
This manual is free for distribution on the condition that it is not distributed for commercial purposes and the authors are attributed accordingly. The pdf version of the manual is available for download at www.actmalaysia.com.
Authors

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Dr Eugene Koh is a psychiatrist and medical lecturer from Universiti Putra Malaysia. He is an ACT practitioner that focuses on brief interventions, anxiety disorders and depressive disorders. He also combines UBPI in his daily psychiatric practice. He is an experienced psychological first-aid (PFA) provider and was involved in a number of past crises that occurred within Malaysia. He also provides ACT-based performance enhancement in sports. His other area of interest includes mental illness recovery and sports psychiatry.

Dr Nicholas Pang is a psychiatrist and lecturer from UMS. He has been working with clients incorporating ACT methods since 2019, and has found great personal and professional fulfillment doing so. On a related note, he has a pet project to translate mindfulness scripts, hitherto only available in English, to all local languages of Borneo to serve as a repository for therapists and clients. Only time will tell how successful he is – there are 42 ethnic groups in Sabah alone. His personal dream is for mindfulness exercise audio recordings to be available in every major language and dialect group in Borneo, and he would appreciate any assistance he could to climb that mountain.

Dr Noor Melissa Bt Nor Hadi is a psychiatrist who has worked in various states in Malaysia during her training program, thus enabling her to gain various experience and perspectives
throughout the country. She is actively involved in community psychiatric services including MENTARI, primary health care training and multi agency project collaborations. Currently in a tertiary center in Perlis, she continues her training in Dialectical Behavioural Therapy and other modes (UBPI, ACT, CBT etc.) while exploring various ways of expanding psychotherapy for practical and self-instructive uses outside of therapy sessions. The initial Malay version of this manual was her heartfelt dedication to all healthcare providers out there facing Covid-19.

**Dr Loo Jiann Lin** is a psychiatrist and psychotherapist from Queensway clinic, Milton Keynes, United Kingdom. He is also a former lecturer from UMS. He has been working with clients using different models of psychotherapy, including ACT. He believes all therapies have their role in helping clients and combination treatment helps in different aspects. He has a special interest in psychiatric and mental health education.
Preface

Healthcare providers (HCP) are trained to manage various medical situations. However, the COVID-19 pandemic is different and the skills needed to cope with this are not covered in most conventional training. Many have seen colleagues getting ill or dying, the response of some administrations has been unsatisfactory or delayed, and the HCP might also be isolated from their loved ones, either out of necessity or fear. With the Movement Control Order (MCO), a new “normal” is also created to replace the usual daily routines. Normal coping responses are not as easily available anymore.

We need to learn some new psychological skills, which are normally not taught during formal healthcare training. This guide aims to give you the resilience that you will need to get through this and make you more effective for your patients and others around you. It will also equip you with skills that allow you to be a better team member. Teams work better and are safer for patients if communication is open while being compassionate and supportive at the same time.

This guide is based on components of established therapies, including Acceptance and Commitment therapy, Dialectical Behaviour therapy and Cognitive Behavioural therapy as well as the principles of interprofessional collaborative practice. This is a modification of Focused Acceptance Commitment Therapy and the Ultra-Brief Psychological Interventions (UBPI) created by Dr. Wendy Shoesmith and Sandi James. The concept had been modified to be practiced by anyone, whether for themselves or to teach others, without requiring a psychologist or psychiatric background.

All the methods described in this book have been taught to and practiced by staff of the UMS Hospital when COVID-19 first hit Malaysia, in February 2020 and healthcare staff in Hospital Tuanku Fauziah, Perlis. After learning these methods, staff reported more effective teamwork, with more open communication and better management of their emotions and mental health.

We, the authors, strongly hope that you as readers also get the same benefits from them. You can use the content in this module for the purpose of learning and teaching without additional cost. We only request that you provide the appropriate credit and acknowledgement to us. Any feedback is also welcomed for the purpose of improving this module.
# Glossary

<table>
<thead>
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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACT</td>
<td>Acceptance and Commitment Therapy</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus Disease, 2019</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behaviour Therapy</td>
</tr>
<tr>
<td>HCP</td>
<td>Healthcare Provider</td>
</tr>
<tr>
<td>MCO</td>
<td>Movement Control Order</td>
</tr>
<tr>
<td>PFA</td>
<td>Psychological First Aid</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>UBPI</td>
<td>Ultra-brief Psychological Intervention</td>
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<td>UMS</td>
<td>Universiti Malaysia Sabah</td>
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</table>
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How to use the manual

This manual is designed to be used by HCP during the COVID-19 pandemic. The manual consists of 2 sections. The first section focuses on psychological skills that you can use to help yourself and others function better. The second section focuses on interpersonal skills, which are aimed at helping teams to function better.

We hope you can use this manual as both a guide and a toolkit. We encourage you to read through the whole manual at least once to get an overall idea on how the skills can be used. However, each skill is written as a standalone skill so that you can read it and use that skill when needed.

We sincerely thank all those who have assisted in the production of this module and those who are willing to use this module.
Responding to COVID-19

COVID-19 is a pandemic that brought upon many new challenges and changes. Every individual and organisation will respond to it differently.

