

# The Crisis Kit

5 Tools for Helping Clients Through Turbulent Times



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## Foreword

Dear mental health practitioner,

We have created this Crisis Kit in order to help you help your clients through tough times like these.

This Crisis Kit contains five of the most relevant tools from our Positive Psychology Toolkit that you can use to help your clients:

- use their mental resources well
- connect to a place of inner peace
- become aware of factors within and beyond personal control
- practice acceptance-based coping
- remain calm and composed in the face of stress

These tools are all based on scientific research and you will find the references included.

They're also developed to be highly practical and can be applied in many different therapeutic, coaching, and counseling settings.

We hope that you will join us on this mission to foster mental health and well-being wherever we can.

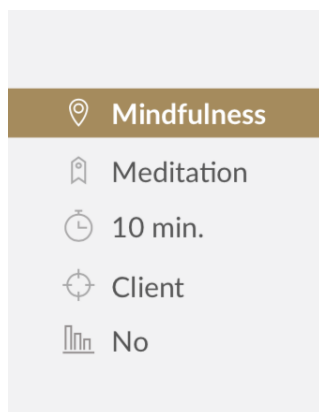
With loving kindness,

Seph Fontane Pennock  
Hugo Alberts, Ph.D.

## This Kit

This kit contains five different positive psychology exercises. Each exercise is structured in the same way, consisting of a background section, a goal description, advice for using the exercise and suggested readings. On the first page of every exercise, a legend is shown, consisting of several icons (see fig. 1).

Fig.1 legend of the exercises



The first icon displays which topic the exercise addresses. The second icon shows the type of exercise. The following options are available:

- Exercise (an exercise that describes an activity that is done once, during a session)
- Assessment (an exercise that aims to assess a trait or characteristic of a person)
- Overview (an exercise that provides an overview or list of something; research findings, facts, etc.)
- Advice (an exercise that is directed at the helping professional providing advice on how to carry out a certain activity)
- Meditation (an exercise that describes a form of meditation)
- Intervention (an exercise that describes an activity that needs to be done more than once during a certain period)

The third icon provides an estimation of the duration of the exercise. In other words, how long it takes to complete the exercise. This is always an estimation of the total time it takes. Note that for some exercise types, like overview, advice, protocol and intervention it is difficult if not impossible to provide an estimation of the duration. In these cases n/a (not available) is written.

The fourth icon describes the intended audience for this exercise; available options include client, coach or group.

The last icon indicates whether this specific intervention has been tested at least once in a scientific study



and has been published in a peer reviewed journal (yes or no). Note that if there is a strong theoretical and scientifically tested basis underlying the tool, but the tool itself in its current form has not been directly addressed in research, the icon will still indicate “no”.

## Using the exercises

Note that you are advised to use these exercises within the boundaries of your professional expertise. For instance, if you are a certified clinician, you are advised to use the exercises within your field of expertise (e.g. clinical psychology). Likewise, a school teacher may use the exercises in the classroom, but is not advised to use the exercises for clinical populations. PositivePsychology.com B.V. is not responsible for unauthorized usage of these exercises.



## Mindfulness



Meditation



10 min.



Client



No

# Eye of the Hurricane Meditation

Mindfulness practice offers a way for clients to disengage from the hectic world around them by focussing attention inward. In mindfulness practice, clients learn to use their breath as a vehicle create more inner peace. By connecting to their breath, clients can disconnect from upsetting thoughts, emotions and other stressors that disrupt inner peace. However, like many abstract concepts, the concept of inner peace may be difficult for clients to understand.

In this meditation, the concept of inner peace is clarified by using a hurricane as a metaphor. Within the strong, turbulent winds of a hurricane is the eye, a calm, quiet, centered space. The goal is to help clients to explore inner peace by using their breath to become like the eye of the hurricane; the silent part of themselves that can notice difficult or challenging experiences without getting caught up and carried away by them.

A large body of research supports the use of mindfulness meditation for psychological distress and emotional wellbeing (Grossman, Niemann, Schmidt & Walach, 2004).



## Author

This tool was created by Hugo Alberts (PhD) and Lucinda Poole (PsyD).



## Goal

The goal of this tool is for clients to connect to a place of inner peace and calm. This tool uses the metaphor of a hurricane to guide clients to a state in which they become an observer that is able to notice what is happening from moment to moment with a sense of calm and clarity.



## Advice

- The concept inner peace is reasonably abstract, and thus clients may need to try this exercise more than once to fully grasp the metaphor. Clients will likely be very familiar with the thinking self - the part of them that generates thoughts, beliefs, memories, judgments, dreams, plans, and so on - and less aware of and unfamiliar with the silent, observing self - the aspect of them that is aware of whatever they are thinking, feeling, sensing, or doing at any moment.
- If this meditation causes the client's mind to feel unsettled, the client may return to the breath as an anchor.
- It is advisable to incorporate real-time stimuli from the surrounding environment into the flow of meditation guidance. For example, sirens or jackhammers, hallway happenings or the sound of heating and air conditioning, can be incorporated into the hurricane metaphor. Comments like "Notice the sound of the siren, and see it become swept into the winds of the hurricane" and "Can you notice the stillness within you as the sound of the ambulance surrounds you?" can strengthen the observing mode of the client.
- In this meditation, the client allows the mind to observe whatever surfaces during the meditation. This may cause issues that have been deeply repressed to begin to rise to the surface. This provides clients with the opportunity to address them consciously. Allow the client to discuss any issues that have arisen after the meditation, during the reflection.



## Suggested Readings

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of psychosomatic research*, 57(1), 35-43.

Harris, Russ, 2009. "The Sky and the Weather." From *ACT made simple*, 2009 by R. Harris. 175. Used by permission of New Harbinger Publications.

Safran, J.D., & Segal, Z.V. (1990). *Interpersonal process in cognitive therapy*. New York: Basic Books. Softcover edition, 1996, Jason Aronson, Inc.

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of clinical psychology*, 62(3), 373-386.



