

Life Events Scale

This stress assessment measures the amount of change, using Life Change Units, a person experienced and adjusted to in the previous 12 months. It was designed to predict the likelihood of disease and illness following exposure to stressful life events. Each life event is given a score that indicates the amount of readjustment a person has to make as a result of the event. Not all of the events in the scale are necessarily negative events.

This scale indicates that change in one's life requires an effort to adapt and then an effort to regain stability. Stress and feelings of loss are natural by-products of adapting and trying to regain homeostasis. This assessment considers only the events that occurred, not individual perception of these events in life. Perception is a key part of the total grief and loss experience, so while the Life Events Scale has value in increasing awareness of potential losses and life changing or stressful events, an individual's perception of the event is an important variable which needs to be considered in the overall assessment. For a more complete picture of how loss has affected a person's life consider all the dimensions of health: physical, mental, emotional, spiritual, and social.

Directions

For each event that occurred in your life within the past year, record the corresponding score. If an event occurred more than once, multiply the score for that event by the number of times the event occurred and record that score. Total all the scores:

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

A modified scale has also been developed for students (teenagers and university aged young adults). This scale is included in the handout. Similar to the adult scale, life events are totaled and provide a rough estimate of how life changes may affect health.

Adapted from Holmes-Rahe Social Readjustment Rating Scale. Journal of Psychosomatic Research, (1967). Vol. 11, pp. 213-218.

The Student Stress Scale

The Student Stress Scale focuses on *events* that may occur in the life of a student to offer you a different perspective for evaluating stress. The Student Stress Scale is an adaptation for college students of the Life Events Scale developed originally by Holmes and Rahe. This popular stress assessment measured the amount of change, using Life Change Units, a person was required to adapt to in the previous year. It was designed to predict the likelihood of disease and illness following exposure to stressful life events. Each life event is given a score that indicates the amount of readjustment a person has to make as a result of change. Some studies have found that people with serious illnesses tend to have higher scores on similar assessments.

For each event that occurred in your life within the past year, record the corresponding score. If an event occurred more than once, multiply the score for that event by the number of times the event occurred and record that score. Total all the scores.

Life Event	Mean Value
1. Death of a close family member	100
2. Death of a close friend	73
3. Divorce of parents	65
4. Jail term	63
5. Major personal injury or illness	63
6. Marriage	58
7. Getting fired from a job	50
8. Failing an important course	47
9. Change in the health of a family member	45
10. Pregnancy	45
11. Sex problems	44
12. Serious argument with a close friend	40
13. Change in financial status	39
14. Change of academic major	39
15. Trouble with parents	39
16. New girlfriend or boyfriend	37
17. Increase in workload at school	37
18. Outstanding personal achievement	36
19. First quarter/semester in college	36
20. Change in living conditions	31
21. Serious argument with an instructor	30
22. Getting lower grades than expected	29
23. Change in sleeping habits	29

24. Change in social activities	29
25. Change in eating habits	28
26. Chronic car trouble	26
27. Change in number of family get-togethers	26
28. Too many missed classes	25
29. Changing colleges	24
30. Dropping more than one class	23
31. Minor traffic violations	20

Total Stress Score _____

Score Interpretation:

Researchers determined that if your total score is:

300 or more - statistically you stand an almost 80 percent chance of getting sick in the near future.

150 to 299 - you have a 50-50 chance of experiencing a serious health change within two years.

149 or less - you have about a 30 percent chance of a serious health change.

This scale indicates that change in one's life requires an effort to adapt and then an effort to regain stability. Stress is a natural byproduct of adapting and then regaining internal homeostasis. Take note that this assessment considers only the events that occur, not individual perception of these events in life. Perception is a critical part of the ultimate stress experience, so while the Student Stress Scale has value in increasing awareness of potential stress-producing events, ultimately individual perception of the event is an important variable.

Avoiding the Clichés of Grief

Try open ended statements. Try to avoid telling people what they “should” or “should not” be feeling, doing, etc. Do not assume to know what someone is going through or experiencing.