Uncomfortable emotions, such as fear, anger, frustration, sadness, feeling numb or empty, can be experienced at various times. The table below shows some of the physical and psychological symptoms that you may be currently experiencing:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
</tr>
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<tbody>
<tr>
<td>● Sleep difficulties, including disturbing or distressing dreams</td>
<td>● Feeling sad or depressed</td>
</tr>
<tr>
<td>● Appetite disorders: eating too much or not enough</td>
<td>● Anxiety or worrying more than usual</td>
</tr>
<tr>
<td>● Body pain or restlessness</td>
<td>● Feeling helpless or hopeless</td>
</tr>
<tr>
<td>● Lethargy or exhaustion</td>
<td>● Anger or short temper</td>
</tr>
<tr>
<td>● Palpitations or heart beating faster than normal</td>
<td>● Irritability</td>
</tr>
<tr>
<td>● Feeling incapable of looking after yourself or others</td>
<td>● Difficulty focusing or reduced ability to concentrate</td>
</tr>
<tr>
<td>● Muscles feeling tense and strained</td>
<td>● Reduced interest in activities and doing the things we used to enjoy</td>
</tr>
<tr>
<td>● Rapid and shallow breathing</td>
<td>If you feel that you made a mistake:</td>
</tr>
<tr>
<td></td>
<td>● Lack of confidence</td>
</tr>
<tr>
<td></td>
<td>● Shame</td>
</tr>
<tr>
<td></td>
<td>● Guilt</td>
</tr>
</tbody>
</table>

One situation can trigger intense emotions in some people, whereas others may feel very little. It is important to not blame yourself if you are feeling intense emotions or to blame coworkers if they have strong emotions in certain situations. The reason we all respond differently may include past experiences and the level of support from others. Recognising when strong emotions might affect performance, without blaming or shaming, can help improve patient safety.
Stress

Stress happens as a response towards a stimulus perceived as threatening. Thus it is a protective mechanism our bodies use in an attempt to guarantee our safety and lives.

Stress can be helpful at times. It can drive us and help us achieve more than usual. For example: when in crisis situations, we can often solve problems we have never experienced before with creativity. Here, stress acts as a drive to push us to solve the problems.

However, if stress is prolonged and severe it can have the opposite effect:

- Our performance can be affected.
- We may feel our life is out of control.
- Prolonged physical and psychological symptoms as previously mentioned.
- We may be “paralysed” from doing what is necessary.
- We may develop psychological disorders.

As mentioned, some amount of stress is beneficial, but too much can be detrimental. This manual is not created to remove stress. Instead, by using some of the techniques in this book, we hope that the techniques will help you cope with the stress better and work with it.
The Core Principles

The strategies and techniques we described in this manual is based on three core principles that are adapted from Acceptance and Commitment Therapy. The principles are:

- **Get real**: Paying attention and engaging with the “here and now” instead of being caught up with our past fears and future worries.

- **Accept**: Putting distance between our situation, thoughts and emotions so that we can make room for them to come and go without us getting consumed by it.

- **Do what matters**: Initiating and persevering with life-enhancing choices and actions.

![Triangle diagram showing the interrelation of Get real, Accept, and Do what matters]

As you can see with the triangle, these core principles are all interrelated. When you improve one skill in one aspect, often the other areas will be enhanced too. When you make room for your difficult emotions, e.g. fear of being infected, you can focus on the present. When you focus on the present, you can make effective choices that help you work with your current COVID-19 situation.

We suggest you focus on one of these core principles at a time and practice it before moving on to the others.

*(Adapted from ‘ACT made Simple’, 2nd ed. 2019, Russ Harris)*
Section 1: The Psychological Skills
1. Get real

The strong emotions that we may be experiencing during COVID-19 can remove us from reality. We can become cut off and numb or too anxious that we can't think. We can get stuck in our difficult thoughts, taking us away from the real world. We start to perform tasks automatically, while our mind is elsewhere.

This leads to potential problems:

- Risks for patients.
- Not noticing if the things we are doing are not working.
- Not really listening to patients and team members.
- Mental health problems - including anxiety, depression and burnout - can increase when we pay too much attention to thoughts and feelings, rather than the external world.
- Passing judgement on yourself and others, which reduces motivation and causes problems in teams.
- Unsatisfying experiences.
- Not being able to recall what you have done.

The following set of skills help us to get back in touch with reality by teaching us how to focus on the here and now, instead of spending our energy and resources fighting with difficult thoughts, feelings and situations.
Anchoring

Sometimes when experiencing strong emotions, you would feel as if you are being helplessly swept away or drowning in those emotions. Like being in a boat in the middle of a storm in the sea.

Anchoring is one of the most powerful methods for managing strong or uncomfortable emotions. This technique allows you to ‘drop an anchor’ so that the emotional ‘storm’ does not pull you off course or pull you away from reality.

Brief versions of this technique can be done in a few seconds, which means it can be very helpful in emergency situations to bring you back to reality. It is important to note that this is NOT a distraction technique. It aims to bring you more in touch with your thoughts, feelings and your environment, not less.

This technique uses our five senses and the aim is to become more present and aware, rather than on making the feeling go away. Practice the following, which has been adapted from Russ Harris’s ebook ‘The Single Most Powerful Technique for Extreme Fusion’:

<table>
<thead>
<tr>
<th>A</th>
<th>Acceptance of thoughts and feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● Briefly notice any emotions in your body (use the physicalising technique).</td>
</tr>
<tr>
<td></td>
<td>● Briefly notice any thoughts in your head.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Come back into your body</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● Change your posture. Sit up and straighten your back and look around the room. Move your arms and legs slightly, to wake them up and take back control. If you are angry, unclench your fists and your jaw. Do any other movements that help to make you feel in control of your arms and legs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Expand awareness</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1. Name five different objects that you can see.</td>
</tr>
<tr>
<td></td>
<td>2. Feel three different sensations on your skin.</td>
</tr>
<tr>
<td></td>
<td>3. Listen for two different sounds.</td>
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<tr>
<td></td>
<td>4. Notice any smells or taste in your mouth.</td>
</tr>
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</table>

Some people find that they only need to do one of these things to bring them back into the moment and in an emergency that is likely to be all you have time to do and that’s okay.