## Tool description

### Instructions

#### Part 1: Read mindfulness script (Eye of the Hurricane)

- Find a comfortable meditation position, either sitting on a cushion on the floor, or on a chair. Sit tall with your back straight, but shoulders relaxed. And let your hands rest in your lap, and gently close your eyes.
- Let's take three deep, slow breaths to begin.
- Become aware of your body, sitting here. Notice the sense of contact between your body and the seat beneath you... notice your feet on the floor... notice your clothes against your skin.
- Now let's consider a metaphor. Within the strong, turbulent winds of a hurricane, the eye, the center of the hurricane, is quiet. There is no wind and no movement there. For a moment, picture this idea in your mind. Can you visualise the strong, turbulent winds of a hurricane, and the inner core that is peaceful and quiet?
- Let's see if you can become like the centre of the hurricane. Your current circumstances, your thoughts, your feelings, and the sensations throughout your body, can be compared to the winds of a hurricane. Is it possible for you to let go of all of these things for a moment, so that you are no longer taking part in them... like the centre of the hurricane is not taking part in the turbulent surrounding winds.
- To do this, start by focusing on your breath. Simply breathe in and breathe out. Focus inward.
- Just like the eye is deep within the hurricane, your eye is deep within you. Use your breath to connect to this part of you. Simply breathe in and breathe out.
- Stay connected to your breath. If anything stressful happens in this moment, such as negative thoughts, unpleasant feelings, annoying sounds, difficult life events, memories... try to look at them as if they are the turbulent wind of the hurricane; whirling around, continually changing, unpredictable in nature...
- Notice that you are not them. You are the silent centre of the hurricane, the part that is peaceful, despite what is happening around you.
- You are the silent centre of the hurricane, peaceful and at ease.
- You are not reacting, you are simply observing. Like the wind of the hurricane, these experiences are constantly moving and changing. You, on the other hand, are stable. You are not moving or being carried away by them.
- As you are breathing, notice how you move more and more towards the centre of the hurricane, towards the eye. Just like the turbulent wind of the hurricane, your thoughts, your feelings and whatever is happening outside yourself is still going on, but you are no longer part of it. You are in a safe, peaceful place... Breathing in, breathing out.
- As you sit here, connected to your eye, notice whatever arises. Notice the wind of the hurricane, but do not participate. Stay in the eye. Notice thoughts... notice feelings... notice sensations... continue to watch the ever-changing nature of the world inside and outside you. Watch from a distance, with curiosity, and without judgment... without reacting to what you see.
- No matter how intense or bad the hurricane gets, the eye is always centered, calm and at ease. Even the most turbulent hurricane cannot hurt or harm the eye; the eye is safe. Whenever you feel you need to restore your inner peace, use your breath to connect to this silent part of yourself. Just breathe in and breathe out. It may help to visualise the hurricane, with yourself in the centre.



- It can be difficult to see the eye of the hurricane at times, and sometimes we forget the eye is there... however, it is always there. If we examine closely enough—even the strongest, darkest hurricane—sooner or later we'll see the eye, centered and constant.
- Now, when you feel ready, slowly open your eyes.

## Part 2: Reflection

- What was it like to connect to the observing self?
- How do you feel now?
- Did you resonate with the metaphor of the eye of the hurricane? If not, can you think of another metaphor that would resonate with you more?
- Sometimes during meditation, issues that have been suppressed for some time begin to rise to the surface. Where were there things that you noticed that you may have repressed in the past? If so, what kind of experiences did you notice? What was it like to notice them? How did you deal with them?

 Coping Exercise 30 min. Client No

## Dealing With Uncontrollable Circumstances

Increasing people's sense of control has been argued to be one of the most, if not the most, important goal in therapy: "It is the purpose of therapy not to solve all of the patient's problems, but rather to increase the patient's ability to solve his own problems ..." (Rotter, 1956, p. 342). Clinical practice is therefore aimed at increasing personal control by helping clients to "take charge" of situations.

However, there are limits to one's personal control in any situation. We cannot fully control other people's reactions or what they think of us. We cannot control certain thoughts from occurring or actively fall asleep. In these situations, the only way to enhance personal control is by letting go of control: the paradox of surrender. Rather than trying to control the uncontrollable, surrender involves noticing that there is nothing one can do to change the situation. However, surrender does not mean giving up. When there is nothing that one can do to change a given situation, this does not mean that one cannot deal with the situation in an active way. One may still deal with the emotions that result from the experience, reframe the meaning of the situation or engage in other activities to cope with the consequences of the situation.

The key to develop a "healthy" level of personal control seems to be by gaining accurate understanding of one's possibilities and limits of control. This accurate self-knowledge about personal control allows the individual to invest time and energy in actions that lie within the spheres of personal control and avoid wasting time on actions that cannot be controlled.



### Goal

The main goals of this tool are to:

- Increase the client's awareness of factors that are within and beyond personal control.
- Examine the extent to which the client is able to surrender to things that are beyond personal control.
- Examine how the client surrenders to things that are beyond personal control.
- Examine the extent to which the client is able to actively cope with the consequences of the uncontrollable events.
- Examine how the client actively copes with the consequences of the uncontrollable events.



## Advice

- This exercise can be very valuable for clients dealing with difficult life situations that trigger feelings of fear and induce an urge to exert control, like disease or the end of a relationship. This exercise can help clients to carefully analyse their current situation and help them to accept the uncontrollable and invest in the controllable.
- This exercise can also be valuable for clients who believe they have less control than actually is the case (external locus of control). Research has shown that although it is important to be aware of the limits of personal control, it is equally important to be aware of the ability to influence situations through one's own actions (see for instance Zimmerman, 2000). Because this exercise also includes the identification of factors over which one can exert control, it can help to increase self-efficacy in clients with a strong external locus of control.
- The practitioner is advised to avoid framing surrender in terms of utility. Although the goal may be to decrease distress and increase adaptive functioning, that goal runs counter to the very essence of surrender. One cannot surrender control to intentionally gain control.
- Explaining surrender to clients is often difficult, because for many clients it feels like "giving up" and triggers a great fear of losing control. This is especially the case for clients who tend to engage in over-control. It is important to stress that surrender does not mean that one cannot influence or deal with circumstances. It means that the occurrence of these circumstances lies beyond the will and control of the individual.
- It is also important for the practitioner to be alert to problematic behaviours that are masquerading as surrender. Some behaviours, like deferral, pleading and relinquishing control are in fact more akin to "learned helplessness." At first glance, these responses to uncontrollable events may look like surrendering. However, unlike true surrender, these responses are likely to reflect passive coping and undermine active problem solving. It is advisable to assist the client in differentiating surrender from these other approaches and to explore the implications of each for effective coping. Some degree of active problem solving is possible and desirable in most, if not all situations. Clients should be helped to find the common ground where surrender and active problem solving meet.
- One way to introduce surrender to clients who are engaging in over control is by focusing on the benefits of their attempts to control. Questions that can be asked are: "So far, what have your attempts to control brought you?" and "How successful have you been in dealing with these circumstances using your current strategies?" The last question is often answered in this way by clients: "Well, not very successful, otherwise I was not seeing you." A more radical approach that is often used in Acceptance and Commitment Therapy is to not advise the client about acceptance and surrender. Instead, the practitioner pretends that he does not know how to deal with the situation and suggests that the client proceeds with exerting control. The idea behind this approach is that clients will notice that their attempts of control are really unhelpful. When clients have experienced that control is unhelpful, they are believed to be more willing to let go of control. In other words, this latter approach

is focused on letting the client experience him/herself rather than convincing him/her, that his/her efforts to control are ineffective. Although this approach can be very effective, for some practitioners it feels unnatural to pretend not knowing what to do and to let their clients struggle even more.

- Clients who suffer from habitual over-control with regard to private states (e.g. emotions, feelings, thoughts) may benefit from practicing mindful acceptance. Rather than automatically changing certain states, cultivating acceptance can empower clients by allowing them to experience that less control can sometimes be more effective than more control. This experience may reduce the need to engage in over control, which is often guided by fear.



### Suggested Readings

Field, T., McCabe, P. M., & Schneiderman, N. (1985). *Stress and coping*. Hillsdale, NJ: Erlbaum.

Harvey, A. G. (2003). The attempted suppression of presleep cognitive activity in insomnia. *Cognitive Therapy and Research*, 27, 593–602.