1. *Cliché:* “You must be strong for your children (spouse, relatives, friends, etc).”

Instead, try: Why not share your feelings with your children? Perhaps you can lean on one another and help support each other.

2. *Cliché:* “You’ve got to get hold of yourself.”

Instead, try: “It must be so hard to keep going when you’re hurting so much.”

3. *Cliché:* “You are holding up so well.”

Instead, try: “Would it help to talk about how you’re feeling?”

4. *Cliché:* “Time will heal.”

Instead, try: “You must feel as if this pain will never end.”

5. *Cliché:* “You’re young, and you will be able to make a new life for yourself.”

Instead, try: “You must miss your loved one and the life you had together; I do, too.”

What to Say

I’m sorry.

I’m sad for you.

How are you doing with all this?

I don’t know why it happened.

What can I do for you?

I’m here and I want to listen.

Please tell me what you are feeling.

This must be hard for you.

What’s the hardest part for you?

I’ll call tomorrow.

You must really be hurting.

It isn’t fair, is it?

You must really feel angry.

Take all the time you need.

What Not to Say

I understand how you feel.

Death was a blessing.

It was God’s will.

It all happened for the best.

You’re still young.

You have your whole life ahead of you.

You can have other children.

You can always remarry.

Call me when I can help.

Something good will come of this.

At least you have another child.

She/he led a full life.

It’s time to put it behind you.

Be strong!

Courtesy, Archdiocese of Omaha, Family Life Office

Rescuers Checklist

Completing the checklist can help you become aware of the ways you may be rescuing people without realizing it. It is taken, with permission, from the Transactional Checklist. Mark each of the statements below as it applies to you: 0 = seldom or never; 1 = sometimes or occasionally; and 2 = frequently. X = significant others in your life such as a spouse, boss, parents, friend, or colleague.

- ___ 1. Is it hard for you to take time for yourself and have fun?
- ___ 2. Do you supply words for X when he/she hesitates?
- ___ 3. Do you set limits for yourself that you then exceed?
- ___ 4. Do you believe that you are responsible for making (keeping) X happy?
- ___ 5. Do you enjoy lending a shoulder for X to “cry” on?
- ___ 6. Do you believe that X is not sufficiently grateful for your help?
- ___ 7. Do you take care of X more than you take care of yourself?
- ___ 8. Do you find yourself interrupting when X is talking?
- ___ 9. Do you watch for clues for ways to be helpful to X?
- ___ 10. Do you make excuses, openly or mentally, for X?
- ___ 11. Do you do more than your share, that is, work harder than X?
- ___ 12. When X is unsure or uncomfortable about doing something do you do it for X?
- ___ 13. Do you give up doing things because X wouldn’t like it?
- ___ 14. Do you find yourself thinking that you really know what is best for X?
- ___ 15. Do you think X would have grave difficulty getting along without you?
- ___ 16. Do you use the word “we” and then find out you don’t have X’s consent?
- ___ 17. Do you stop yourself by thinking X will feel badly if you for or do something?
- ___ 18. Is it hard for you not to respond to anyone who seems hurting or needing help?
- ___ 19. Do you find yourself being resented when you are only trying to help?
- ___ 20. Do you find yourself giving advice that is not welcome or accepted?
- ___ Total: More than 10 points – rescuing is possible, more than 20 points – rescuing is probable.

A comparison of characteristics of both helpers and rescuers:

The Helper	The Rescuer
<ol style="list-style-type: none"> 1. Listens for request 2. Presents offer 3. Gives only what is needed 4. Checks periodically with person 5. Checks results <ol style="list-style-type: none"> a. Functioning better? b. Meeting goals? c. Solving problems independently? d. Using suggestions successfully? 	<ol style="list-style-type: none"> 1. Gives when not asked 2. Neglects to find out if offer is welcome 3. Gives help more and longer than needed 4. Omits feedback 5. Doesn't check results and feels good when accepted, bad when turned down 6. Does the greater share of the talking

Excerpt from *Wellness Workbook* by Regina S. Ryan & John W. Travis, MD.