While you are “anchored”, it is helpful to remind yourself of your core values and goals, what kind of person you want to be through this “storm”, and what you want to stand for in the
face of whatever difficulty you are facing now. This is similar to checking your compass to ensure you are maintaining your direction of travel while traveling through stormy weather. Anchoring does not get rid of the storm; it is something you do while the storm is here.
Mindfulness

Mindfulness is a set of skills that keeps us grounded in reality and the present moment. Like most skills, this needs practice. Mindfulness is sometimes done as a formal meditation practice, but during a crisis you may not have time.

Fret not. Below are some ways that you can practice this in your everyday life. Practicing these skills in your everyday life will strengthen the pathways in the brain that are needed to make difficult decisions in emergency situations. These skills train you to drop judgement and just notice.

What to practice:
1. **Observe.** This is about watching and noticing the world around you.
2. **Describe.** This is about providing words for your experiences. When you are practicing this only describe what you can observe directly through your senses, trying to leave out interpretation or judgement.
3. **Participate.** This is about engaging fully with whatever you are doing. This is the most difficult step. It is also about engaging fully with things that really matter in your life.

The following are mindfulness exercises that can be built into your daily routine and do not take a lot of time.

<table>
<thead>
<tr>
<th>OBSERVE</th>
<th>Describe something simple, like a piece of fruit, consider the colours and the way the light hits it.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When you are eating, first notice the smell and the look of the food. Notice the texture and sensation of the food as you put it in your mouth. Notice all the different tastes within the food.</td>
</tr>
<tr>
<td></td>
<td>When you are in the shower, notice the feeling of the water falling on your skin.</td>
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<tr>
<td></td>
<td>When you are in a traffic jam or in a queue, notice the feeling of frustration in your body. Gently explore this feeling with your mind. Notice exactly where you feel it in your body.</td>
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</table>

<table>
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<tr>
<th>DESCRIBE</th>
<th>Have a conversation with someone while fully present, immersing yourself fully in what they are saying, listening to both what they are saying and their body language.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describe something simple, like a piece of fruit, consider the colours and the way the light hits it.</td>
</tr>
<tr>
<td></td>
<td>Describe the flavours in a meal that you did not like, only describing sensations, without any judgement – e.g. ‘there was a sweet taste, followed by a bitter aftertaste’.</td>
</tr>
<tr>
<td></td>
<td>Describe the way your body feels right now.</td>
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<tr>
<td></td>
<td>Describe someone else’s clothing, facial expression or behaviour using only direct sensory information. ‘e.g. his brow is slightly furrowed, his mouth is turned downwards and he is not making any eye contact’.</td>
</tr>
<tr>
<td></td>
<td>Describe any emotions you feel in your body.</td>
</tr>
</tbody>
</table>
Play with your kids/nieces/nephews in a way which is fully present. Immerse yourself fully in whatever game you are playing, like you did when you were a child.

Dance or sing in a way which is fully immersed, without worrying about what people think, and without drinking or using any substances.

You are probably doing some of these things already. Think about how you can expand this way of living into other areas of your life and how you can practice these skills when you are at work.

2. Accept

The principle of “accept” is particularly important for the things that you cannot change or control. This includes difficult situations, thoughts and feelings, and aspects of yourself. Acceptance does not mean you have to like or agree with something, nor passively do nothing. It works to give space between current situations and our thoughts and emotions so that we can make room for them, allowing thoughts or feelings to come and go without getting consumed by it. It can help you to be able to make more effective decisions and choices, and take more helpful actions where needed.

One way to think of this is the weather. We know we can’t control the weather. We understand that one minute there is blue sky and then clouds gather, we see less of the sky and sometimes dark stormy clouds cover it completely or even lightning or thunder. The bad weather will pass and the blue sky will soon be seen again. So difficult thoughts and feelings are like the bad weather, they come and go, but you remain as the blue sky, able to choose to be Get Real and Do what matters.
Accepting Difficult Feelings

COVID-19 has seen a significant increase of strong, often uncomfortable, emotions in most healthcare staff, including intense feelings of fear, sadness, shame and anger. At times these feelings may all occur together. These feelings can also distract us from doing what matters … acting effectively, particularly if you start fighting with feelings or telling yourself you should not have them.

Sometimes one feeling can lead to another. These are known as secondary emotions. For example, you felt anxious about going to work; which led to you becoming angry at yourself for not wanting to go to work; which also led to getting frustrated because you believe you should not get anxious when everyone else is going to work. The same anxiety can also lead to feelings of anxiety about being anxious, so it becomes a kind of loop that makes you feel stuck or hooked. You can be worried about not being able to function well as a HCP due to your anxiety.

You can stop the loop and not get stuck, by creating acceptance for the initial emotion, i.e. the initial anxiety, you make room for that difficult emotion. Typically it becomes less intense and the subsequent emotions will be less likely to show up.

Physicalizing

This technique helps you to feel emotions as bodily sensations and can help allow you to accept the emotions without trying to push them away or try to get rid of them.

1. To practice this technique, you need to feel an emotion. If you don’t have one right now, try and remember the last time that you had a strong emotion and try to bring it back, recalling how it felt.
2. Try to feel the emotion in your body and WATCH the feeling. Work out exactly where you feel it. Gently explore, notice and observe the feeling. Work out where the edges of the sensation are. You may be able to answer some of these questions. What shape is it? What kind of texture does it have? Does it have a colour?
3. Try to allow yourself to be comfortable with the sensation. It may help to imagine a space around it, or imagine yourself breathing into it.
4. Put your hand over where you have the sensation. Feel the warmth of your hand on it, holding it while allowing it to be there. What effect does this have?
5. Once you feel like you have been able to find some acceptance with the sensation, noticing that it is shifting and changing like the weather, you can continue Doing What Matters with a sense of being present..
Accepting Difficult Thoughts

We all have difficult thoughts that chatter away in our head. These can be about ourselves: “you are useless”, “you could have done more”, “I should have recognised that the patient was deteriorating” etc. The thoughts can also be about others: “Why did he treat the patient like that?”, “Why is my boss such a pain?”