Rotter, J. B. (1956). *Social learning and clinical psychology*. Englewood Cliffs, NJ: Prentice Hall.

Sirois, F. M., Monforton, J., & Simpson, M. (2010). “If only I had done better”: Perfectionism and counterfactual thinking. *Personality and Social Psychology Bulletin*, 36, 1675–1692.

Strentz, T., & Auerbach, S. M. (1988). Adjustment to the stress of simulated captivity: Effects of emotion-focused versus problem-focused preparation on hostages differing in locus of control. *Journal of Personality and Social Psychology*, 55, 652–660.

Tangney, J.P., Boniwell, I., & Zimbardo, P.G. (2004). Balancing time perspective in pursuit of optimal functioning. In P.A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 165–178). Hoboken, NJ: Wiley.

Wenzlaff, R. M., & Wegner, D. M. (2000). Thought suppression. *Annual Review of Psychology*, 51, 59–91.

Zeidner, M., & Endler, N. S. (1996). *Handbook of coping: Theory, research, applications* (Vol. 195). John Wiley & Sons.

## Tool description

### Instructions

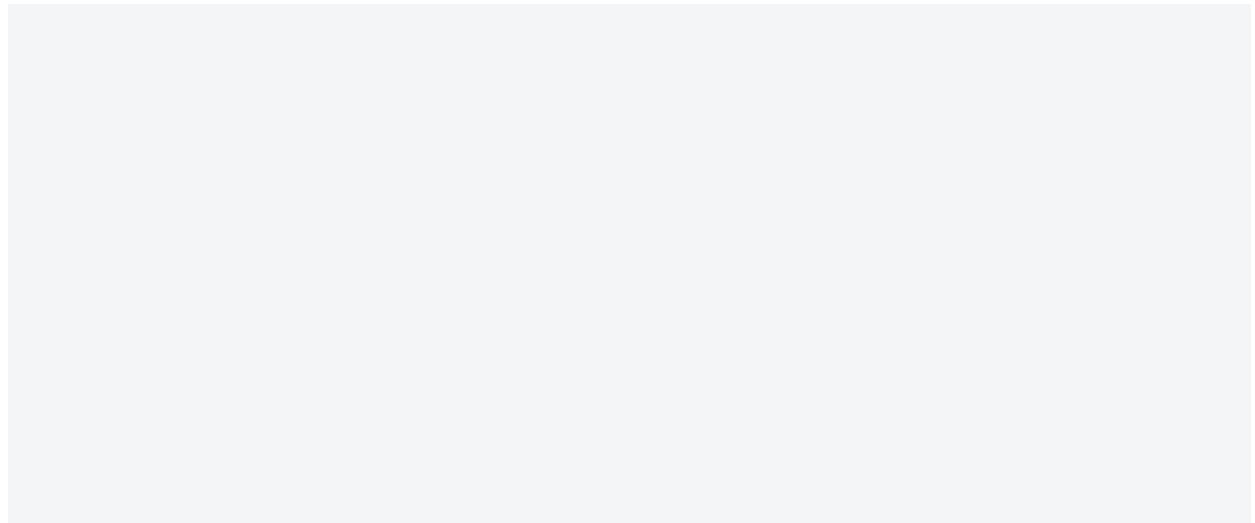
In order to successfully apply the instructions of this tool, it is important to understand the difference between effective and ineffective ways of dealing with external, uncontrollable circumstances. An overview of effective and ineffective coping styles is provided in the appendix.

#### Step 1: Identifying desired change

First, ask the client to consider something that he/she would like change.

Make sure to formulate the desired change in a way that specifies a direction towards an outcome (e.g. I want to feel more relaxed), rather than in a way that specifies a direction away from an undesired outcome (e.g. I want to experience less stress).

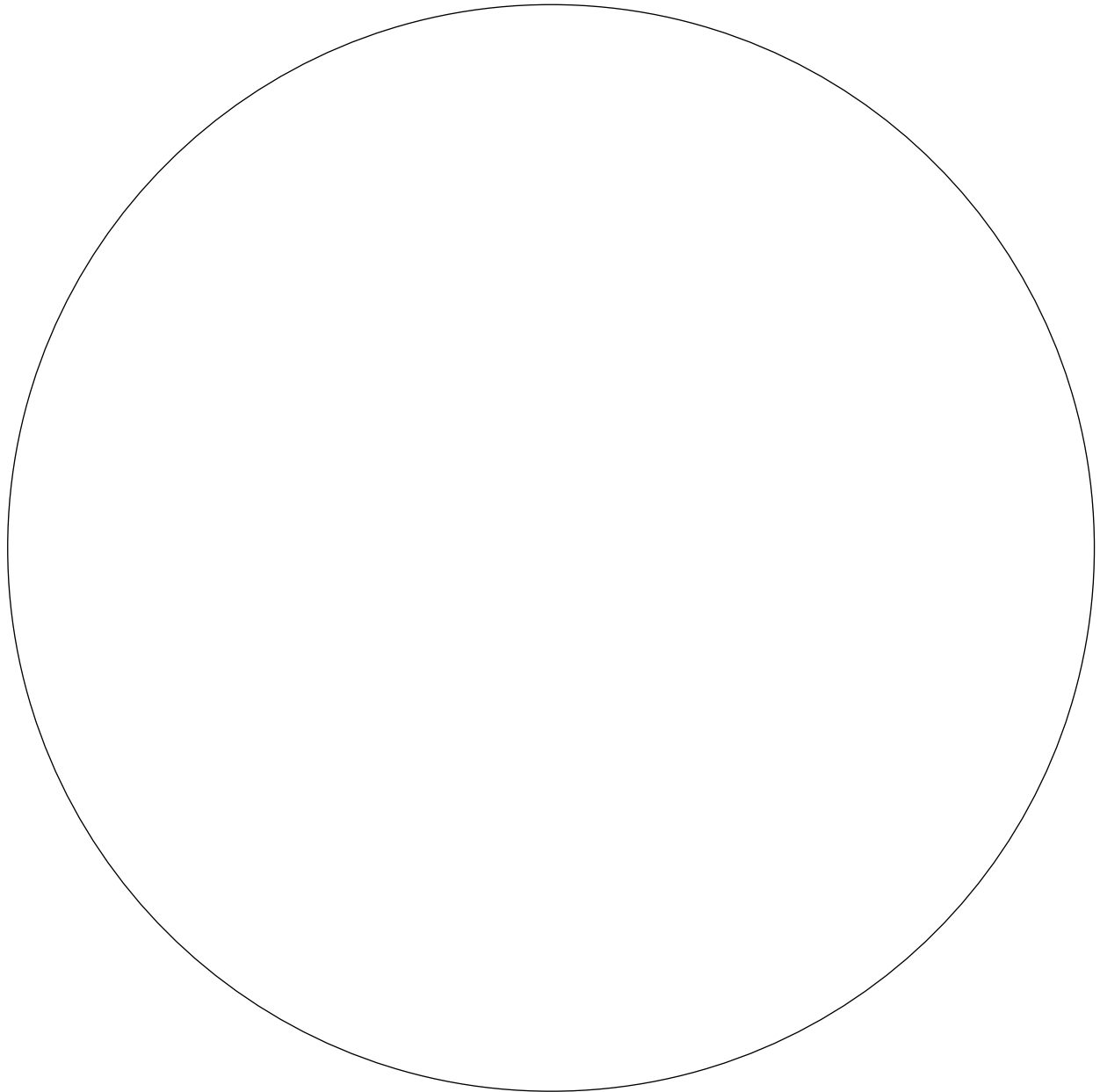
My client wants to change:



#### Step 2: Identifying things under the client's control

During Step 1, your client identified something he/she wishes to change. Now consider this thing and invite your client to think of actions that he/she has complete control over and will help him/her to realize the desired change. In other words, discuss actions that are fully within the power of your client and do not rely on other people or circumstances to be effective. List these actions in the first circle on the next page.