Being responsible TO others is FREEING to self and others	Being responsible FOR others is CONTROLLING for self and others
<ol style="list-style-type: none"> 1. Listening, empathy 2. Separate from the other – at least a minimal degree of objectivity 3. Personal (focus on the other as a person rather than a “thing” or object) 4. Loves 5. Congruent/Genuine, “hears” body, deals with feelings constructively (especially anger), confronts constructively, constructive feedback (positive & negative) 6. Respects the other person <ol style="list-style-type: none"> a. Provides freedom to choose (considers options) b. Allows freedom to succeed or “fail” c. Confident of other 7. Helper can fail 	<ol style="list-style-type: none"> 1. Telling, sympathy, pity; reassurance only, positive feedback only 2. Immersed or over-involved emotionally or coldly detached 3. Depersonalizing, stereotyping, labeling (the “case”, the problem in room 303, the “sociopath”, the “discipline problem”) 4. Smothers 5. Hostility (active or passive), Incongruent/Phony, Denies or ignores body, denies or distorts feelings, avoids confrontation 6. Lacks confidence <ol style="list-style-type: none"> a. Only my answer or decision is OK (persuade, “sweetly” coerce, bribe, blame, increase guilt, withdraws affection, etc.) b. Stays awake nights, worries, takes problem home c. Failure is tragic 7. Super-helper, savior, must save everyone, perfectionist, super-giver

Excerpt from Pancrazio & Zeller 1982

Self-Care Ideas

Adapt your priorities and expectations

- Each day plan what is most important to you
- Alter schedule to plan for difficult tasks
- Make yourself a priority
- Accept less than perfection from self and others
- Know that others are also working with this client

Adjust your attitude

- Talk with others who are doing similar work
- Open up your outlook – often we see what we look for
- Stop “awefulizing”
- Acknowledge value of “small acts” and witnessing, listening, validating, caring

Act out of caring and respect for you

- Balance “being” and “doing”
- Be vulnerable and human
- Reward and reinforce yourself and those around you
- Say “no” sometimes
- Take your turn

Acclaim your achievements and strengths

- Choose a “strength for the day” to focus on and enjoy
- Keep a journal of your accomplishments and experiences
- Recognize your skill and give yourself credit
- Acknowledge and save compliments

Acknowledge your own needs

- Accept that you have needs – physical, emotional, spiritual
- Recognize limitations as acceptable
- Try to be aware of your “buttons” and loss history
- Talk about your feelings of helplessness, vulnerability, etc.
- Take breaks, meditate, relaxation, imagery throughout the day

Activate your support system

- Know where your supports are
- Develop a nurture network
- Find a way to recognize, replenish, reward yourself each day
- Know what your personal warning signs are and confront first signs of stress
- Use journaling, art work, hobbies, exercise, vacations, cry
- Network with other team members
- Go to conferences and professional meetings

Courtesy Debbie Mattison, LMSW, UM School of Social Work

Grief: Suggestions for Finding a Support Group or Therapist

Receiving support from others who have experienced a loss along with receiving professional support can help us cope with a loss. It may seem a daunting task to find the appropriate support group or therapist. Many local religious leaders or places of worship, hospitals, treatment centers, hospices, and funeral homes have lists of support groups. Even if you or your loved one was not a patient or client of these organizations most are open to community members and are willing to assist you with identifying support options.

Most types of loss have specific web sites (ex: Suicide, Miscarriage, Substance Use); these sites often have helpful suggestions for support groups, agencies, and networks. Ask friends, family or peers who are also experiencing the same loss for recommendations of groups or therapists.

Another way to identify therapists in your area is to contact your health care provider (doctor/clinic) or health insurance provider (ex: Blue Cross Blue Shield, BCN, HAP, Medicaid HMO, etc. often have mental health services numbers on the back of their cards). Under the Affordable Care Act insurance companies are required to cover mental health services. However, the number and type of visits covered will vary by plan. Contact your plan for more information.