During COVID-19, this can intensify, especially if we feel that we could have done better in a certain situation. We beat ourselves up. Some people do this because they believe that this will improve their performance, motivate them to be more effective or vigilant. While this can sometimes be useful (e.g. telling us that we need to do more training in something), most of the time it does not work like we want it to, instead it gets us stuck or hooked.

Some ways of managing difficult thoughts include:

1. Checking our thoughts can help us get unstuck from them. For example asking yourself the following questions:
   ○ Does paying attention to this thought helping me right now?
   ○ Does anyone else have the same opinion as me?
   ○ Did I miss something?
   ○ What is the worst that can happen right now and can I handle that?
   ○ What are the good things about what I did?

   Sometimes using this technique too much drags us away from reality - we can get caught up in the argument between the ‘positive’ and ‘negative’ thoughts and get further stuck. If this happens, it is important to Get Real again, ground and unhook.

2. Techniques such as ‘Unhooking skills’ and dialectical thinking can help us to negate through these thoughts.
Unhooking skills

If a thought, feeling, unwritten rule or belief starts to drag you away from Doing What Matters then you have been ‘hooked’. Unhooking skills help you to get off the hook, like a fish that has been caught escaping from the line. Thoughts and feelings cannot actually control you. It often feels like that, because they seem to be really powerful and you feel like you have no choice and are hooked and do what they say.

These techniques work by putting some distance between you and your thoughts, just enough distance so that you can Get Real and Do What Matters instead of being hooked. You unhook. Thoughts are words and pictures that your mind produces, words are just made up of symbols and have no capacity to be a threat unless you choose to let them. Very young children do not have language, so cannot get carried away and influenced by thoughts, such as ‘I’m not good enough’. As we get older and language develops, the products of our mind can start to become complicated and, at times, threatening. Unhooking skills help us to treat the products of our mind like a young child would, so that the words and pictures that your mind produces are no longer threatening. This is not to negate or minimise what is happening, it allows us to see our thoughts and feelings in a different way, enabling us to Do What Matters.

Try some of these techniques and observe any changes in how your mind responds:

1. Noticing the thought and recognising it as a thought is a very fast way to unhook. Compare ‘I am stupid’ to ‘I am having the thought that I am stupid’. Putting the words ‘I am having the thought’ in front of the thought helps make it less threatening and changes the way we view it.

2. Write down some titles of the ‘stories’ that you tell yourself on a piece of paper or card. Then use it like a ‘bird-spotting guide’. When your mind starts telling one of these stories, notice it and acknowledge it, without getting caught up in it. Some people find it helpful to put a tick next to each story, every time it comes up for a few days, like you are a scientist doing a survey. This technique helps you to see these stories just as words.
3. Imagine your thoughts in letters or pictures on a computer screen. Now change the colour of the letters. Make the letters spin. Make them dance around to music. Change the order of the words in the sentence.

4. Say, out loud if possible, the key word or two from thought very quickly and over and over again, until it becomes a collection of sounds and has lost its meaning, do this for at least 30 seconds. For example, if you have the thought “I am an idiot” you could say the main word “idiot” repeatedly. Some people put the thought into a song.

(Source: adapted from ‘A Liberated Mind: How to Pivot Toward What Matters, 2019, Stephen C. Hayes)
Accepting difficult situations and aspects of yourself

Dialectical thinking

When we are stressed we can start to think in an ‘all or nothing’ or ‘black and white’ way, where we start to have thoughts like ‘everything is bad’. Noticing this and deliberately broadening your thinking can help you to see reality again.

Dialectical thinking is a way of accepting that two opposing things can exist at the same time. A perspective shift. Some examples are below:

<table>
<thead>
<tr>
<th>BLACK AND WHITE</th>
<th>DIALECTICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am terrible at my job. I am an idiot.</td>
<td>I am good at talking to patients and not so good at putting in central lines. I need to be supervised doing that.</td>
</tr>
<tr>
<td>I am strong and independent and need no-one.</td>
<td>I can take care of myself but also need help from others at some times.</td>
</tr>
<tr>
<td>My boss did not provide enough masks so he doesn't care if I die.</td>
<td>My boss made some mistakes and now there are not enough masks and we need to help him sort it out.</td>
</tr>
<tr>
<td>Bad things always happen to me.</td>
<td>Sometimes good things happen to me, and sometimes bad things happen to me.</td>
</tr>
<tr>
<td>Why is everything so hard?</td>
<td>There are simple things and there are tough things.</td>
</tr>
<tr>
<td>I screw everything up.</td>
<td>I do not handle things perfectly, sometimes I make mistakes and sometimes I get it right.</td>
</tr>
<tr>
<td>The politicians caused all this, what can we do?</td>
<td>I might not have caused the problems that happened to me, but I can still help solve some of the problems.</td>
</tr>
</tbody>
</table>

(Source: Dialectical Behaviour Therapy Skills Handbook: Fulton State Hospital, 2004)
“Dots in My Life”

This technique can help you to face difficult situations in your life, while noticing alongside what good things there are too in your life. This technique is helpful when:

- You are feeling anxious or depressed with the events that are going on now.
- The situation is bad and you have little control over it.
- To regain control and re-focus on Doing What Matters.
- Can allow you to accept quickly what is happening, so that you can make rational decisions.
- For example – "My colleague is very sick because we were seeing patients without PPE". This situation has the potential to consume you and fill you full of strong emotions, which will hook you and can affect your decision making instead of Doing What Matters.