*Circle 1: Things under the client's control:*

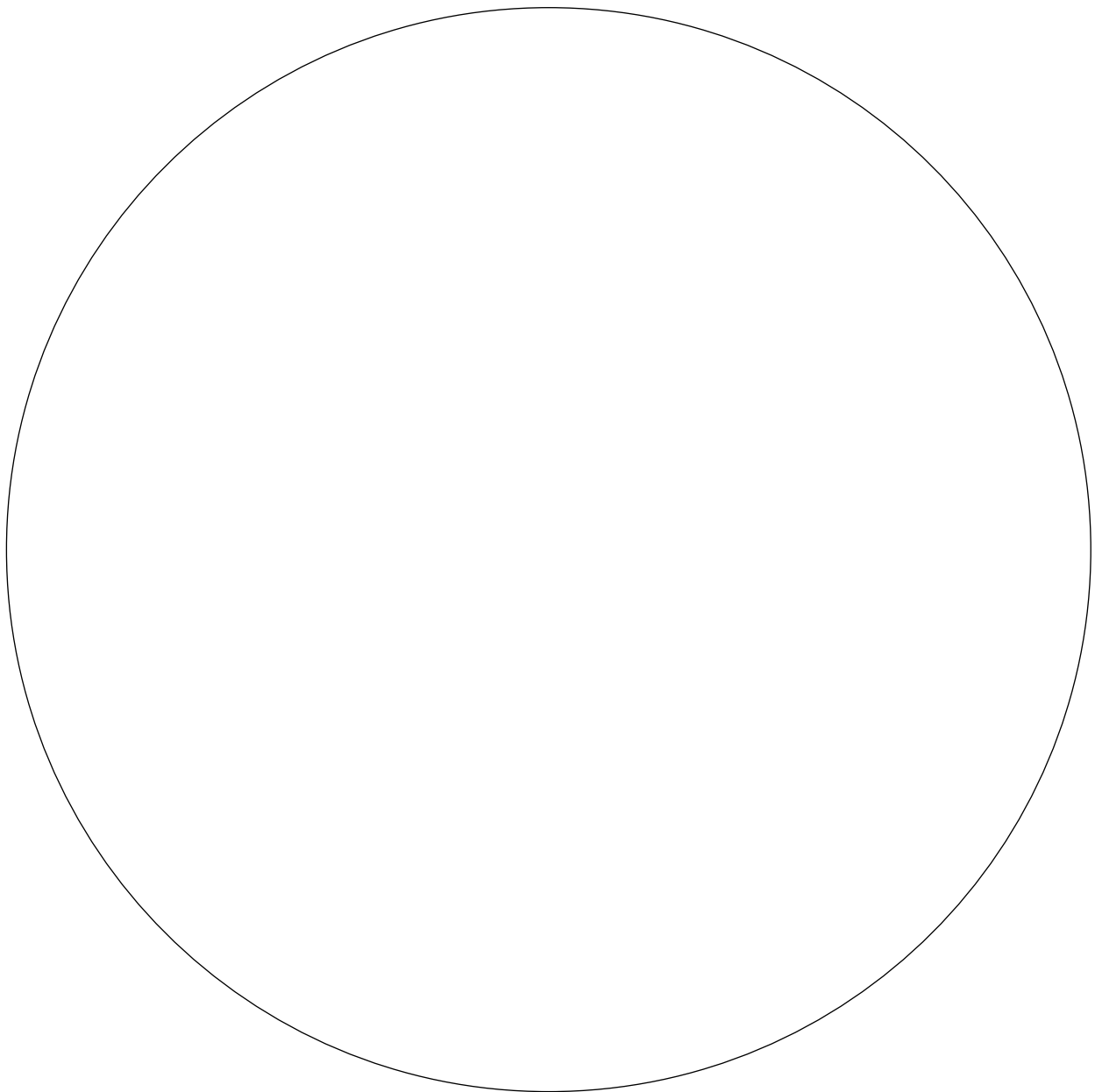




### Step 3: Identifying things that are not under the client's control

Now discuss with your client all of the things over which he/she does not have full control. Ask the client to consider things that lie beyond his/her personal control and list them in the second circle.

*Circle 2: Things not under the client's control:*







#### Step 4: Dealing with things under personal control

In Step 2, the client identified several things on his/her pathway to change that are within his/her control (Circle 1).

*Together with the client, take a look at the controllable things in circle 1. Ask your client if he/she can think of times when he/she actively dealt with one or more of these things? Ask for some examples of situations.*

How did your client take action? How did he/she deal with the things that were under his/her personal control?

Which actions were helpful?



Which actions were less helpful?

How would your client rate the extent to which he/she is generally able to deal with the things that are under his/her personal control (the things in circle 1)?  
(0= not able at all, 10= very able)?

If your client feels he/she is unable to deal or does not deal enough with the things under his/her control, what is preventing him/her from doing so?

What would it be like for your client to deal in the most optimal way with the things under his/her control?



### Step 5: Dealing with things beyond personal control

In Step 3 your client identified several things on his/her pathway to change that are outside his/her control (Circle 2). Here, the client's ability to surrender is examined. Before proceeding with the questions, it is advisable to explain what surrender means to the client:

"Surrendering means letting go of unproductive efforts to control the uncontrollable. It involves accepting that there is nothing one can do to change the situation. Surrendering is not the same as becoming a victim and passively being overtaken without choice. Surrendering means you make the decision to let go of things that you cannot control and focus on the things you can control."

Together with the client, take a look at his/her uncontrollable things in Circle 2. Ask your client to think of times when he/she tried to control one or more of these things, despite the fact that he/she did not have control over them. Ask for some examples of situations.

Take a look again at the uncontrollable things in Circle 2. Can your client think of times when he/she was able to let go of control and surrender? Ask for some examples of situations.

How did your client surrender? How did he/she let go of the uncontrollable?



How would your client rate the extent to which he/she is generally able to surrender to the things that are beyond his/her personal control? (0= not able at all, 10= very able)?

If your client is not able to surrender or wishes to surrender more often, what is preventing him/her from doing so?

What would it be like for your client to fully surrender to the uncontrollable?

What step(s) can your client take to surrender more to the uncontrollable?