In the Ann Arbor area there are several community agencies and groups that may be able to assist you with finding a group or therapist, below are a few of these agencies:

Washtenaw County Mental Health: 734-544-3050 or 1-800-440-7548 (24 hours)

St. Joseph's Mercy Behavioral Health: 734-786-2301 or 1-800-289-0014

University of Michigan Health System Psychiatry: 734-764-0231 or 1-800-525-5188

Ann Arbor Area Therapeutic Resources:

<http://www.therapeuticresources.com/supportmichigan.html>

Arbor Hospice: <http://www.arborhospice.org/we-can-help/grief-support-services>

Community Support and Treatment Services:

http://www.ewashtenaw.org/government/departments/community_mental_health/

Ele's Place: <http://www.elesplace.org/> - Children Groups & Support

Grief Net:

<http://griefnet.org/support/groups.html> - Adult Groups

<http://kidsaid.com/> - Children's Groups

Michigan Mental Health Networker, Washtenaw County

http://www.mhweb.org/washtenaw/selfhelp_index.html

http://www.mhweb.org/washtenaw/therapist_indx.html

ACA information: <https://www.healthcare.gov/do-marketplace-insurance-plans-cover-mental-health-and-substance-abuse-services/>

Children & Grief

Children's experience of loss and grief can differ from an adult's experience. Knowing how a child's developmental stage affects his/her understanding of and ability to cope with loss is important. This knowledge will help you provide the most meaningful and effective support to your child. Speaking with your child's health care provider regarding his/her response to loss can be a helpful place to start. Pediatricians can assess whether a child's response is normal or if professional support/counseling is needed. Additionally, it can be beneficial to involve the school counselor or social worker; they can also assess for coping and identify support/counseling resources. Below is a list of resources for helping adults to better understand children's grief, and options for how to support children through the grieving process.

American Academy of Child and Adolescent Psychiatry

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Grief-008.aspx

Arbor Hospice

<http://www.arborhospice.org/we-can-help/grief-support-services/helping-children-process-grief-through-art>

Barr-Harris Children's Grief Center

<http://www.barrharris.org/>

The Center for Grieving Children, Teens, and Families

<http://grievingchildren.org/>

The Children's Room

<http://childrensroom.org/>

Ele's Place

<http://www.elesplace.org/>

The Dougy Center

<http://www.dougy.org/grief-resources/how-to-help-a-grieving-child/>

Hospice Net

<http://www.hospicenet.org/html/child.html>

Michigan Mental Health Networker, Washtenaw County Child & Adolescent Services

http://www.mhweb.org/washtenaw/child_index.html

Additional Grief and Loss Resources

WEB:

Al-Anon Family Groups District 5: <http://www.afgdistrict5.org/>

Compassion Books: <http://www.compassionbooks.com/store/>

American Society of Suicidology: <http://www.suicidology.org/>

Center for Loss and Life Transition: <http://www.centerforloss.com/>

Compassionate Friends: Supporting a Family after a Child Dies:
<http://www.compassionatefriends.org/>

Crisis, Grief & Healing: <http://www.webhealing.com/>

Griefnet: <http://www.griefnet.org/>

Hospice Net: <http://www.hospicenet.org/>

“Denial to Acceptance: The Stages of Grief in Addiction and Recovery”
<http://www.addictiontreatmentmagazine.com/recovery/recovery-tips/denial-to-acceptance-the-stages-of-grief-in-addiction-and-recovery/>

BOOKS:

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Worden, J. William, Grief Counseling & Grief Therapy, 2008.

Viorst, Judith, Necessary Losses, 2002.

Lynn, J. and Harrold, J., Handbook for Mortals: Guidance for People Facing Serious Illness, 1999

Abbot, A., Alcohol, Tobacco, and Other Drugs. NASW, 2010.