Step:

1. Imagine this circle is like your life situation now.
2. (O) are the things in your life that you like or good things in your life.
3. (X) are the things in your life that you don’t like or bad things in your life.
4. Both are happening together in your life.
5. Imagine allowing space for the (X)’s to exist in your life. Imagine it is like one of the X-es in your life, that it is ok if it stays part of your life for however long it needs to.
6. Accept the (X)’s without judgement about whether it is ‘good’ or ‘bad’. Acceptance does not mean that you have to like it, approve of it, or agree with it.
7. Now, look in (O). These are the other things you also have in your life, the things you like, enjoy doing, your friends, family and hobbies etc.
8. Focus on (O) while allowing space for (X) to exist at the same time.
9. If there are more (X) than (O), you can create more (O). Some ways of doing this are to do the "re-charge" activities or try to work out how you can do small things which line up with your values.
(This technique is Dr. Melissa's invention by combining various psychotherapy techniques.)

Other variations:
If this idea is hard to imagine, you can also imagine a bookcase.
- In the shelves, there is room for the "good" books and there is room for the "not so good" books.
- You can just leave the "not so good" books there if they are not useful to you and take and read the "good" books.
- Or remember a good time ... your graduation, your wedding, a party you had. Now remember really carefully ALL the feelings that you had. Maybe you were really excited and happy, and also a little bit nervous or worried that something wouldn't go well. You had a good time and enjoyed yourself and there were also parts of the day when you felt feelings that you didn't like so much. And they all come together, no time is ever just one feeling, and you can choose where you put your attention.
3. Do What Matters

Doing what matters is about realising what is important for us to focus on and making the deliberate choice of doing it despite the difficulties before or ahead. The choices and actions we choose to focus upon are those that make us feel more fulfilled, vital or enriched. For example, despite the risk of being infected, you still make the choice to turn up to work because you feel your job brings purpose, contribution and meaning to you and others.
Values

Think about the following questions:

- What do I want to stand for during this COVID-19?
- When people ask me ‘How did you manage during the COVID-19 pandemic?’ What do I want to tell them?
- What kind of a person do I want to be through COVID-19?
- What really matters to me during COVID-19?

The following list is a list of values. These are qualities that many people wish to bring to their life because they find it fulfilling and make their lives meaningful. Think about which of these are most important to you. It can help to think about the kind of things that you want people to say about you. You can also think about people that you admire as they go through this crisis. What is it about them that you admire? Remember you are choosing these because they are important to you … even if no one ever said anything about them, you would still want to do them.

As you think about these questions circle 5 values that are most important to you in your life and as you go through this crisis. For some people it is helpful to make different lists for different areas of life. You might have different values that are important for your work, relationships, leisure and health.

<table>
<thead>
<tr>
<th>Peacefulness</th>
<th>Humour</th>
<th>Wealth</th>
<th>Beauty</th>
<th>Achievement</th>
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</thead>
<tbody>
<tr>
<td>Trustworthiness</td>
<td>Fairness</td>
<td>Competency</td>
<td>Stability</td>
<td>Influence</td>
</tr>
<tr>
<td>Freedom</td>
<td>Determination</td>
<td>Leadership</td>
<td>Confidence</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Kindness</td>
<td>Courage</td>
<td>Spirituality</td>
<td>Community</td>
<td>Recognition</td>
</tr>
<tr>
<td>Balance</td>
<td>Respect</td>
<td>Love</td>
<td>Creativity</td>
<td>Service</td>
</tr>
<tr>
<td>Compassion</td>
<td>Faith</td>
<td>Security</td>
<td>Authority</td>
<td>Friendships</td>
</tr>
<tr>
<td>Wisdom</td>
<td>Success</td>
<td>Loyalty</td>
<td>Adventure</td>
<td>Growth</td>
</tr>
<tr>
<td>Challenge</td>
<td>Honesty</td>
<td>Health</td>
<td>Learning</td>
<td>Curiosity</td>
</tr>
<tr>
<td>Reputation</td>
<td>Fun</td>
<td>Contribution</td>
<td>Responsibility</td>
<td>Assertiveness</td>
</tr>
</tbody>
</table>

Write down your most important values and put them somewhere visible in your house or working area or on your phone as a screensaver. If you want to, you can decorate these to look attractive and eye catching.

Values can act as a compass in life, which helps us to find direction during a storm, they help us choose our actions so we are doing what matters.
Goals

Look at your most important values and think about what living consistently with that value would look like. Think about what you would be doing differently at work and outside of work. For example, if your value is ‘compassion’, you might set a goal to treat yourself kindly and be gentle if you make a mistake at work.

Going through the exercise above may have created some goals in your mind that you wish to aim for. Setting goals that are most likely to be achievable need to be:

1. **Small and achievable**, especially the goals you set at the start. If your value is health and fitness and you begin with the goal to exercise for an hour every night, you are unlikely to be able to maintain it. Start with something you are sure that you can do, like exercising for 5-10 minutes.
2. **About behaviour**, rather than to change thoughts and feelings. If you set a goal to ‘feel less stressed’ or ‘not be angry’, it is unlikely to be achieved.
3. You cannot control your thoughts and feelings, only your behaviour.
4. **Phrased positively**. If you set a goal to not do something, it is difficult to achieve. Rather than a goal to ‘not argue with people’. It will be easier to do with a specific behaviour e.g.:
   ‘I will remain quiet and listen to the other person’s point of view before responding when we have a difference’.

   You can set yourself a small, positively phrased behavioural goal now. Try and think about a small thing that you can do in the next two days to get you a tiny bit closer to living by your values.

   Write these down in your task list on your phone or somewhere that you will see them every day.

Self-compassion and looking after yourself

Most people have some values which include compassion, caring or love. It is important to also apply these values to yourself. Looking after yourself as you would look after a close friend can help to improve your emotional regulation, which will also improve patient safety.

Physical health

Difficult emotions are harder to handle when we are tired, hungry or unwell. Looking after our physical health will help with emotional health. Create a schedule around exercise, diet and sleep, which will fit in with your work schedule.