## **Appendix: Effective and Ineffective Ways of Dealing with Uncontrollable circumstances**

### **Ineffective Ways of Dealing with Uncontrollable circumstances**

#### *Over-control*

Given the importance of personal control, one might assume that it is important to increase the level of personal control of clients as much as possible. However, past research findings have revealed that levels of self-control that are too high (i.e. over-control) are associated with psychopathologies, such as obsessive-compulsive tendencies. Perfectionists, for example, have been found to persevere on the uncontrollable aspects of failed goals (Sirois, Monforton, & Simpson, 2010).

Tangney and colleagues (2004) suggest that self-control might be better conceptualized as self-regulation – i.e. the ability to regulate the self strategically in response to goals, priorities, and environmental demands. The authors state that: “Rigid ‘over-controlled’ individuals suffer from problems regulating and directing their capacity for self-control. Such over-controlled individuals might lack the ability to control their self-control. In contrast, individuals with a genuine high self-control have the ability to exert self-control when it is required and to suspend self-control when it is not”.

Indeed, many clients spend a great deal of time trying to control and to get a grip on factors that are in fact beyond their personal control. For instance, they believe that they can control their spouse, their child, friends, co-workers. They believe they can control their thoughts, sleep and even their health. Although a certain level of influence and control may apply, in most cases clients have very little control over how others think or how they react and behave. Although one may eat healthy, exercise frequently and do everything else to be in perfect shape, there are many other factors that determine one’s health that reach far beyond personal control, including genetic dispositions, involvement in accidents, etc. The limits of control are also shown by an abundance of studies demonstrating paradoxical process underlying control. For example, insomniacs have been found to try to control their pre-sleep thoughts more than good sleepers. Moreover, a study by Harvey (2003) showed that participants who suppressed their pre-sleep thoughts took longer to fall asleep and rated their sleep as more restless than participants who merely relaxed without trying to control their thoughts. In a similar vein, research on thought control has revealed that trying to control thoughts actually leads to an increase in the frequency of these thoughts after control (Wenzlaff & Wegner, 2000).

Over-control is also often reflected by obsessive thinking. In attempts to control the uncontrollable, the individual finds him/herself trying to solve problems in his/her head. Plagued by thoughts and images of disastrous outcomes that in reality may never come to be, the individual becomes trapped in an endless process of “figuring it out.” In sum, the above described findings and processes illustrate that being able to let go of control when it is ineffective is an essential skill for well-being.

#### *Passive Coping*

Passive coping refers to not taking any action at all. Whereas people who engage in over-control typically experience a strong sense of responsibility to modify or control situations, people who engage in passive coping deny responsibility and relinquish to others the control of the stressful situation and of their reaction to that situation (Field, McCabe, & Schneiderman, 1985). Thus, responsibility is given to an outside source and feelings of helplessness typically emerge. Passive coping is associated with poor outcomes, depression

and poor psychological adjustment. Examples of passive coping strategies include complaining to others either to cope with difficult feelings, get sympathy or elicit their help, withdrawing from challenging activities, or relying on medication to cope with the situation.

## **Effective Ways of Dealing with Uncontrollable circumstances**

### *Surrender*

The uncontrollability of events is perhaps most directly experienced in life's most extreme moments: the death of a loved one, violent assault, sexual abuse, or being stricken with a life-threatening disease. In situations like these, the options for personal control are severely limited. Other, less extreme examples in which uncontrollability is experienced include: the inability to deliberately fall asleep, the inability to influence what other people think and how they react, and the inability to stop thoughts from occurring. In all these examples, attempts to exert control may not only be unproductive but may even counter-productive. The person who tries to control his/her sleep may find him/herself awake for many hours. Likewise, the person trying to "get out of his/her head" and stop thoughts may find him/herself producing more thoughts and spending even more time "in his/her head". In other words, the solution here is not to exert more control, but less. The solution here is to surrender to the uncontrollable and to accept that there is simply nothing one can do to change the situation.

It is important to note that surrendering differs from being overtaken by emotions or being controlled by others. Being overtaken occurs without choice; surrendering is an active, intentional process: people agree to surrender. Moreover, surrendering also differs from giving up and losing hope. Surrender means letting go of unproductive efforts to control the uncontrollable while at the same time focusing on dealing with what lies within the boundaries of personal influence.

### *Active coping*

When there is nothing that one can do to change a given situation, this does not mean that one cannot deal with the situation in an active way. Active coping refers to strategies that are directed at problem solving, and entails taking direct action to deal with a stressor and to reduce its effects (Zeidner & Endler, 1996). These strategies aim to either to change the nature of the stressful situation or to modify how one thinks and feels about it. In sum, people who engage in active coping rely upon their own resources to deal with a situation. Examples include solving problems, investing more effort, seeking information or reframing the meaning of the problem. Active coping is an adaptive way of dealing with events and an important component of resilience in the face of stress, health problems, and other adversity.

When confronted with uncontrollable circumstances, it is thus important to engage in active coping, focusing on the aspects of the situation that are within the bounds of personal control. In most low- or no-control situations, this means dealing with emotions and feelings that are present (emotion-focused coping), rather than trying to control aspects of the environment (problem-focused coping). Indeed, research has shown that using an emotion-focused, compared with problem-focused coping style is perceived as more helpful in low-control situations (e.g., Strentz & Auerbach, 1988).

*In a social setting, active coping can also involve communicating about one's feelings or emotions. Note that the person takes full responsibility for the emotions that are experienced as the result of a certain uncontrollable*



*situation, and does not attempt to control or to manipulate the situation by communicating about personal feelings. Rather, the goal is to inform the other person about the consequences of his/her actions and the intention is to improve the situation for all parties involved. In sum, effective coping with uncontrollable circumstances requires the individual to acknowledge that he/she has little or no influence over the external circumstance and that he/she has a choice in how to deal with the feelings that emerge as a result of the uncontrollable situation.*

**Coping**

Metaphor



n/a



Client



No

## The Unwanted Guest

Coping with negative emotions is often accomplished by means of control-based strategies (Hayes, Follette, & Linehan, 2004). Control-based strategies, like suppression, aim to decrease the frequency and intensity of unwanted emotions. Deliberate avoidance of internal states is conceptualised as experiential avoidance (Hayes et al., 1999) and has been linked with a great diversity of negative outcomes (see Hayes, Wilson, Gifford, Follette, & Strosahl, 1996, for a review). A different way of dealing with emotions is through acceptance. In contrast to control-based strategies, the individual accepts and experiences the emotion fully, without attempting to alter, avoid or control it (Hayes, Strosahl, & Wilson, 1999).

The aim of acceptance-based coping is to cultivate a different relationship with emotions. For many clients, this sounds very abstract. What does it mean to have a certain “relationship” with emotions? Rather than using difficult psychological jargon to explain what is meant, it is often more effective to use very concrete examples in the form of a metaphor to illustrate the principle. This metaphor-based tool was designed to increase understanding of acceptance-based coping.



### Author

This tool was designed by Hugo Alberts.



### Goal

The goal of this metaphor is to explain the long-term consequences of emotional avoidance and importance of acceptance-based coping. It was designed to clarify the meaning of the function of acceptance-based coping, namely to cultivate a different relationship with emotions.





## Advice

After explaining this metaphor, the client can be asked to reflect on his/her own way of coping by using the metaphor:

- How do you typically deal with unwanted guests?
- What could you do to deal more effectively with difficult emotions?
- What would it be like to open the door for every kind of guest?
- What would it be like to give an unwanted guest a hug?

