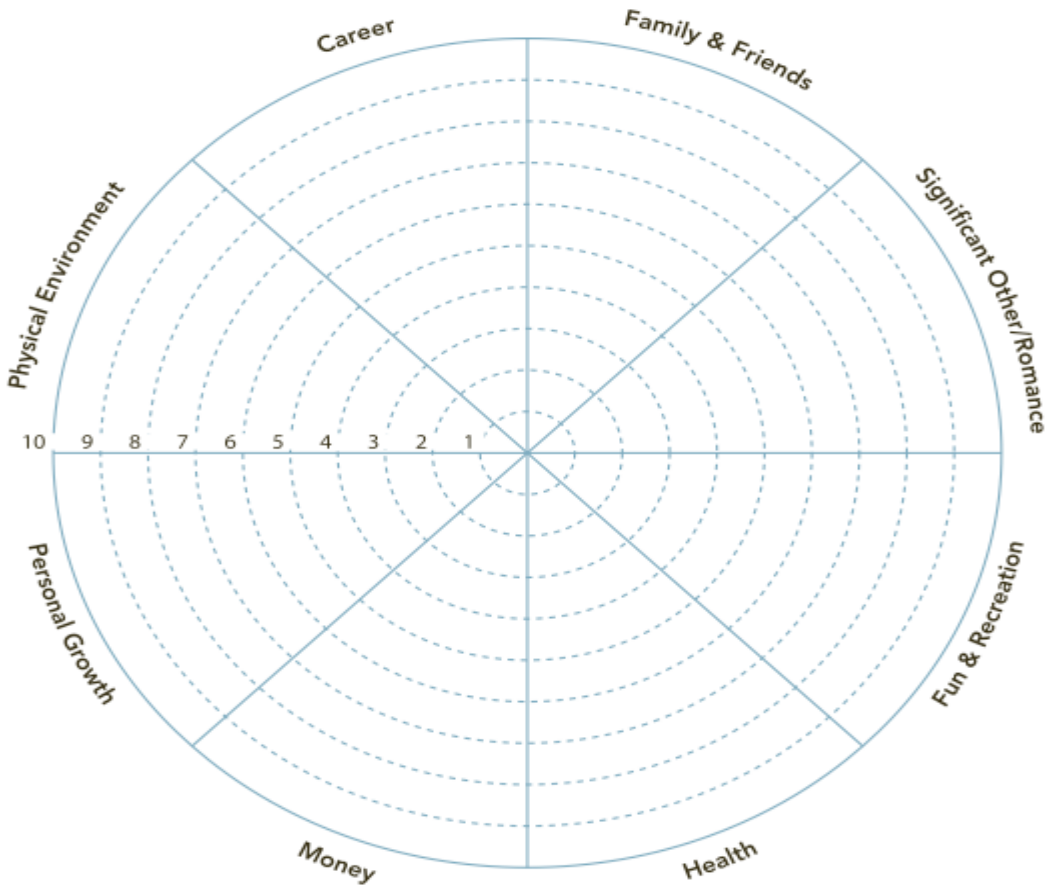
For every smiling face that you put on your chart please state the reason on the next page and explain what is happening at the time. Draw the most appropriate face to reflect your mood at the time.

	**Early morning**	**Mid Morning**	**Lunch time**	**Afternoon**	**Early Evening**	**Late Evening**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Mood Monitor Record Week 2

	Explain any smiling faces and say what was happening at the time when you felt this way…
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Wheel of life 30 days after the course and what's changed…



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