Sleep Management

Improving the quality of our sleep can help improve our ability to manage difficult emotions. Sleep management is particularly difficult if you work shifts. Our daily activities, especially those activities before bedtime, can have a big impact on the quality of our sleep. A small change in our daily activities can improve our sleep quality dramatically.

Here are some "tips" that can improve the quality of your sleep.

Make a routine:

- Try to make a routine so you can go to sleep and wake up at the same time every day, including Saturday/Sunday and holidays.
- Try to avoid rapid rotations if you are working shifts. Working a few days on the same shift works better than changes every day.
- Only go to bed when you are sleepy.
- If you are not asleep after 20 minutes, get out of bed and do a quiet, gentle activity until you feel sleepy, such as reading or listening to calming music.
- Use bed only for sleep and sex.
- Keep your bedroom silent and calm. Ensure that the room temperature is comfortable for you.

3 hours before sleep:

- Avoid large meals before sleeping. If you are hungry, choose healthy food that is not too heavy.
- Avoid drinks that contain caffeine
- Avoid alcohol.
- Avoid high-intensity sports activities before sleep.
● Reduce exposure to bright light before sleep. Avoid installing the “white” light bulbs because it stimulates the brain to become more active. "Orange" light bulbs are more suitable.
● Practice a routine before bedtime, e.g. drinking milk, hot bath, listening to music, reading.

1 hour before sleep
● Avoid using any electronic items (e.g. computer, smartphone)
● Go to the toilet

(Source: American Academy of Sleep Medicine)
"Re-charge" activities

Continuing with some of the activities that you normally enjoy is an important part of caring for yourself. Here are some examples of things you might be able to do, despite the movement restrictions. Tick which activities you normally enjoy and add your own. Plan these activities and do them even if you do not enjoy them as much as you normally do.

Examples of activities:
1. Meditation/ mindfulness
2. Religious activities / rituals/ prayer
3. Relaxation activities
4. Planning, in detail, a fun future activity
5. Chat with friends on Zoom other online platform
6. Play music, sing and dance
7. Drawing
8. Take a long shower or bath
9. Wash your hair
10. Cooking
11. Eat a favorite food
12. Wear a favourite outfit
13. Listen to favorite songs
14. Gardening
15. Watch a favorite show
16. Read
17. Write a diary
18. Learn new skills
19. Recall a sweet and memorable smell
20. Provide gifts to yourself/anyone else
21. Help other people
And much more!

(Source: Dialectical Behaviour Therapy Skills Handbook: Fulton State Hospital, 2004)
Relaxation techniques

These techniques can help you to calm down and feel a bit less stressed. These techniques do not work for everyone and are normally inappropriate when at work unless on a break. Mindfulness will be more effective in helping you to function effectively at work.

There are many examples of both long and short relaxation exercise. Below we provide an example of a longer relaxation technique. If you don’t have time for the longer exercise, you can try a brief, 10 to 20 second mindful pause that can be done anywhere, even with your eyes open. Feel your little toes in your shoes, feel your shoes on the ground, feel your body as you breathe deeply in for three, feel your exhalation as you breathe out for four. Imagine getting heavier as you breathe out and repeat two more times. This technique can also work if you start to hyperventilate when you are stressed.

The following is a bit longer, although can also be done as brief exercise when needed.

Setup
- Make yourself comfortable
- Find a calm, quiet space
- Preferably do this before eating.
  - A full stomach can make you uncomfortable while doing this technique.

Relaxation using breathing
1. Sit/lie in a comfortable position
2. Close your eyes if you wish
3. Inhale for 3-4 seconds through your mouth or nose
4. Exhale until the end, for 3-4 seconds
5. Stop 2-3 seconds before breathing in again.
6. Repeat 10 times or until you feel calm.

*Note: The difference between this technique and mindfulness based breathing exercises is the aim of the exercise. Mindfulness exercises aim to make you feel more present. Relaxation exercises aim to make you feel relaxed. If you do not feel more relaxed with this exercise, then do not use it.*
Section 2: Team survival guide
The COVID-19 Team

The COVID-19 pandemic brings teams together, but the pandemic also brings to the surface problems that cause the teams to work inefficiently. Looking after our team is as important as looking after ourselves, if we want to be effective and productive.

Members of a well-functioning team are able to:

- Validate each other.
- Give each other feedback in a way which improves performance.
- Express opinions, needs and wants.
- Say 'no' to each other at times.
- Accept and manage conflicts.
- Learn from each other, including from people from other professional groups.
- Ask for and offer help and support to each other.
- Show appreciation to each other.
- Be aware and accepting of strengths and weaknesses of other team members.
- Make decisions and solve problems together, using a method which is appropriate to the situation (e.g. top-down decision making in a medical emergency, shared decision making in other situations).

The skills that follow should help you to do all of these things.
Validation

Validation is letting someone know that they are understood – that their thoughts, feelings, behaviours make sense. This technique is rarely used in healthcare teams, but where we have taught this it has made a big difference to the relationships in the team.

When people express opinions, the opinions need to be heard and validated before they can be properly discussed. If the opinions are not validated they will be reluctant to give opinions again.

Validation is not:

● Complementing
● Saying something that you don’t believe to be true
● Patronizing
● Teaching or advising

Invalidation is judging, belittling or ignoring other people’s thoughts, opinions, emotions or experiences. “You need to get over it”, “at least you still have work”, “you should have ….”, “why did you do that?”

Why validate?

😊 It helps strengthen our relationships
😊 It helps strengthen the other person
😊 It helps us collaborate
😊 It creates a non-judgmental environment that is easier to work in.

All of these things are important for patient care.

How to validate?
Marsha Linehan describes six stages of validation ¹,²:

Level 1. Being present – similar to active listening. Asking questions to understand more, showing interest.