Adding an interactive element to this metaphor can strengthen the understanding for the client. Some sample questions that can be answered by the client after explaining the metaphor include:

- Rather than keeping the door shut for the negative person, what are other options? *Acceptance of emotions means that you open the door for both the positive and negative person. You allow both of them to have a seat at your kitchen table.*
- Imagine you decide to invite the negative person in. Do you think it will be a good time? *Probably, the client will answer "no". Note that the goal of acceptance-based coping is not to create positive emotions or to make the negative emotions go away. The goal is to cultivate a different relationship with these emotions.*



## Suggested Readings

Hayes, S. C., Follette, V. M., & Linehan, M. M. (Eds.). (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York, NY: Guilford Press.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Emotional avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64, 1152-1168.

## Tool description

### Instructions

Both positive and negative experiences are inevitable parts of life. In general, we have no problem dealing with positive experiences. Negative experiences can be more challenging. To a great extent, negative experiences are experienced as challenging not because of our actual experience, but because of our attitude and relationship with those feelings. Although pleasant and unpleasant situations are both parts of life, many of us have developed a completely different relationship with them: we tend to accept and embrace pleasant experiences and fight against or resist negative experiences. In the long term, this tendency to deal differently with both types of experiences creates a certain relationship with each of them. The following metaphor can help to explain what is meant by this.

Imagine, the doorbell rings. As you open the door, there is someone standing in front of you. He is in a good mood, smiles, and has a positive attitude. You have a nice chat and then he leaves. The next day, he shows up again. You invite him in for a cup of coffee. You spend the afternoon together and have a lot of fun. Over time, a positive relationship is built. Every time he visits, you open the door and let him in. He is welcome.

On another day, the doorbell rings, and as you open the door, you are confronted with a completely different person. This person is in a negative mood, looks sad, and has a negative attitude. He is having a difficult time and asks if he may come in. You respond that he is not welcome and that he should leave. You immediately shut the door and try to forget that he was there.

After a while, the doorbell rings again, and as you are walking to the door, you are hoping to see the positive person. Unfortunately, it is the negative person again. Slightly irritated, you tell him that is not allowed to come in and is certainly not welcome. It does not matter how much you would like this person stay away, he continues visiting you from time to time. Although you have never allowed the two of you a chance to get to know each other, in your mind he gets more hostile and dangerous. Sometimes, out of the blue, you fear that he might show up randomly. Maybe you even decide to barricade your house or place cameras in front of your house. Over time, a negative relationship has been built.

This metaphor illustrates how we can develop a relationship with positive and negative experiences, even without meaning to. The positive and negative people in this metaphor represent positive and negative experiences. Just as we do not allow the negative person to come in, we are not willing to allow negative or difficult experiences to be present. We try to avoid them by suppressing or ignoring them or wishing they would go away – we do not get to know them. Generally, we develop a relationship with negative emotions that is characterized by non-acceptance and avoidance.

Naturally, there are many reasons why we want to keep the negative experiences out. First of all, they are unpleasant, and by shutting the door, we think we can prevent them from hurting us, at least temporarily. Second, our environment can implicitly or explicitly teach us to keep negative experiences out. A father who tells his son that “big boys don’t cry” is effectively telling his son to block any emotion that can cause tears or emotional pain. There are several problems that emerge as a result of keeping negative experiences out. First, we fail to extract valuable information from the emotion. Emotions are data. They can tell us



something valuable about ourselves. Anger, for instance, can tell us that someone crossed a line. We should be aware and examine this emotion rather than keep it out. It could be a personal value which should not be transgressed, or it could be a submerged belief which is actually erroneous and requires revision. Second, if we never let negative emotions in, we fail to develop what can be referred to as emotional self-efficacy: the belief that you can handle difficult emotions. You are probably not letting them in because you are afraid of what might happen. Third, trying to keep negative emotions out means fighting them. Consequently, in addition to the negative experience itself, the fight and struggle can create additional suffering.

In sum, in order to deal effectively with emotions, this metaphor illustrates the importance of cultivating an acceptance-based relationship with emotions. Rather than keeping the door shut, one should be willing to keep the door open and allow emotions, both positive and negative, to be present.

**Emotions**

Exercise



15-20 min.



Client or Group



No

## Window of Tolerance

Therapeutic change often depends on widening what can be called a Window of Tolerance (WOT). Our WOT is the state at which we function well, remaining calm and composed in the face of stress. It is the optimal arousal state in which emotions can be experienced as tolerable and experience can be integrated (Siegel, 2010). When we are outside our WOT, our nervous system responds by going into survival mode – fight, flight or freeze. We either feel overwhelmed and go into what is known as “hyperarousal” or we can shut down and go into what is known as “hypoarousal.” According to Siegel (1999), the WOT can be narrow or wide. When the WOT is narrow, we may more easily fall into rigidity and depression or chaos; when the WOT is wide, we are able to manage stressors with a sense of ease and reason.

We can have multiple WOT’s throughout the day, depending on what we are doing and how we are feeling. For instance, one may have a high tolerance for disappointment at one point in the day, continuing to function reasonably well when something does not go to plan (wide WOT), though later in the day, perhaps when this person is tired, or hungry, or running late, he or she may fall to pieces in the face of disappointment (narrow WOT). WOT’s also vary between people. For instance, while one person may fall apart after receiving negative feedback (narrow WOT), another person may take the feedback in stride, viewing it as useful, constructive information (wide WOT). Generally speaking, our WOT’s reflect our level of emotional tolerance (i.e., how comfortable we feel with specific feelings, bodily sensations, memories, issues) in a given situation. Within our WOT we remain open and receptive; outside of it we become reactive (Siegel, 2010).



### Author

This tool was created by Hugo Alberts (PhD) and Lucinda Poole (PsyD) based on Daniel Siegel’s concept “the Window of Tolerance”.



### Goal

The goal of this tool is to increase people’s ability to accurately perceive and understand. This tool is designed to help clients learn the signs that they are either hyper-aroused or hypo-aroused and how to return to the window of tolerance, the optimal state of arousal for healthy functioning.



## Advice

- Practitioners should draw on their expertise in Step 4 to help clients come up with strategies to remain in their WOT. Research has shown that mindfulness skills and grounding skills are useful tools for this purpose. Mindfulness can help clients become aware of fluctuations in their level of arousal and respond wisely rather than automatically. By becoming aware of their body sensations, thoughts, and emotions, clients can learn to recognize when they are in their optimal zone of arousal or going into hyper or hypo-arousal. Practitioners should understand that moving out of a hyperaroused state requires calming the nervous system down (i.e., mindfulness and grounding techniques) whereas moving out of a hypo-aroused state requires behavioral activation and getting in touch with one's emotions.
- Advise clients that a wide window of tolerance means that they are more resilient, meaning that they are more able to bounce back from difficult experiences. By becoming more aware of the different states of arousal in everyday life, and by taking steps toward ensuring they are doing what they can to remain within their WOT, they can work towards widening their WOT.
- Help clients build autonomy by emphasizing the malleability of their WOT. While their WOT may be relatively narrow at the moment, they can take steps to widen it over time (Step 4).



## Suggested Readings

Siegel, D. J. (2010). *Mindsight: The new science of personal transformation*. New York, NY, US: Bantam Books.

Siegel, D.J. (1999). *The Developing Mind*. New York, NY, US: Guilford Press.



## Tool description

### Step 1: Introducing the window of tolerance

Our Window of Tolerance (WOT) is our optimal zone of arousal, where we are able to cope and thrive in everyday life. When we are living within our WOT, we remain calm and composed when stressful things happen. When we are outside of our WOT, by comparison, we can go one of two ways. We either feel overwhelmed and go into what is known as “hyperarousal” or we can shut down and go into what is known as “hypo-arousal.” This is because our nervous system kicks in and sends us into survival mode – fight, flight or freeze. In hyperarousal mode, we tend to be reactive and impulsive, and experience an influx of negative thoughts. In hypo-arousal mode, we tend to feel extremely zoned and numb, both emotionally and physically. Learning the signs that we are either hyperaroused or hypo-aroused and then doing things that help us feel calm and safe, is the practice of living within the WOT. The WOT can be narrow or wide and is different for all people and at different times in our lives.

In Appendix A you will find a diagram of the WOT, hyperarousal, and hypo-arousal, along with the behaviors and inner experiences that often go with each of these states.

### Step 2: Your experience with the Window of Tolerance

Can you think of a time when you remained within your WOT in the face of something stressful or distressing? Describe this moment in detail below, including what triggered you (e.g., someone cut me off in traffic), what happened in your mind and body (e.g., felt calm, thought that this person must be in a rush), and what the outcome was (e.g. no negative effects, the event was an insignificant blip in my day).

Trigger(s):

Signs:

Outcome:



### Step 3: Signs of a narrowing Window of Tolerance

In order to help you stay in your WOT more often, it is helpful to identify signs that your WOT is narrowing (that is, that you are stepping outside of your WOT to either a hyperaroused state or hypo-aroused state).

- A. What are the signs that you have entered into a hyperaroused state? For example, you might notice that you become snappy towards loved ones, or have a short temper, or feel agitated and irritable. Write these down in the WOT worksheet in Appendix B.
- B. What are the signs that you have entered into a hypo-aroused state? For instance, you might feel disconnected from people around you, have little or nothing to contribute to conversations, and feel emotionally flat or even numb. Write these down in the WOT worksheet in Appendix B.

### Step 4: Staying within the Window of Tolerance

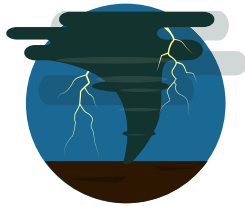
Thinking back to that time when you remained within your WOT (Step 2), and thinking about your personal signs of a narrowing WOT (Step 3):

- A. What are some practical things that you can do to move back into your WOT when hyperaroused? For example, you might take some deep breaths, or take a time out, or practice meditation. Write these down in the WOT worksheet in Appendix B.
- B. What are some practical things that you can do to move back into your WOT when hypo-aroused? For example, you might go for a brisk walk, or call a friend to talk or engage in expressive writing to discover underlying emotions. Write these down in the WOT worksheet in Appendix B.

## Appendix A Window of Tolerance Infographic

### HYPER AROUSAL

This is when you feel extremely anxious, angry, or even out of control. Unfamiliar or threatening feelings can overwhelm you, and you might want to fight or run away.



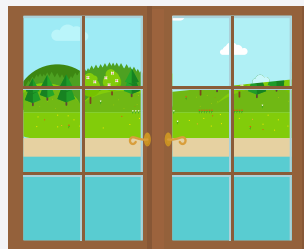
#### Signs that you are here

You:

- feel overwhelmed
- are shaking or trembling
- react heavily to emotions
- have a lot of negative thoughts
- act on impulses
- act defensively
- feel unsafe
- feel anger or rage

### WINDOW OF TOLERANCE

This is where things feel just right, where you are best able to cope with the lemons that life throws at you. You're calm yet alert, and you can think clearly and rationally.



#### Signs that you are here

You:

- are aware of boundaries (yours and others)
- have feelings of empathy
- react in a way that suits the situation
- can handle your feelings
- feel safe
- are in the present moment
- feel open and curious

### HYPO AROUSAL

This is when you feel extremely zoned out and numb, both emotionally and physically. Time can go missing. It might feel like you're completely frozen.



#### Signs that you are here

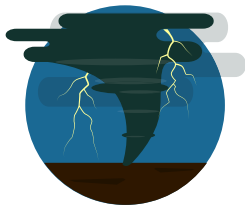
You:

- experience very little sensations
- feel numb
- have little or no energy
- feel disconnected (from self and others)
- feel empty
- do not feel like physically moving
- find it hard to think



## Appendix B Window of Tolerance Worksheet

### HYPER AROUSAL



Signs that I am here:

.....

.....

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.....

.....

.....

Things I can do to move back into my window of tolerance

.....

.....

.....

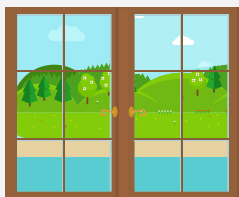
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### WINDOW OF TOLERANCE



Signs that I am here:

.....

.....

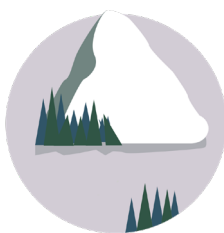
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### HYPO AROUSAL



Signs that I am here:

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.....

.....

.....

.....

.....

Things I can do to move back into my window of tolerance

.....

.....

.....

.....

.....

.....

**Resilience**

Exercise



20 min



Client or group



No

## My Resilience Plan (The Four S's)

How do people overcome challenging life events and experiences, like the death of a loved one, losing a job, or being diagnosed with a serious illness? Most people react to such circumstances with a surge of negative affect and a sense of uneasiness; yet over time, they somehow adjust and adapt. People are able to “bounce back” from adversity, trauma, tragedy, threats or significant sources of stress, because of their inherent *resilience*: “the process of, capacity for, or outcome of successful adaptation despite challenging circumstances,” (Garmezy and Masten, 1991, p. 459). According to Abiola and Udofia (2011), resilience is associated with inner strength, competence, optimism, flexibility, and the ability to cope effectively when faced with adversity; and, minimizing the impact of risk factors, such as stressful life events, and enhancing the protective factors, such as optimism, social support, and active coping, that increase people's ability to deal with life's challenges.

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone (McDonald et al., 2012). One way to develop resilience is to draw on one's learning from similar challenges in the past, to remember what he or she already knows, but may have forgotten. What was it exactly that enabled a person to get through a period of illness, or a divorce, or being laid off at work? That is, which supports did they call on, what strategies did they use, what sagacity did they hold onto, and what solutions did they find. These resilience resources are also known as the 4 S's.

This tool helps people unpack their personal resources for resilience by giving them a framework (The 4 S's) to bring out what specifically works for them.



### Author

This tool was created by Hugo Alberts (PhD) and Lucinda Poole (PsyD).