Level 2. Accurate reflection - "You're feeling worried about going to work and seeing patients that could have COVID-19”

Level 3. Guessing unstated feelings - “Are you feeling scared about being infected and falling ill?”

Level 4. Expressing that their thoughts, feelings or reactions are understandable in view of past history - “It is really understandable that you are worried about seeing this kind of patient.”
**Level 5.** Expressing that their thoughts, feelings or reactions are understandable in view of current events “It isn’t surprising that you are feeling worried about that. I would feel the same.”

**Level 6.** Radical genuineness –Treating the other person as an adult and an equal. Not treating others as fragile, incompetent or not capable of handling negative feedback. Usually involves showing vulnerability, being honest, saying what you really think. “I am feeling quite frustrated and worried about not having proper PPE..”

**Exercise**
Which levels of validation are the following examples?

- “Given how badly it went last time we tried this, it is completely understandable that you are worried about trying this again”.
- “You are concerned that the plan might make the problem worse?”
- “So you are saying that it might not be so good for him if we do this…”
- “Can you tell me more about what you think?”
- “It is understandable that we are all feeling a bit worried about the change, it is going to be a really difficult few weeks.”
- “This has been really good… even though it was kind of stressful for me at times… we have had such a good discussion and people have said what they really feel about the plan… I think the new plan is much better although not exactly what I had in mind to start with.”
Giving Feedback

This is sometimes part of level 6 validation, where we need to tell people clearly, honestly, and with compassion what we think. Teams do not work well if team members are not able to be honest if something is not working. We need to give and accept feedback from colleagues if we want to improve.

✔ Validating and empathising is often a good starting point for difficult conversations. “It looked like you were really stressed when you were talking to Sarah. Are you OK?”

✔ Ask permission. “Do you want to discuss?”, “Do you want to think about what might help?”, “Do you want feedback?”

✔ Start with asking the person to self-reflect using open questions. “What was happening?”, “How do you feel it went?”

✔ Give balanced feedback, focussing on what went well, as well as what did not go well. “I think it really improves patient care when you ask about all the details”.

✔ Reflecting on values can also help, “I can see that you really want to improve patient care”.

✔ Be descriptive, not judgemental and specific, not general. eg “I think she might have felt demotivated, when you said that she was lazy. I know she had been working all night.”

✔ Focus on behaviour, not personality- eg “When you raise your voice like that, the junior staff get scared and then do not want to call you when there is a problem.”
Asking for help by using ‘I’ statements

Use "I" statements to express your opinion/wishes/needs.
- I think.../In my opinion.../I want to recommend...
- I feel...
- I want/would like...

Try to avoid using the "you" statements, which may be seen as criticism or attacks, even if it is not your intention or wish.
- You said...
- You always...
- You didn’t...
- You don’t want to...

Use specific and clear sentences to state
- What do you want or need help with?
- Explain the reason.
- What are the issues?

Example:

Your caseload is much higher than many of your colleagues and each patient needs several procedures. A group of three colleagues are eating nearby.

Compare:

<table>
<thead>
<tr>
<th>Verse &quot;I&quot;</th>
<th>Verse &quot;You&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I have to get all of these procedures done and I am worried I do not have time. I would really appreciate some help. I am worried that I am going to start making mistakes if I rush through these.”</td>
<td>“You are just hanging around and eating while I am running around doing everything alone. Can't you help?”</td>
</tr>
</tbody>
</table>
Offering help and support to colleagues

In the previous section, we talked about skills and strategies we can use with ourselves and others. However, starting the conversation to offer help can be awkward for some. We might also come off as nosy or intrusive if we jump in immediately with psychological skills. Below are some methods on how to offer help to colleagues.

Are you OK?

How to ask:

- Ask based on what you see: “You looked really tired, how are you doing?”
- Offer to listen. "That sounds really hard. Do you want to talk about it?"

An open-question helps people to respond more easily.

- What happened....
- How...
- Sentences beginning with “why” can sometimes sound like you are accusing or blaming - find other ways of phasing these sentences e.g. rather than saying “why did that happen?” you could ask “what happened ....”

Offering help

- "Can I do anything to help?"

Clarify if needed:

- “You mean, you want me to put in the central line?”

Try to avoid sentences with two options, as they can make people feel guilty or embarrassed to receive help. (“You want help or not?”, “So can I help or not?”)

Show appreciation

Showing appreciation to colleagues can help:

- Raise enthusiasm and motivation
- Encourage them to continue doing things that are helpful

Some ways of showing appreciation:
- Say “Thank you”. Be specific about what they did. ("Thank you for helping me with that patient, I really appreciate it")
- Give praise. It is better if you can be specific about the action that was done. ("I really liked the way you talked to that relative, I think it helped her accept").
- Celebrate. Examples: birthdays, religious festivals etc. Plan activities together for when things get better. Remembering these things can help people to feel that they are important and cared for.
Saying ‘no’

Sometimes we can’t help and have to say ‘no’. This can be very difficult, particularly if it is a close friend or a boss. This is especially true when a social-norm dictates that saying “no” is a reflection of negative attributes, e.g. rebellious, stubborn, lazy.

How do I say ‘no’?

- Use “I” statements to explain the desires and/or cause. “I really want to help. I am very busy at the moment with the screening and I need to focus on that.... "
- Give options to help at another time: “I might be able to help you if I have time tomorrow.”
- Ask them to think of other options: “Is there any other way you could get this done?”
- Suggest other options: “Maybe you could discuss with your boss and tell him that you don’t have time to prepare his powerpoint right now”.
- You can say yes and then explain your barriers e.g. Yes I can do that, although I will need someone else to do this other piece of work. Or Yes, I can do that. Because of my other work I can only get to it next week.

When the other person says ‘no’ to you...