### Goal

The goal of this tool is to help clients devise a personal resilience plan based on their existing resources (that is, what has helped them bounce back from difficulties in the past).



## Advice

- The beauty of this tool is that clients trust their resilience plan, given many if not all of the resources have worked for them in the past. No matter how ridiculous it may seem to another person to listen to a particular pop song over and over again, or to buy a bar of particularly expensive chocolate, or to re-read a children's book, the client knows it helps them. In this way, these resilience plans are highly individualized and thus personally meaningful and useful.
- Before trying this exercise with clients, test it on yourself by thinking of an occasion when your resilience was tested, and the different ways (using the 4 S's) that you overcame it.
- In Part B, practitioners can draw on their own expertise to guide clients to come up with ideas for each of the 4 S's.



## Resources

- Abiola, T., & Udofia, O. (2011). Psychometric assessment of the Wagnild and Young's resilience scale in Kano, Nigeria. *BMC Research Notes*, 4, 509.
- McDonald, G., Jackson, D., Wilkes, L., & Vickers, M. H. (2012). A work-based educational intervention to support the development of personal resilience in nurses and midwives. *Nurse Education Today*, 32, 378-384.
- Garnezy, N., & Masten, A. S. (1991). The protective role of competence indicators in children at risk. In E. M. Cummings, A. L. Greene, & K. H. Karraker (Eds.), *Life-span developmental psychology: Perspectives on stress and coping* (pp. 151-174). Hillsdale, NJ, US: Lawrence Erlbaum Associates, Inc.



## Tool description

Resilience is the ability to cope with whatever life throws at you, and bounce back stronger and more steadfast than before. Resilient people work through life challenges using personal resources, including social support, coping strategies, sagacity (which is the wisdom and insight that we hold onto), and solution-seeking. This exercise helps you draw on your resilience resources to build a personal resilience plan, which you can use to help you combat any future challenges.

### Part 1: My Past Sources of Resilience

#### Step 1. Recall a recent example of resilience

Think about a time recently when you overcome a challenge or set back in your life. Perhaps you injured yourself, or received some negative feedback at work, or had an argument with a friend or family member. Briefly describe this difficulty below.

#### Step 2. Identify supportive people

What 'supportive people' in your life kept you standing when it would have been easier to fall down? For instance, did you call an old friend, or ask a teacher for advice, or perhaps a parent or grandparent gave you a pep talk. Write down who you called on for support in the top right cell of the table in Appendix A.

#### Step 3. Identify strategies

What 'strategies' did you use to help yourself cope with any negative thoughts and feelings that showed up in response to the difficulty? For example, did you meditate, or write in a gratitude journal, or go for a walk, or listen to a particular song or type of music, or have a massage to release tension. Write down the strategies you used in the bottom left cell of the table in Appendix A.



#### Step 4. Identify sagacity

What 'sagacity' helped you bounce back from this difficulty? Sagacity is the wisdom and insight that you hold onto. It can come from song lyrics, novels, poetry, spiritual writings, quotes from the famous, the sayings of one's grandparent, or learning from one's own experience. Write down your sagacity in the bottom right cell of the table in Appendix A.

#### Step 5. Identify solution-seeking behaviors

What solution-seeking behaviors did you display to help you actively deal with the problem? For example, did you problem-solve, or seek out new information, or plan ahead, or negotiate, or speak up and voice your opinion, or ask others for help. Write down the solution-seeking behaviors you displayed in the top left cell of the table in Appendix A.

### Part 2: My Resilience Plan

#### Step 6. Describe a current difficulty

In the space below, describe a current difficulty or challenge that you are facing.

#### Step 7. Apply the resilience plan to the current difficulty

Given the social supports, strategies, sagacity, and solution-seeking behaviors that helped you last time, let us look at how you could use the same or similar resources to help you bounce back from this current difficulty you are facing (identified in the previous step). Read through your completed plan (Appendix A) and write down the skills, supports, strategies, and sagacity that could work again for you in the blank resilience plan template in Appendix B. Allow some flexibility here in the sense that the same type of social support/ strategy/ sagacity/ solution-seeking behavior could be tweaked according to your current situation, for instance going to your manager rather than a parent for support in the face of a work-related problem. An example of a completed resilience plan is shown in Appendix C.



### Step 8. Carry out your resilience plan

The next step is to put your resilience plan into action. To do this, consider the order in which to use your different supports, strategies, sagacity, and solution-seeking behaviors: which resource is most feasible to start with? Often the most feasible resource is the smallest step that you can take, such as calling your partner. On your resilience plan (Appendix B), place the number 1 next to the first resource you will use. Then, continue to number your different resources in the order in which you would feasibly use them.

Then, go ahead and action your first resource, and continue to work through your resilience plan (in order) until you have overcome this difficulty.

Once you have come through the other side, please move on to the next step.

## Part 3: Evaluation

### Step 9. Evaluate your resilience plan

Discuss the following:

- How was it for you to carry out your resilience plan? Did it help you bounce back from this difficulty?
- What resources (specific skills/supports/strategies/sagacity) were most helpful to you? Why?
- What resources (specific skills/supports/strategies/sagacity) were least helpful to you? Why?
- Did you not use any resources, and if so, why?
- Is there anything you would like to add to your resilience plan?
- In what other areas of your life could you use your resilience plan? How might things improve for you?



## Appendix A: My Past Sources of Resilience

|                                                           |                                                         |
|-----------------------------------------------------------|---------------------------------------------------------|
| <p><b>Supports</b><br/>that kept you upright</p>          | <p><b>Strategies</b><br/>that kept you moving</p>       |
| <p><b>Sagacity</b><br/>that gave you comfort and hope</p> | <p><b>Solution-seeking</b><br/>behaviors you showed</p> |



## Appendix B: My Resilience Plan

**Supports**  
that keep you upright

**Strategies**  
that keep you moving

**Sagacity**  
that gives you comfort and hope

**Solution-seeking**  
behaviors you can show





## Appendix C: Example of a completed Resilience Plan

*Difficult situation: Stuffed up a job interview and did not get the job*

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Supports</b></p> <p>that keep you upright</p> <p><i>Called my partner Joe - 0432182074</i></p> <p><i>Called my Mum - 0409867222</i></p> <p><i>Booked an apt with my therapist</i></p>                                                                                      | <p><b>Strategies</b></p> <p>that keep you moving</p> <p><i>Went for a walk</i></p> <p><i>Smiling Mind meditation app</i></p> <p><i>Calming breathing technique</i></p> <p><i>Played with my dog</i></p> <p><i>Did some gardening</i></p> <p><i>Wrote in my gratitude journal</i></p> <p><i>Expressive writing</i></p> |
| <p><b>Sagacity</b></p> <p>that gives you comfort and hope</p> <p><i>Remembered that growth comes from mistakes</i></p> <p><i>"This too shall pass" - sticky note on the fridge</i></p> <p><i>Thought about what I could do differently next time and wrote down on paper</i></p> | <p><b>Solution-seeking</b></p> <p>behaviors you can show</p> <p><i>Asked for feedback from job interviewers</i></p> <p><i>Applied for 3x new jobs</i></p> <p><i>Sought professional coaching for job interviewing</i></p>                                                                                             |