Sometimes the other person will not be able to give you what you want. An example is asking your boss for leave or rest days and not being able to get it. The options are to either continue to push for what you want (using a lot of validation and ‘I’ statements), compromise, or accept. Which one of these options you choose should be informed by your values, the relative importance of the relationship vs getting what you want, power differences and the likelihood of the other person changing their mind.

Compromise:

- “If I can’t take a rest day tomorrow, when would be a good time?”
- “Perhaps if I just took a half day, rather than a full day, would that be ok?”
- Try to show you understand their circumstances as well. (“I see that it is really hard to give someone a rest day when there are so few staff.”)
Acceptance:

- Respect the ‘no’, “Ok, I accept it is really hard for me to take tomorrow off work”
- Say thank you for listening. “Thank you for listening to me”.
- Give them the opportunity for them to offer opinions too “I am feeling really fatigued right now, what do you suggest?”.
- Try to understand their situation and emotions as well (empathy), “It must be really hard to be in your position at the moment, having to manage with so few staff”.
- Use acceptance skills to help manage the difficult thoughts and feelings that may show up.
Managing Conflict

Sometimes emotions become stirred up as we talk to someone. This is often a result of:

- Not feeling understood
- Not feeling not heard
- Not having needs met

"Why are you not able to work the double shift? We are short of manpower and everyone else is able to do it!!"

When this happens, one of the people involved has to relieve the situation.

- Use the anchoring technique if you need to bring yourself back to reality and think clearly again.
- Change your tone, change your face and posture.
- Validate something in what the other person has said, for example using reflection of feelings. "I understand that you need to cover the rota and you are really worried about the number of patients we have at the moment."
- Clarify what they are telling you, including their ideas and concerns. "Are there any other options apart from me working a double shift?"
- Say again what you want to say using "I" sentences. "I am feeling very tired and I have hardly slept in the last few days and I am not safe or I might get sick"
- It is sometimes appropriate to put the conversation on 'pause' and come back at a time when emotions have reduced in everyone.
**Shared Problem Solving and Decision Making**

This method allows for collaborative problem solving, whereby all people involved can contribute their opinion. Ideally, information, ideas, opinions and concerns bounce around between the people involved until an ideal solution emerges. This technique can be used on your own with just a piece of paper.

This can be used on your own, in team meetings or with patients.

1) Try to define the problem that you want to solve. Ask team members to describe their way of seeing the problem. Ask team members to describe the perspective of other team members, to ensure people are listening to each other and to allow different perspectives to be incorporated.

2) If necessary, share important information with each other.

3) Ask the team to brainstorm all possible solutions. Emphasise that we are just listing them here, rather than considering if they are good ideas. Encourage a wide range of solutions, however wild and impractical they may be.

4) Ask the team about what other people think, who might not be present.

5) Ask the team to choose two-three solutions (from either themselves or other people) and consider the pros and cons of each of them.

6) Share any other important information, ideas, opinions and concerns with each other.

7) Come to a decision together about what to do. This may involve prioritising what is most important. Discussing values and goals may be useful for this. The team may not be able to decide straight away, and it is sometimes appropriate to defer decision making.

8) If a decision has been made, then it is important to emphasise that the decision can be reviewed if things are not working out.

<table>
<thead>
<tr>
<th>Way to solve</th>
<th>Pros</th>
<th>Cons</th>
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Collaborative problem solving and decision making is most useful when there is more time to make a decision. In an emergency, then top-down decision making with a clear chain of command is normally more appropriate.
Teamwork during a medical emergency

Basic principles:

1. Know your environment. This includes knowing where equipment is, what local protocols are, who is in your team and the roles and capabilities of each team member.
3. Recognise the emergency and that you are unable to manage the emergency alone and that you need to call for help. If thoughts and feelings make you reluctant to get help (e.g. ‘the consultant will think I am stupid if I call to ask about this’), notice these thoughts, unhook from them and call for help anyway.
4. Establish who is leading.
5. Use clear communication
   ○ If you are leading, give clear instructions to team members - one at a time.
   ○ Use their names if you know them.
   ○ Make eye contact as you give instructions
   ○ Speak in a calm, clear voice. Do not raise your voice. Anxiety should not be transmitted to other team members. When the leader is calm, other team members are also likely to stay calm. Use anchoring techniques if strong emotions are affecting your behaviour in an unhelpful way.
6. Allocate attention wisely. If you are leading, do not get caught up in tasks that can be performed by other team members. Make sure that you are able to continue to see the big picture.
7. Allocate resources
   ○ If you are leading, quickly assess the resources available, who is able to help and their capabilities.
   ○ Give appropriate roles according to capability.
   ○ If you are given a role beyond your capability, or have other concerns, calmly allow the team leader to know.

After the Crisis

Sometimes problems do not start until after the crisis has ended. During the crisis, you may be busy with little time to think. The same core principles will help you to get back to normal: get real, accept and do what matters. You may find that the priority you put on different aspects of your life changes after the crisis and it is a good time to look again at your values and decide what really matters to you.

Here are some links to additional materials that could be useful:

https://contextualscience.org/
http://www.actmalaysia.com/

If you are noticing any of the following problems:

- Persistent low mood.
- No longer enjoying things or finding interest
- Problems sleeping
- Loss of appetite or weight loss
- Problems concentrating
- Suicidal thoughts
- Feeling constantly on edge
- Nightmares or vivid memories of events which disrupt your life
- Feeling cut off or numb
- Frequent panic attacks
- Any other problem which disrupts your daily life and prevents you from functioning well.

... then we advise you seek professional help quickly by contacting your nearest healthcare services.
Wrapping up

We hope that you found the techniques and skills in this manual useful in your work during and beyond the COVID-19 pandemic. Should you have any feedback, suggestions or questions on this manual, you can email us at actinmalaysia@gmail.com.

Thank you.
References